

DISTRIBUTOR / BROKER INFORMATION

(Refer Instruction No. I.9, 10 & 17)

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIIN)	RIA Code**
ARN-1308 (to here)	ARN-			

☐ I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 8 to provide FATCA/ Additional KYC details. If these details are already provided please proceed to Section 10. Mode of holding will be as per existing folio number.)

2. UNITHOLDING OPTION -

☐ Demat Mode ☐ Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

(NSDL)	DP ID No.	I N	Beneficiary Account No.	
(CDSL)	Target ID No.		(NSDL) National Securities Depository Limited (CDSL) Central Depository Securities Limited	
Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)				

3. GENERAL INFORMATION

^MODE OF HOLDING : [Please tick(✓)] ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME^ Mr. / Ms. / M/s. FIRST MIDDLE LAST

PAN / PEKRN^** OR CKYC Id^** Date of Birth Or Incorporation (Mandatory in case of Minor) D D M M Y Y Y Y

Name of Guardian if first applicant is minor / Contact Person for non individuals Mr. / Ms. Guardian's Relationship with Minor Proof of Birth Date and Guardian's Relationship with Minor

☐ Father ☐ Mother ☐ Birth Certificate ☐ Passport
☐ Court Appointed Guardian ☐ Others (please specify)

STATUS^ : ☐ Resident Individual ☐ Sole Proprietor ☐ Company ☐ Trust ☐ Society ☐ Bank ☐ FI ☐ FII
☐ NRI/ PIO/ OCI ☐ Minor through Guardian ☐ Body Corporate ☐ AOP ☐ Partnership Firm ☐ FPI (as and when applicable) ☐ Others (please specify)

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Groww India Mutual Fund. Refer instruction no.II. 5, 6 & X

5. SECOND AND THIRD APPLICANT DETAILS

	NAME^	PAN / PEKRN^**	CKYC Id^**	STATUS^
SECOND APPLICANT	Mr./ Ms. / M/s.			☐ Resident Individual ☐ NRI
THIRD APPLICANT	Mr./ Ms. / M/s.			☐ Resident Individual ☐ NRI

6. CONTACT DETAILS OF SOLE / FIRST APPLICANT

(Refer Instruction No. VII & IX)

Correspondence Address ** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA

City/ Town State Country Pin Code

Overseas Address (Mandatory for NRI / FPI Applicants)

City/ Town State Country Pin Code

Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)

	Mobile No.	Mobile No. provided pertains to	Email ID	Email ID provided pertains to
FIRST APPLICANT		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor
SECOND APPLICANT		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor
THIRD APPLICANT		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor		☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

Received From Mr/Ms/M/s : Scheme Name : Plan: Option:

Payment Details Amount ₹ Instrument No. Date Drawn on Bank

7. BANK ACCOUNT DETAILS

Name of Bank

Account No.

Branch City

Bank Branch

Account Type . Type (✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR

PIN

IFSC Code

MICR Code

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account. Please enclose a cancelled cheque leaf of this Bank in case your investment cheque is not from this account, else bank details of investment cheque shall be updated for payout

8. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Details	Country # ^**	Tax Payer Ref. ID No^%	Identification Type	Country of Birth^**	Country of Nationality^**
Sole/First Applicant/Guardian					
Second Applicant					
ThirdApplicant					

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. %In case Tax Identification Number is not available, kindly provide its functional equivalent To also include USA, where the individual is a citizen/ green card holder of USA.

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Gross Annual Income Range (in ₹)	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector					Below 1 lac				
Public Sector					1-5 lac				
Government Service					5-10 lac				
Business					10-25 lac				
Professional					25 lac- 1 cr				
Agriculturist					1 -5 cr				
Retired					5 - 10 cr				
Housewife					> 10 cr				
Student					OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on
Others (Please specify)						DDMMYYYY	DDMMYYYY	DDMMYYYY	DDMMYYYY

PEP DETAILS^**	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)^**				
Are you related to a Politically Exposed Person (PEP)^**				

**In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Groww Mutual Fund/ Groww Asset Management Ltd. in case of any change.

9. DECLARATION OF NPO (For Trusts / Society)

☐ 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). ☐ Yes ☐ No

☐ If yes, please quote Registration No. of 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 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.

10. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form) (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with GMF.

Scheme

Plan

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

Option	Mode of Payment
☐ Growth^^ ☐ Payout of Income Distribution cum capital withdrawal option ☐ Reinvestment of Income Distribution cum capital withdrawal option Frequency of Income Distribution cum capital withdrawal option	☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTM Facility ☐ RTGS / NEFT LEI No. Valid Upto: DDMMYYYY

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest]

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DD MM YYYY			

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Groww India Mutual Fund LEI number is 335800HSE81TAD65RF98. OTM: One Time Bank Mandate
(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

11. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer instruction no. II. 1)

Details	POA Name	PAN^
First Applicant	Mr./Ms./M/s	
Second Applicant	Mr./Ms./M/s	
Third Applicant	Mr./Ms./M/s	

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Groww Mutual Fund/ Groww Asset Management Ltd. in case of any change.

12. NOMINATION DETAILS

(Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register /modify any of the nomination details, Registration /Cancellation of Nominee form shall be provided separately.

DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
Nominee Name			
PAN			
Allocation (%)			
Relationship with Investor			
Nominee date of birth	DD MM YYYY	DD MM YYYY	DD MM YYYY
Guardian Name (in case of Minor)			
Guardian Relation with Nominee			
Nominee/Guardian Signature (in case Nominee is Minor)			

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I/ We, the undersigned applicant(s)/unitholder(s) hereby confirm that I/ we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and 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/s.

13. DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that 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 / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Groww Asset Management Limited (Groww Mutual Fund) liability. I understand that the Groww Mutual Fund may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree Groww Mutual Fund can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

☐ I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Groww Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND /DNDC , as the case may be.

14. CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

☐ Yes ☐ No Please tick (✓) any

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Note : If the application is incomplete and any other requirements is not fulfilled,the application is liable to be rejected.

Tick	☒	UMRN																	D D M M Y Y Y Y							
Create:	☐	Sponsor Bank Code	Office Use Only												Utility Code				Office Use Only							
Modify:	☐	I/We hereby authorize GROWW MUTUAL FUND to debit (tick ✓) SB/ CA/ CC/ SB-NRE / SB-NRO/ Other																								
Cancel:	☐	From Bank A/C Number:																								

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees (in words) ₹

FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented **DEBIT TYPE** ☒ Fixed Amount ☒ Maximum Amount

Folio No. Phone No.

Schemes

ALL SCHEMES OF GROWW MUTUAL FUND

 Email ID

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

PERIOD From

D D M M Y Y Y Y

 To

D D M M Y Y Y Y

 Or ☒ Until Cancelled

- This is confirm that the declaration has been carefully read, understood & made by me/us. I am authorised the user entity/ corporate to debit my account, based on the instruction as agreed and signed by me.
- 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.

1. Signature of 1st Account Holder

Name as in bank records

2. Signature of 2nd Account Holder

Name as in bank records

3. Signature of 3rd Account Holder

Name as in bank records

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

☐ New Registration ☐ Micro SIP ☐ Cancellation of SIP

(New Investors to submit duly filled and signed Common Application Form)

INTERMEDIARY INFORMATION

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUN)	RIA Code**
ARN-1308 (p here)	ARN-			

*Please sign alongside in case the EUN is left blank/not provided. I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S DETAILS

Folio/Application No. PAN / PEKRN^**

Sole/First Investor Name: Mr. / Ms. / M/s. FIRST MIDDLE LAST

2. INVESTMENT DETAILS (Please ✓ Choice of Scheme / Option)

Scheme

Option

3. FREQUENCY DETAILS (Please ✓)

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Any date between 1st to 28th

No of Installments: SIP Start Date SIP End Date Cheque No.

Amount Per Installment: Amount (in words)

I/We hereby authorize Groww Mutual Fund and their authorized service providers to debit my/our following bank account by SIP (Debit clearing/ Auto Debit) for collection of SIP payments

Note: Please allow 30 calender days for Auto Debit to register and start.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Groww Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Groww Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Groww Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Groww Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Groww Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

SIGN HERE



First / Sole Holder / Guardian /
Authorised Signatory

Second Holder /
Authorised Signatory

Third Holder /
Authorised Signatory

4. DECLARATION

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/ we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax / Phone or any other electronic means.