

COMMON APPLICATION FORM

Application No.

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Anyone or Survivors FIRST APPLICANTS INFORMATION* [Please dick (//)] [Refer Section Pl and C of Instructions) [Please ensure that the details mentioned matches with the KYC details [Mr.] Mr.	EXISTING UNIT HOLDER	INFORMATION (Plea	ase complete	Section 1, 7, 9 &	11 only) (The details in our	records under the Folio No	o. mentioned below will only	be considered for this a	pplication) *Ma	anda
FIRST APPLICANT'S INFORMATION* (Please fick (/*)) (Refer Section 8 and C of instructions) (Please ensure that the details mentioned matches with the KYC details. Mr. Ms. Ns. Ns. PAN 3. Contact Details* (Field* Section 1" of Instructions) (Please ensure to mention Country and Area Code) (KYC) (KYC)	Unitholder's Name							Folio No.		
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(Scheme/Plan/Option)

Instrument No

an application for units of _

Dated___/___ Drawn on Bank & Branch_

Amount

Documentation Type 2 (TIN or Other Please specify) If TIN is not applicable, [Please tick (*/)] the reason A, B or C [as defined below] • Reason A - The country where the A • Reason B - No TIN required. (Select • Reason C - others; please state the	Account Holder t this reason Or	nly if the								o be colle	cted)	
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Address Type (of address in KYC records)	O Residential	/ Busine	ss O Re	esidential	Residential / B	usiness	○ Res	sidential	O Resider	ntial / Busi	ness (Reside
Country of Birth												
Place/ City of Birth			_									
Nationality / Tax Residency other than India?* * If Yes, please ind	icate all countri		O No	e resident for	Yes tax purposes a	nd the as	○ No ssociated	I Tax Refe		Yes		No
Is the Country of Birth / Citizenship /		•		,	<u> </u>	-p.1.04111/						
The below information is required for a Category	First App			linor)	Second A	plicant	Guardia	n		Third A	pplicant	<u> </u>
FATCA INFORMATION/ FOREIGN TO Declaration Form available at www.u	unionmf.com o	r at our	Customer	ding Sole Pr Service Cer	oprietors (Non htres) [Please to	-Individ ick (✔)] (u als are Refer Se	required ction 'N'	to submit of instruction	the separ	ate FATO	CA and
Investors who have completed the equested to quote the 14 digit KIN.	Central KYC wi	th the C	entral KYC	Records Re	egistry (CKYCR), and h	ave a K	'C Identi	fication Nun	mber (KIN) from th	ne CKYC
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5d. Other Details* O I am Politically	Exposed Perso	n			cally Exposed	Person	01	lot Appli	cable			
5c. Gross Annual Income* ○ Below	1 Lac 0 1-5 L	acs 05-	10 Lacs	10-25 Lacs	○ >25 Lacs -	1 Crore	○ >1 Cr	ore Net	-worth in ₹			
5b. Occupation* ○ Pvt. Sector ○ Pub	olic Sector O G	ovt. Serv	rice O Bus	iness O Prof	essional () Agri	culturist	O Retire	d O Hou	sewife O St	udent O	Others_(F	Please Sp
5a. Status* ○ Resident Individual	O Minor		○ NRI (Re	epatriable)	,	•	atriable)		Others	(Please Sp	ecify)
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OMr. OMs. NAME	OF T	,,,,	R D	A P P L					Date of Bi	rth D D	MM	YY
HIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)												
4e. Contact Details* Mobile No.				E-mail								
4d. Other Details* O I am Politically					cally Exposed			lot Appli				
4c. Gross Annual Income* O Below	Hb. Occupation* ○ Pvt. Sector ○ Public Sector ○ Govt. Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Others <u>(Please Special</u> Hc. Gross Annual Income* ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs - 1 Crore ○ >1 Crore Net-worth in ₹											
	○ Minor			epatriable)			atriable)		Others		Please Sp	
4b. Occupation* O Pvt. Sector O Pub		KYC	○ NDL /D		CKYC No. (Laste I. I. V					
4a. Status* ○ Resident Individual 4b. Occupation* ○ Pvt. Sector ○ Put			OND	A P F		N T			Date of Bi	rth D D	M M	YY
	O F S	EC	OND									37 37 ·

