

## 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	r's Code	Sub-Broker's Code	ы	anch Code		ship Manager
RN- 56003			ll l		Name	
					Mobile	
•		registered distributor based on the inve	estors' assessment of va	rious factors including the	service rendered by the	
	HOLDER(S) DETA					(See Note 1)
If you have, at any tim Sole/First Unitholder &	ne, invested in any scheme & Folio Number below and	e of Fidelity Mutual Fund and wi proceed to Section 3.	sh to hold your pres	ent investment in the	same folio, please	turnish the Name of
	First Name	Middle News	Las	of Name		
Name of Sole/1st Hole		Middle Name	Las	st Name Folio	o No	
APPLICANTS' I	PERSONAL DETAI	LS				(See Note 2)
Sole/First Applicant _	First Name	Middle Name	La	ast Name	Date of Birth	M M Y Y Y Y
Guardian	(in case Sole/First Applic	ant is a minor) Con	tact Person	(in case of	Non Individual applic	ants)
Second Applicant	First Name	Middle Name	La	ast Name	Date of Birth	$\mathbb{M}  \mathbb{M} \qquad \qquad \mathbb{Y}  \mathbb{Y}  \mathbb{Y}  \mathbb{Y}$
Third Applicant	First Name	Middle Name	La	ast Namo	Date of Birth	M M Y Y Y
MODE OF HOLDIN	G (Please ✓)	Single OR □Any	one or Survivor	OR □Jo	Dute of Birtin	
	RST APPLICANT (Please 🗸)	Single Oit Living	yone or Survivor	OK		
Resident Indian Individual	, ,		FI Bank		, . –	Defence Establishment
Company/Body Corporate	. —	☐ HUF   ☐ AOP/BOI	FII Society	y   NGO   Ot	hers (please	specify)
Address for Corresponder	nce (P.O. Box Address is not suffice	cient)	Overseas Address (Mand	latory for NRI/FII Applicants	3)	
City/Town			City/Town		State	
State		PIN	Country		Postal Code	
Tel. (Office) (ISD) (STD)		Tel. (Res.) (ISD) (STD)		Mobile (ISD)		
Email ID				Fax (ISD) (STI	D)	
		over Post instead of E-mail (Please	✓) ☐ Account State	ment and Annual Repo	rts	(0 )
PAN AND KYC						(See Note 3)
Please furnish below I	PAN of each Applicant. Full	filment of KYC requirements is r	mandatory for all inve	estments w.e.f. Janua	ary 1, 2011.	licant
		Acknowledgement Letter issued		r applicant(s) to evider		
		llowed only for investments t		,		•
Document Provided	First Applicant		Second Applicant		Third App	
Identification No.	First Applicant		Second Applicant		Third App	
BANK ACCOUNT	NT DETAILS (MAND	ATORY - if left blank, Ap		e rejected)		(See Note 4)
Account No.			Account Type Please   Savings	☐ Current ☐ NRE	□NRO □FCNR	Others (please specify)
Bank Name						
Branch			City		(Clearing Circle)	
MICR Code		9 Digit No. next to your IFSC Code	FOR PAYOUT	S THROUGH NEFT	you do not find this o	appearing on your cheque leaf. If n your cheque leaf, please check
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		on payments into your bank acc eque only, please indicate your			Γ clearance and se	ttlement network. If
		y into my bank account and inste			Please <b>√</b> ) □	
<b>Fidelit</b>	<b>V</b> <sup>™</sup>		OGEMENT SLIP by the Applicant)	Aı	pp. No.	
Received from		Name of First Applicant/Un	,	م an applic		
investment in	Scheme	Plan		Option	- Caron IOI	
Investment Type (✓)	Investment/SIP Instalment	Investme	nt Cheque/First SIP Ch	eque Details		
Lumpsum		Cheque No.	dated	M M Y Y Y Y dra	awn on Fo	or Office Use Only
☐ SIP	Rs	Bank	Branch	City		
Subject to realisation of o	cheque and furnishing of mand	atory information/documents. Please	e retain this slip till you i	receive your Account Sta	atement. Acknowle	edgement Stamp & Date

