

COMMON APPLICATION FORM

For all schemes of Bajaj Finserv Mutual Fund



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

1. DISTRIBUTOR INFORMATION* (Please refer instruction no. 1)

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker / Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
				E613650	

**By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of Bajaj Finserv Mutual Fund. (Please if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. UNIT HOLDING OPTION PHYSICAL MODE (Default) DEMAT MODE* (Please refer instruction no. 7)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited				Central Depository Services (India) Limited			
DP Name -				DP Name -			
DP ID	I	N	Beneficiary A/c No.	DP ID		Beneficiary A/c No.	

Enclosures - Please Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

3. MODE OF HOLDING (Please refer instruction no. 5)

(In case of Demat Purchase, Mode of Holding should be same as in Demat Account) Single Joint Anyone or Survivor (Default)

4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in block letters. (Name and DOB shall be as per Income Tax Records) (Please refer instruction no. 3)

Folio No. (For Existing unit holders) Gender Male Female Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s. First Middle Last
(Name as per IT Records)

PAN/PEKRN (Mandatory) CKYC No. Date of Birth (Mandatory)

Mobile No. Email ID

The Email ID belongs to (Mandatory Please) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The Mobile No. belongs to (Mandatory Please) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please here) Account Statement Annual Report/Abridged summary Other Statutory Information.
(We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code Valid upto (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status (Mandatory, Please) Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP
 Minor through guardian Company FIs PIO Body Corporate Society/Club Sole Proprietorship
 Non Profit Organisation Financial Institution NBFC Bank Others (Please Specify)

Non Profit Organization [NPO] Yes or No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote the Registration No. provided by DARPAN portal of NITI Aayog:

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC / RTA to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) [Name and DOB shall be as per IT Records]

Mr. / Ms. First Middle Last
(Name as per IT Records)

PAN (Mandatory) CKYC No. Gender Male Female Others

Mobile No. Email ID

Designation/Relationship with Minor Date of Birth/Date of Incorporation (Mandatory)

Date of Birth Proof for minors (Any One)

Birth Certificate Marks Sheet (HSC/ICSE/CBSE) School Leaving Certificate Passport Others

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

BAJAJ FINSERV ASSET MANAGEMENT LIMITED, 8th floor, E-Core, Solitaire Business Park (formerly Marvel Edge), Viman Nagar, Pune 411014

Received from Mr. / Ms. _____ Date: _____/_____/_____

Application No.

Collection Centre / Bajaj AMC Stamp & Signature
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5a. MAILING ADDRESS (Address as per KYC)

Local Address of 1st Applicant _____

City _____

State _____ Pin Code _____ Tel. Resi. _____ Tel. Off. _____

5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

[Please provide Full Address. P. O. Box address is not sufficient] _____

Zip Code: _____ Tel. Resi. _____ Tel. Off. _____ Mobile No. _____

6a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. (Name as per IT Records) First Middle Last

PAN (Mandatory) _____ CKYC No. _____ Gender Male Female Others

Mobile No. _____ Email ID _____ Date of Birth (Mandatory) DD MM YY YY

The Email ID belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The Mobile No. belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Tax Status
(Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. (Name as per IT Records) First Middle Last

PAN (Mandatory) _____ CKYC No. _____ Gender Male Female Others

Mobile No. _____ Email ID _____ Date of Birth (Mandatory) DD MM YY YY

The Email ID belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The Mobile No. belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Tax Status
(Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

7. KYC Details (Mandatory) (Please refer instruction no. 3e)

First Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (please specify) _____

Second Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (please specify) _____

Third Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (please specify) _____

Gross Annual Income

First Applicant: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on DD MM YY YY (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* (for Non-Individuals) ₹ (please specify) _____ as on DD MM YY YY (Not older than 1 year)

Third Applicant: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on DD MM YY YY (Not older than 1 year)

For Individuals (Please refer instruction no. 3d)

First Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

Second Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option :

(i) Foreign Exchange / Money Changer Services Yes No (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No

SR. NO.	SCHEME NAME /PLAN	OPTION	NET AMOUNT PAID (₹)	PAYMENT DETAILS	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	Bajaj Finserv <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment			

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

11. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)

I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.
(Please fill the nominee details in the table given below)

