Common Application Form for Multiple Schemes- Lumpsum/ SIP

Application No.

Bandhan Mutual Fund — Badhte Raho

ARN- 95070 RIA / PMRN Code#	ARN- Sub-Distributor Code	E 101834 IN No.	Internal Code for Sub-broker/ Employee

#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). 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**

2nd APPLICANT Mr Ms First Middle Last

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

3rd APPLICANT Mr Ms First Middle Last

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

*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

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) ☐

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)

Bandhan Mutual Fund

ACKNOWLEDGMENT SLIP

Application No.

(Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)

Name of the Investor Existing Folio No.

Toll Free Number: 1800 266 6688 / 1800 300 666 88 **Email: investormf@bandhanamc.com** **Website: www.bandhanmutual.com**

7 BANK DETAILS (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Bandhan MF has DC facility (Please refer to the Instruction No. I)

Name of the Bank

Branch | Account Number

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

MICR Code | RTGS/NEFT Code (IFSC Code)

Note: *In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.*

I / We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold Bandhan Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

8 INVESTMENT & PAYMENT DETAILS (*Please draw the cheque in favour of Bandhan Mutual Fund)

Type of Investment (✓ anyone) ☐ Lumpsum ☐ SIP ☐ SIP with TOP-UP ☐ Micro SIP Photo ID No. (for Micro SIP)

Scheme	Name	Plan	Option	Amount	Dividend Frequency	Dividend Sweep (fill relevant form)
I	Bandhan					☐
II	Bandhan					☐
III	Bandhan					☐
IV	Bandhan					☐
V	Bandhan					☐
						Total

PAYMENT DETAILS

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

Amount (figures) ☐ Cheque/ 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

SIP DETAILS (*In case of the Monthly and Quarterly Frequency if no date is selected in the form, the default date is 10th of every month. $The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter. $$Top up percentage should be in multiples of 10%. Default frequency is yearly. $$$Investor has to choose only one option - either CAP Amount or CAP Month - Year.)

Scheme	SIP date*	Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 40 years)	Frequency Monthly / Quarterly (Default date 10th) Weekly Datewise (7th/14th/21st/28th) Weekly - Daywise (Monday to Friday)	☐ SIP Top-up Top-up Amount$ (₹)	Top-up (%)$$	Top-up CAP Amount$$$	CAP Month/ Year$$$	Frequency^ Half Yearly	Yearly
I	D D								M M Y Y	☐	☐
II	D D								M M Y Y	☐	☐
III	D D								M M Y Y	☐	☐
IV	D D								M M Y Y	☐	☐
V	D D								M M Y Y	☐	☐

☐ **Existing OTM (UMRN)** **(Above SIPs to be mapped using existing UMRN)**

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: Guardian Name	Relationship with the minor	Date of birth*	Allocation %
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 do 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: (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise. (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s). (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework. I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

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

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

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 ₹ 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	Second Applicant	Third Applicant

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Bandhan Mutual Fund

Bandhan One Time Mandate (OTM)

UMRN	FOR OFFICE USE ONLY	**Date**	D D M M Y Y Y Y
Utility Code	FOR OFFICE USE ONLY	**Tick (✓)**	☐ Create ☐ Modify ☐ Cancel
Sponsor Bank Code	FOR OFFICE USE ONLY	**I/We authorize**	**Bandhan Mutual Fund**
To debit tick (✓)	☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other	**Bank A/c. Number**	
With Bank		**IFSC / MICR**	
An Amount of ₹		₹	
Debit Type	☒ Fixed Amount ☑ Maximum Amount	**Frequency**	☒ Daily ☒ Weekly ☒ Bi-Monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☑ As & when presented
Reference 1	PAN	**Reference 2**	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. **2.** This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity corporate to debit the account, based on the instructions as agreed and signed by me. **3.** I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit. **4.** I/We understand and accept that in case transaction's initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years only.

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Signature of Primary Account Holder | Signature of Second Account Holder | Signature of Third Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records