

COMMON APPLICATION FORM

FOR LUMPSUM/SYSTEMATIC INVESTMENTS

App. No.

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black/dark coloured ink and in BLOCK CAPITALS.

| Distributor | s code | Sub-Broker's (| oue | Branch Code | | Relationship Manager |
|------------------------------|---|--|--|--------------------------------|-------------------------|--|
| RN- 56003 | | | | | Name | |
| | | | | | Mobile | |
| ommission shall be paid dire | ectly by the investor to the AMF | I registered distributor base | ed on the investors' asse | essment of various factors inc | luding the service rend | ered by the distributor. |
| EXISTING UNIT | HOLDER(S) DET | AILS | | | | (See Note 1) |
| If you have, at any time | e, invested in any schem | ne of Fidelity Mutual Fi | und and wish to hol | d your present investme | ent in the same foli | o, please furnish the Name of |
| Colori ii si Critirio del d | T one realised below and | a proceed to occitor of | • | | | |
| Name of Sole/1st Hold | First Name | Midd | le Name | Last Name | Folio No. | |
| | PERSONAL DETA | ILS | | | | (See Note 2) |
| | First Name | Middle Nam | 20 | Last Name | | |
| Sole/First Applicant _ | i iist Name | middle Hall | 16 | Last Name | Date of Birt | h <u>DD MM YYYY</u> |
| Guardian | (in case Sole/First Appl | icant is a minor) | Contact Pers | son(ir | n case of Non Individ | ual applicants) |
| Second Applicant | First Name | Middle Nam | ne | Last Name | Date of Birt | h DD MM Y Y Y |
| Third Applicant | First Name | Middle Nam | ne | Last Name | Date of Birt | h DD MM YYY |
| MODE OF HOLDING | (5) | Z Circula OD | | Committee and OD | | |
| | , , | Single OR | ☐ Anyone or | Survivor OR | □ Joint | |
| Resident Indian Individual | ST APPLICANT (Please ✓) ☐ Non-Resident Indian Indian | | utual Fund 🔲 FI | │ | Government Boo | ly Defence Establishment |
| Company/Body Corporate | Partnership Firm | ☐ HUF | OP/BOI FII | Society NGO | Others | (please specify) |
| Address for Correspondence | ce (P.O. Box Address is not suf | ficient) | Overseas A | Address (Mandatory for NRI/FII | Applicants) | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | City/Town | | State | |
| State | | PIN | Country | | Posta | I Code |
| Tel. (Office) (ISD) (STD) | | Tel. (Res.) (ISD) | STD) | Mobil | e (ISD) | |
| Email ID | | | | Fax (| ISD) (STD) | |
| | the following communication | n over Post instead of E-n | nail (Please 🗸) 🔲 🗛 | count Statement and Ann | ual Reports | |
| PAN AND KYC I | | | | | | (See Note 3 |
| | PAN of each Applicant. Fu | ılfilment of KYC require | | | | |
| PAN | First Applicant | | Second Ap | | | nird Applicant |
| | ase enclose a copy of KY | | | , | | nt of KYC reqirements. ceeding Rs. 50,000 in a yea |
| Document Provided | First Applicant | | | Applicant | | hird Applicant |
| Identification No. | First Applicant | | Second / | Applicant | 1 | hird Applicant |
| BANK ACCOUN | IT DETAILS (MAN | DATORY - if left b | olank, Applicati | on will be rejected | | (See Note 4 |
| Account No. | | | Account Typ | e ☐ Savings ☐ Current ☐ | | |
| Account No. | | | (Please ✓) | ☐ Savings ☐ Current I | □NRE □NRO [| FCNR Others (please specify |
| Bank Name | | | | | | |
| Branch | | | | City | (Clearing | , |
| MICR Code | | (9 Digit No. next to your Cheque Number) | IFSC Code FO | OR PAYOUTS THROUGH | NEFT you do | racter code appearing on your cheque leaf, not find this on your cheque leaf, please che same with your local Bank Branch) |
| We can directly are | it your dividend/rederes | ion novmente inte | ir bank assemblif | our Pank is a part of PD | | e and settlement network. If |
| | receive payments by c | | | | IS NEFT Clearand | e and settlement network. If |
| I/We DO NOT wish to | receive payments direct | tly into my bank accou | nt and instead wish | to receive the same by C | heque (Please 🗸) | |
| | | | | | | |
| Fidelit | / ** | | NOWLEDGEME | | App. No. | |
| INTERNATIONAL | 7 | • | be filled in by the Ap plicant/Unitholder | • | | |
| Received from | Scheme | | lan | | an application for | |
| Investment Type (🗸) | Investment/SIP Instalment | | | /First SIP Cheque Details | | |
| Lumpsum | | Cheque No. | • | dated D D M M Y Y | Y Y drawn on | For Office Use Only |
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| | negue and furnishing of man | 11 11 11 | . B | P (2) | | Acknowledgement Stamp & Date |

| Scheme | | | | | | | PI | lan | | | | | |
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| Option (Plea | ase ✓) ☐ Growth | n OR \square | Dividend Re | investment (| OR □ Dividend | d Pavout | | vidend equency — | | | | | |
| | SUM INVESTM | | Dividend 110 | mivosunone (| (B) SIP INV | | | equency | | | | | |
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| DD Charges (if applicable) | Rs. | | В | | First SIP Ins Mode of Paym | | etails: | [| ☐ Demand | Draft | | Pay Ord | er |
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| (Cheque/DD A | Amount) | | | | | | | Bran | ich | | | | |
| Mode of Paym | nent (🗸) 🔲 Chequ | ıe 🔲 Deman | d Draft 🔲 Fu | nd Transfer | | • | ent Installment | | Y | Please fill in t Installments a otherwise lea | above ha | ve been s | |
| Instrument No |) | Dated | DD MM | YYYY | SIP Date (Plea | , | ☐ 1st ☐ 10f ☐ Monthly | | | 10th, | 15th & 2 | 5th [′] | |
| Drawn on | | Banl | k | | ☐ SIP TI | HROUGH | AUTO DEBIT | Γ (ECS/Dir | ect Debit | <u>'</u> | | See Note | 5d(iv) |
| | | | | | Please als | so fill and | d attach the S | SIP Auto D | | lity Form. | | | |
| | | Brand | ch | | | | POST-DATED (| CHEQUES | <u>-</u> | iils: | | See Note | 5d(v) |
| | | City | 1 | | Cheque No | | | Y Y Y | То |) | M M | / Y Y | Υ |
| NRI/FII Investo | ors*, please indicat | e source of fu | unds for your | investment (Ple | | NRE | │ □ NRO | │ □ FCN | | Others | Please | specify | |
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| REASON FO | OR INVESTMENT | (Please ✓ |) Chilo | d's Educatio | n L'Child's | iviarriage | : ∐Purchas | se of Hou | 30 🔲 1 (| | | 513 | |
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Phone 1800 2000 400 (toll-free) OR 0124 3915655 (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days.

E-Mail investor.line@fidelity.co.in

Website www.fidelity.co.in