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Broker/Agent Code ARN:	ARN-83784		SUB-BROKER		EUIN	E069303
Unit Folder Information						
Name of the First Applicant :		r.				
PAN Number :		KYC:		Date Of Birth :		
Father Name:				Mother Name :		
Name of Guardian:				PAN:		
Contact Address:						
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 ld No:						
Politically exposed person /Related to Politically exposed person etc.?  Yes			No			
Mode of Holding: Occupation:						
Name of the Second Applicant :						
PAN Number :	KYC: Date		Date Of Birth :	Date Of Birth :		
Income Tax Slab/Networth: Occupation Details:						
Place of Birth:	Country of Tax Residence:					
Tax ld No:						
Politically exposed person /Related to Politically exposed person etc.?			Yes	No		
Name of the Third Applicant :		-		¥		
PAN Number :	KYC : Date Of Birth :					
ncome Tax Slab/Networth: Occupation Details:						
Place of Birth:	Country of Tax Residence:					
Tax ld No:						
Politically exposed person /Related to Politically exposed person etc.?			No			
Other Details of Sole / 1st Applicant						
Overseas Address (In case of NRI I	nvestor):					

City:	Pincode:		Country:		
Bank Mandate 1 Details					
Name of Bank:			Branch:		
A/C No.:	A/C Type:		IFSC Code:		
Bank Address:	2				
City:	Pincode:	State:		Country:	
Bank Mandate 2 Details					
Name of Bank:			Branch:		
A/C No.:	A/C Type:		IFSC Code:		
Bank Address:					
City:	Pincode:	State:		Country:	
Bank Mandate 3 Details					
Name of Bank:			Branch:		
A/C No.:	A/C Type:		IFSC Code:		
Bank Address:					
City:	Pincode:	State:		Country:	
Bank Mandate 4 Details					
Name of Bank:			Branch:		
A/C No.:	A/C Type:		IFSC Code:		
Bank Address:					
City:	Pincode: State:		Country:		
Bank Mandate 5 Details					
Name of Bank:	ame of Bank:		Branch:		
A/C No.:	A/C Type:		IFSC Code:		
Bank Address:					
City:	Pincode:	State:		Country:	
Nomination Details					
Nominee Name: Rela		Relationship:			
Guardian Name(If Nominee is Minor):					
Nominee Address:					
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 :		

NACH/ECS/AUTO DEBIT UMRN	Date Date
MANDATE INSTRUCTION FORM Utility Code	✓ Create Modify Cancel
Sponsor Bank Code I/We hereb	y authorize ICCL
to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other Bank a/c number	
with Bank	IFSC/MICR
an amount of Rupees	₹
DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY	Monthly Quarterly Half Yearly Yearly 🗸 As & when presented
Reference 1 Reference 1	erence 2
1) I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the U	based on the instructions as agreed and signed by me. 3) I have understood that I am authorised
From Maximum	period of validity of this mandate is 40 years only
To Maximum period of validity of this mandate is 40 years only	
Phone No.: 1 2.	3

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## Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Please read the instructions carefully before filling up this form

Name of 1 <sup>st</sup> Holder	
Name of 2 <sup>nd</sup> Holder	
Name of 3 <sup>rd</sup> Holder	
in the event of my / our death and/o	rticularly described hereunder to receive the Units held my/our Folio/s listed below r by me / us previously in respect of the units held by me/ us in the Folio/s listed uble).
1.	
2.	
3.	
Name of the 1 <sup>st</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>\$</sup>	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian\$
Guardian's Relationship with Nominee	** 🗆 Mother 🗆 Father 🗆 Legal Guardian
Proof of relationship <sup>\$</sup> \(\simeg\) Birth Certific	ate   School Leaving Certificate   Passport   Others
Address <sup>\$</sup> City	State PIN
Nominee Signature <sup>\$</sup>	
Name of the 2 <sup>nd</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>\$</sup>	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian <sup>\$</sup>
Guardian's Relationship with Nominee	**   Mother  Father  Legal Guardian
Proof of relationship <sup>\$</sup> □ Birth Certifica	te  School Leaving Certificate  Passport  Others
Address <sup>\$\$</sup>	
City S: S: 4 \$	State PIN
Nominee Signature <sup>\$</sup>	
Name of the 3 <sup>rd</sup> Nominee*	% of Allocation*
PAN of the Nominee <sup>\$</sup>	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian\$
Guardian's Relationship with Nominee	** 🗆 Mother 🗆 Father 🗆 Legal Guardian
Proof of relationship Birth Certifica	te 🗆 School Leaving Certificate 🗆 Passport 🗆 Others
Address <sup>\$</sup> City	State PIN
Nominee Signature <sup>\$</sup>	
<u> </u>	
Signature of the 1st unitholder	Signature of the 2nd unitholder Signature of the 3rd unitholder

<sup>\*</sup> Mandatory