COMMON APPLICATION FORM FOR LUMPSUM

Application No.

Bandhan Mutual Fund — Badhte Raho

ARN- Distributor ARN Code#	ARN- Sub-Distributor Code	E	Internal Code for Sub-broker/ Employee
ARN - 113067		E162627	

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ☐

Signature of First / Sole Applicant / Guardian / Authorised Signatory

1 EXISTING FOLIO NO.

2 MODE OF HOLDING / OPERATION

☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is anyone or survivor)

3 APPLICANT'S DETAILS (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

Gender ☐ Male ☐ Female

1st APPLICANT Mr Ms M/s First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian Date of Birth** D D M M Y Y Y Y

2nd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

3rd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/ First applicant is minor. ^Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Mobile No. Tel. No. Office Tel. No. Residence

Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email ID

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA *(Please refer Instruction No. Z and ✓)*

Second Holder Contact details Mobile No. Email ID

Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Third Holder Contact details Mobile No. Email ID

Mobile No belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here) ☐

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) ☐ **(Refer instruction Z)**

5 TAX STATUS (Please ✓)

☐ Resident Individual	☐ Foreign National	☐ Public Limited Company	☐ Government Body	☐ AOP/BOI	☐ Defence Establishment
☐ On behalf of Minor	☐ Sole Proprietorship	☐ Private Limited Company	☐ Financial Institution	☐ Trust / Society / NGO	☐ Other Specify
☐ HUF	☐ Partnership Firm	☐ Body Corporate	☐ FII	☐ Non Profit Organization/Charities	
☐ NRI	☐ LLP	☐ Bank	☐ Foreign Portfolio Investor	☐ QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

7 BANK DETAILS (Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

Bank Name & Branch

Branch City IFSC Code 11 digit MICR Code 9 digit

BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) **Application No.**

Received, subject to realisation, verification and conditions

From

Stamp & Signature

8 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Scheme Riskometer, Benchmark Riskometer, Plans and Sub-options)

Scheme **Bandhan** Plan Option

Mode of payment ☐ Self ☐ Third Party Payment (Please fill the 'Third Party Payment Declaration Form') Payment mode ☐ Cheque ☐ DD ☐ Bandhan OTM ☐ Fund Transfer ☐ RTGS/NEFT

Amount (figures) ☐ Cheque/DD/UTR/UMR No. Cheque Date D D M M Y Y

Account No. Account Type ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others Please specify

Bank & Branch Name

(*Please fill STP/SWP/IDCW Transfer Registration Form separately)

9 NOMINATION DETAILS ☐ I/We wish to nominate ☐ I/We do not wish to nominate[$$]

I /We want the details of my/our nominee to be printed in the statement of account ☐ Name of Nominee(s) with% Nomination: ☐ Yes / No (Default)

Nominee Name & Address*	In case of Minor			Allocation %*
	Guardian Name	Relationship with the minor	Date of birth	
Nominee 1				
Nominee 2				
Nominee 3				

(a) *Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) **For identification details investor can provide PAN, Aadhaar, Driving license or Passport

Nominee 1	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 2	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 3	Identification Details**	Mobile*	Email ID*	Relationship with investor*

[$$] **OPT-OUT:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

10 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			☐ Indian ☐ U.S. ☐ Others Please specify
Second Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
Third Applicant			☐ Indian ☐ U.S. ☐ Others Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ YES ☐ NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons ☐ A ☐ B ☐ C
Second Applicant				Reasons ☐ A ☐ B ☐ C
Third Applicant				Reasons ☐ A ☐ B ☐ C

☐ **Reason A** → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

☐ **Reason B** → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C** → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

11 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y as on (Not older than 1 year)
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services ☐ Y ☐ N (ii) Gaming / Gambling / Lottery / Casino Services ☐ Y ☐ N (iii) Money Lending / Pawning ☐ Y ☐ N
Second Applicant	☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable
Third Applicant	☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant

Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		