OR

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. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of operation in signature space provided below i.e. in Nomination Details section

Mandatory Details						Additional Details ****	
Name of Nominee	Share of Nominee (%)**	Relationship	Residential Address	Mobile Number & E-Mail	Identity Number ***	D.O.B. of Nominee	Guardian
Nominee 1							
Nominee 2							
Nominee 3							

** if % is not specified, then the assets shall be distributed equally amongst all the nominees.

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

- Name of nominee(s) Nomination: Yes / No

2. This nomination shall supersede any prior nomination made by me / us, if any.

Signature(s) *Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature

Name(s) of holder(s)	Signature(s) of holder	Witness Name, Address and Signature*
Sole / First Holder (Mr./Ms.)		1.
Second Holder (Mr./Ms.)		2.
Third Holder (Mr./Ms.)		

12. CONFIRMATION CLAUSE

I/We hereby confirm to have read, understood and agree to the privacy policy available on www.bajajamc.com. I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

13. DECLARATION AND SIGNATURES

(Please refer instruction no. 10)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Bajaj Finserv Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Bajaj Finserv Mutual Fund for allotment of units of the Scheme(s) of Bajaj Finserv Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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 enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Bajaj Finserv Mutual Fund, I/We hereby authorise the AMC/Bajaj Finserv Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify Bajaj Finserv Asset Management Limited immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding `50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s) . FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the Authorised Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and

Please ✓ : if the EUIN space 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(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian /
Authorised Signatory / POA

Sign of 2nd Applicant /
Authorised Signatory / POA

Sign of 3rd Applicant /
Authorised Signatory / POA

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

SIP REGISTRATION & OTM DEBIT MANDATE FORM



Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
				E613650	

** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.
Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number Existing UMRN

Name of Sole / 1st Applicant Mr. / Ms. / M/s. First Middle Last
(Name as per IT Records)

2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Bajaj Finserv

Please tick (✓) Regular Plan Direct Plan

Growth (Default)
 IDCW Payout
 IDCW Reinvestment (Default for IDCW)
IDCW Frequency (Please refer to SID for the IDCW Frequency & Option)

SIP Frequency Daily Weekly (Any day from Monday to Friday) Fortnightly (1st & 16th of each month) Monthly Quarterly

SIP Date* SIP Start SIP End (End date cannot exceed 40 years) (*You may select any date from 1st to 28th of the month. In case SIP date is not appropriately selected, "10" would be the default SIP date for Monthly /Quarterly SIPs. For Weekly SIP, Tuesday will be the default day.)

SIP Amount (₹ in figures) (₹ in words)

SIP Top Up Facility (Optional) (✓ to avail facility) Fixed* OR Variable* (Please fill the applicable section below) SIP Top Up Frequency Half Yearly OR Yearly*

*Fixed Top Up Amount: ₹ OR *Variable Top Up Percentage: 5% 10% 15% 20% Others (Multiple of 5% only)

* The Fixed TOP UP amount shall be for minimum ₹ 500/- and in multiples of ₹ 1/- thereafter. *If the Variable Top Up percentage is not selected, the default shall be 5%.
 SIP Top Up Cap Amount*: ₹ OR SIP Top Up Cap Month (*Investor has to choose only one option either CAP amount or CAP month - year, In case of multiple selection, Top Up Cap amount will be considered as a default selection)

First Installment Details

First SIP Transaction via Cheque No. Cheque Dated Amount (₹) In Figures

Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque
The name of the first/ sole applicant must be pre-printed on the cheque.

3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorize Bajaj Finserv Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Bajaj Finserv AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."
For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA

Sign of 2nd Applicant / Authorised Signatory / POA

Sign of 3rd Applicant / Authorised Signatory / POA

4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN Bank use Date

Sponsor Bank Code Bank use CREATE MODIFY CANCEL

Utility Code Bank use I/We hereby authorize Bajaj Finserv Mutual Fund

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

Reference 1 Folio No Reference 2 Scheme Name

I. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of 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 my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized 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.

PERIOD

From To

Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder

Maximum period of validity of this mandate is 40 years only

Phone No. 1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Version: 01-06-2025 TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajfinserv.com | WEBSITE: https://www.bajajfinserv.com