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	1	1	1	1	✓	1	1		1	1	1
KYC Acknowledgement	1	/	/	1	/	1	1	/	/	/	√ *
Resolution/ Authorisation to invest		/	1	1		/		/		/	
List of authorised signatories with specimen signatures		✓	1	✓	/	/		/		/	
Memorandum & Articles of Association		1									
Certificate of Incorporation		/	/	1		1					
Trust Deed			1			/					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	1	1	/	1	✓	1	1		/	/	
Demat Statement (Latest available)											/
Client Master Statement (Latest available)											✓
HUF Deed									/		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	1	1	/	1	/	/	/	/	/	1	/

*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059

Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333

Website: www.unionmf.com | Email: investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



7.	Plea		my/our pay-in-b l only if payment			ndate or proof						o picaso ic	ırnish the det	tails below)
		ık Name ık A/C No					Bank Branc							
		Type	Savings	O Curren	t O NRE	O NRO	O FCNR	Othe	ere		(Please S	necify)		
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8.			OPTION [Pleas INT DETAILS (R			ns)		nat account de	tails are pr		units will be allotted		in electronic	mode only)
	NSD	L: Deposito	ry Participant (D	P) Name		DP II	O No: I N			Beneficiary	Account Number	er		
	It ma	ay be noted t	ry Participant (D	tion/ sequence	of names and		ng in the applic		ust match					participant.
			o invest in demat								• • • • • • • • • • • • • • • • • • • •		m.	
9.			AND PAYMENT		lease tick (🗸)]	(Refer Sectio	n 'F' of instruc	ions) [Third F	Party pay	ment(s) will r	ot be accepted]			
	Nam	ne of the Sch	Plan	I O N	Option		S	ub Option				DCW Freq	uency~	
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	Plan	n/ Option						Faci	ility					
	Defa	ault Plan/ Op	tion/ Facility will	be applied in	case of no info	ormation, amb	iguity or discr	epancy.						
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NOMINATION DETAILS* [Please tick (✓)] (Refer Sec	tion 'I' of instructions)				
 Please register nomination 	on as requested below	I/ We do not wish t	o nominate®		(®Plea	ase strike out the form below	
I/We hereby nominate the unsettlements made to such No					t of my / our death. I/We also understa	and that all payments and	
Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee	
Norminee			Allocation	(to be furnished	(to be furnished in case the Nominee is a minor)		
Nominee							
Nominee							

DECLARATION & SIGNATURES* (Refer Section 'L' of instructions) 11.

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC/Trustee/Mutual Fund/Sponsor will not be responsible if such investment is ultravires the relevant constitution.
- I/We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/our account.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/FCNR account(s).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.





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MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
- The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit /ECS.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
- The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- Following fields need to be filled mandatorily:-
 - Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box

- Bank Account Number (Investor's bank account number)
- Name of Destination Bank (Investor's bank)
- IFSC / MICR code
- Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
- Reference 1: Mention Folio Number
- Reference 2: Mention Application No.
- Phone No. (Optional) i.
- Email ID (Optional)
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
- Signature as per bank account records
- Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot- Frequency, Minimum Amount and Minimum Period

SIP Frequency	Minimum SIP Amount (Applicable to Schemes other than Union Long Term Equity Fund)	Minimum SIP Amount For Union Long Term Equity Fund	Minimum Period	Default Date/Day
Daily*	₹ 300 and in multiples of ₹ 1 thereafter	Not applicable	1 Month	-
Weekly*	₹ 500 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	12 Weeks	Wednesday
Monthly [®]	₹ 1000 and in multiples of ₹ 1 thereafter	₹ 500 and in multiples of ₹ 500 thereafter	6 Months	8th of the month
Quarterly	₹ 5000 and in multiples of ₹ 1 thereafter	₹ 1500 and in multiples of ₹ 500 thereafter	2 Quarters	8th of the month

* Available only under Union Flexi Cap Fund

[®]Monthly SIP amount for Union Money Market Fund, Union Overnight Fund and Union Liquid Fund is ₹ 2000 and in multiples of ₹ 1 thereafter.

"Available in all exisiting Schemes except Union Liquid Fund and Union Overnight Fund.