Scheme							PI	lan					
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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Instrument No	)	Dated	DD MM	YYYY	SIP Date (Plea	,	<ul> <li>☐ 1st</li> <li>☐ 10f</li> <li>☐ Monthly</li> </ul>			10th,	15th & 2	5th <sup>′</sup>	
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 y	Υ
NRI/FII Investo	ors*, please indicat	e source of fu	unds for your	investment (Ple		NRE	│ □ NRO	│ □ FCN		Others	Please	specify	
				•		N4			 sa □ R	etirement	Oth	are	
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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



## **AUTO DEBIT FACILITY FORM**

In case of new applicants this Form needs to accompany the Common Application Form for Registration of SIP through Auto Debit (ECS/Direct Debit)

Registration-cum-Mandate Form for ECS/Direct Debit Please read Terms & Conditions overleaf carefully. All sections to be completed legibly in English, in black/dark-coloured ink and in BLOCK CAPITALS. Sub-Broker's Code **Distributor's Code Branch Code Relationship Manager** Name 56003 Mobile Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor. APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1) Application Form No. Folio No. ΛR (For New Applicants) (For Existing Unit holders) First Name Last Name Middle Name Sole/First Applicant/Unitholder E-mail ID PAN AND KYC DETAILS (See Note 2) Please furnish below PAN of each Applicant. Fulfilment of KYC requirements is mandatory for all investments w.e.f. January 1, 2011. PAN First Applicant Second Applicant Third Applicant Please enclose a copy of KYC Acknowledgement Letter issued to yourself and other applicant(s) to evidence fulfilment of KYC regirements. Other Proof of Photo identity and Address [Allowed only for investments through Systematic Investment Plan (SIP) not exceeding Rs. 50,000 in a year] **Document Provided** Third Applicant First Applicant Second Applicant Identification No. (Please ✓) ☐ Child's Education ☐ Child's Marriage ☐ Purchase of House ☐ Purchase of Car ☐ Retirement ☐ Others REASON FOR INVESTING IN SIP DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.) I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Fidelity Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. 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 hereby declare that the particulars given here are correct and express my/our willingness to make payments referred below through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I/We will also inform FIL Fund Management Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf X Χ **AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS** (See Note 4) The Manager City Branch I/We authorize Fidelity Mutual Fund, acting through their service providers, to debit my account through ECS (Debit) clearing/Direct debit (Standing Instructions) as per the details given here: Scheme/(Plan)/Option A. Folio No./Application No. ○ 1st ○ 10th ○ 15th ○ 25th ○ All four dates i.e. 1st, 10th, 15th & 25th SIP Auto Debit Date B. Account Number Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually C. Account Type (Please ✓) ☐ Savings ☐ Current ☐ Cash Credit SIP Installment Amount Rs. (Min. 500) D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) SIP Auto Debit Period From M M / Y Y Y Y To\* M M / Y Y Y Y \*Please fill in the 'To' date only if 'No. of Installments' have been specified in the Common Application Form or Micro SIP Form, otherwise leave blank. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. Mandate verification charges if any, may be charged to my/our account. NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS Name(s) of Bank Account Holder(s) Signature(s) of XX Bank Account Holder(s) (To be signed by all holders if mode of operation of Bank Account is 'Joint') Date D D / M M / Signature and Stamp of the Authorised Official from Bank ATTESTATION BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft/Pay Order) I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

## FOR OFFICE USE ONLY (not to be filled in by investor)

DD / MM / YYYY Recorded on

Recorded by

Credit A/c. No.

We confirm that we have taken the above ECS/Auto Debit instructions on our records. Stamp of Bank Branch Manager

Signature

Name