



Broker/Agent Code ARN:	97826-VIJAY KUMAR	SUB-BROKER		EUIN	E113825
<b>Unit Folder Information</b>					
<b>Name of the First Applicant :</b>					
PAN Number :		KYC :		Date Of Birth :	
Father Name:				Mother Name :	
Name of Guardian:				PAN:	
<b>Contact Address:</b>					
City:		Pincode:		State:	
				Country:	
Tel.(Off):		Tel.(Res):		Email:	
Fax(Off):		Fax(Res):		Mobile:	
Income Tax Slab/Networth:				Occupation Details:	
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Mode of Holding:				Occupation:	
<b>Name of the Second Applicant :</b>					
PAN Number :		KYC :		Date Of Birth :	
Income Tax Slab/Networth:				Occupation Details:	
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
<b>Name of the Third Applicant :</b>					
PAN Number :		KYC :		Date Of Birth :	
Income Tax Slab/Networth:				Occupation Details:	
Place of Birth:		Country of Tax Residence:			
Tax Id No:					
Politically exposed person /Related to Politically exposed person etc.?				Yes	No
Other Details of Sole / 1st Applicant					
Overseas Address (In case of NRI Investor):					

City:		Pincode:		Country:	
<b>Bank Mandate 1 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		Country:	
<b>Bank Mandate 2 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		Country:	
<b>Bank Mandate 3 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		Country:	
<b>Bank Mandate 4 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		Country:	
<b>Bank Mandate 5 Details</b>					
Name of Bank:				Branch:	
A/C No.:		A/C Type:		IFSC Code:	
<b>Bank Address:</b>					
City:		Pincode:		Country:	
<b>Nomination Details</b>					
Nominee Name:				Relationship:	
Guardian Name(If Nominee is Minor):					
<b>Nominee Address:</b>					
City:		Pincode:		State:	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :				Place :	
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	