

# COMMON APPLICATION FORM FOR LUMPSUM

Application No.



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E <b>613650</b> EUN 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 EUN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUN 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

**1<sup>st</sup> APPLICANT** Mr Ms M/s  First  Middle  Last

PAN / PEKRN\*  KIN<sup>A</sup>  Proof Attached Date of Birth\*\*

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

PAN / PEKRN\*  KIN<sup>A</sup>  Proof Attached Relationship with Minor applicant  Natural guardian  Court appointed guardian Date of Birth\*\*

**2<sup>nd</sup> APPLICANT** Mr Ms  First  Middle  Last

PAN / PEKRN\*  KIN<sup>A</sup>  Proof Attached Date of Birth\*\*

**3<sup>rd</sup> APPLICANT** Mr Ms  First  Middle  Last

PAN / PEKRN\*  KIN<sup>A</sup>  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. <sup>A</sup>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)**

<b>Correspondence Address</b>	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b>
HOUSE / FLAT NO. <input type="text"/>	HOUSE / FLAT NO. <input type="text"/>
STREET ADDRESS <input type="text"/>	STREET ADDRESS <input type="text"/>
CITY / TOWN <input type="text"/> STATE <input type="text"/>	CITY / TOWN <input type="text"/> STATE <input type="text"/>
COUNTRY <input type="text"/> PIN CODE <input type="text"/>	COUNTRY <input type="text"/> PIN CODE <input type="text"/>

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 ✓)**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <input type="text"/> Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> 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) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	CDSL: Depository Participant (DP) ID (CDSL only) <input type="text"/>
---	---	---

**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



