## **COMMON APPLICATION FORM**

(For Lumpsum/Systematic Investment)

form will be considered as final.

## Morgan Stanley

App. No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS. Distributor's Name and ARN No. Sub-Broker/Branch Code For office use Date of receipt ARN-56003 Upfront commission 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. EXISTING UNIT HOLDER'S INFORMATION (Please mention the details below and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.) Please ✓ KYC Compliant (Refer Instruction 10, please attach proof) Folio No. (For applications of Rs. 50,000/- or more) (If PAN is already validated, please PAN No. Third Unit holder don't attach any proof.) 2a NEW APPLICANT'S INFORMATION NAME OF THE SOLE/FIRST APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) Enclosed (Please ✓) ☐ PAN Proof Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) **LEGAL STATUS OF SOLE/FIRST APPLICANT** (Please ✓) Company/Body Corporate AoP/BoI Individual HUF Trust Partnership Bank/FI NRI/PIO ☐ NGO Minor ☐ Defence Establishment ☐ Others (please specify) Club/Society OCCUPATION OF SOLE/FIRST APPLICANT (Please ✓) Service Business Professional Student Retired Housewife Agriculture Others (please specify) GUARDIAN (if sole/first applicant is minor)/CONTACT PERSON (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person) (Mr./Ms./Mrs./M/s/Others) PAN Proof Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) Enclosed (Please ✓) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) NAME OF THE SECOND APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) NAME OF THE THIRD APPLICANT Date of Birth (Mr./Ms./Mrs./M/s/Others) PAN Proof Please ✓ KYC Compliant (Refer Instruction 10, please attach proof) Enclosed (Please ✓) PAN (Mandatory) (Refer Instruction 9) (For applications of Rs. 50,000/- or more) Mode of Operation (Please ✓) Single Anyone or Survivor PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) PAN (Mandatory - Please attach Proof) (Mr./Ms./Mrs./M/s/Others) 2b CONTACT DETAILS OF SOLE/FIRST APPLICANT Address for Correspondence (P.O. Box Address is not sufficient) Overseas Address (Mandatory for NRI/FII Applicants) City/Town City/Town Country Tel. (Res.) (ISD) (STD) Tel. (Office) (ISD) (STD) Mobile (ISD) Fax (ISD) (STD) email 3 BANK ACCOUNT **DETAILS (MANDATORY** Account Type Savings Current NRE NRO FCNR Others please spe Account No (Please ✓ Bank Name MICR Code (This is a nine digit number next to your Cheque Number) City IFSC Code (This is an eleven digit alpha numeric number on your cheque) ACKNOWLEDGEMENT SLIP Morgan Stanley App. (To be filled in by the Applicant/Authorised Signatory) Received from (Mr./Ms./Mrs./M/s/Others) towards application for units of Plan (Please ✓) ☐ Growth ☐ Dividend Option (Please ✓) ☐ Dividend Payout ☐ Dividend Reinvestment Investment Type (✓) Investment/SIP Instalment Investment Cheque/First SIP Cheque Details Lumpsum drawn on Collection centre/ISC stamp, date & signature All purchases are subject to realisation of Cheque/DD. This acknowledgement slip is for unit holders reference only. Information provided in the

4   INVE	STMENT DETAILS							
Scheme .				Plan				
Option	Growth or Dividend Reinvestment or	Dividend Payout		Dividend Frequency				
5 PAYN	MENT DETAILS (Please choose section	n A or B below) (R	efer Instruction 1	<u> </u>				
	JMPSUM INVESTMENT:							
1	ent Amount	DD Charges (if	applicable)	N	Net Amount i	in Figures		
Rs.	+	Rs.		= _1	Rs.			
Net Amo	ount in Words							
		Ch	eque/DD No		D	ated DD	MM	YYYY
	n Bank		C	ity				
Account	Type (Please ✓) Savings Current	NRE NRO	FCNR Oth	ers_(please specify)				
(B) SII	P INVESTMENT							
For Micr	ro SIP Investment, kindly furnish the type of photo	o identification docume	ent enclosed					n 6 on page 12
	ent Amount No. of Instalments	SIP Period From	M M Y	ТҮҮҮ То	MM	YYYY		
Rs.	(Minimum Rs. 1000) X (Minimum 6)	= Rs.		The first SIP date for EC	CS (Debit Clea	aring)/Direct Deb	oit should b	oe on or after 2
	ment by Cheque only			days after allotment of ur	inits.			
	P Instalment Cheque Details:	DD M	377777	SIP Date (Please ✓)	1st 5tl	h 10th 1	5th 20	0th 25th
Cheque I	No Dat	ted DD M	M YYYY	- SIP Frequency (Please ✓)	) Mont	hly or 🗌 Quarter	rly	
Drawn o	n Bank					Cheque fav	voring nam	ne of the schem
Branch _				City				
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	P THROUGH AUTO DEBIT (ECS)			ROUGH POST-DATED		ES* (* Cheques	s for all Mo	onths/Quarters
Please	also fill up the SIP Auto Debit (ECS) Facility Forr		OR	bsequent Instalment Cheque	ie Details:			: date)
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## SIP AUTO DEBIT (ECS) FACILITY FORM

Registration-cum-Mandate Form for ECS (Debit Clearing)

## **Morgan Stanley**



Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

ARN No.		Sub-Broker/Branch Code	Date of receipt	For office use				
ARN-5600	3							
ofront commission shall be	paid directly by the	investor to the AMFI registered distributo	or based on the investor's assessm	ent of various factors including the service rendered by the distributor				
APPLICANTS' IN	IFORMATION	(MANDATORY)						
Existing Unit holder's l	Folio No.							
NAME OF THE SOLE		NT/UNIT HOLDER						
(Mr./Ms./Mrs./M/s/Oth	ers)	First Name	Middle Name	Last Name				
PAN No.   Sole/First	Unit holder/Guar	dian/PoA   Second Unit h	older       T	hird Unit holder (If PAN is already validated, please				
		ction 10, please attach proof) (For applica		don't attach any proof.)				
SYSTEMATIC IN	VESTMENT P	LAN (SIP) DETAILS (MANDAT	TORY)					
For Micro SIP Investmen	t, kindly furnish the	type of photo identification document er	nclosed	(Refer Instruction 6 on page 1				
Scheme		71 1	Plan					
Option Growth or	Dividend Rein	vestment or Dividend Payout	Dividen	d				
Investment Amount	No. o	of Instalments Total Amount	Frequen					
Rs. (Minimum Rs.	^	(Minimum 6) = Rs.		od From MM YYYY To MM YYYYY				
First payment by Cheque First SIP Instalment Cl	•			: SIP date for ECS (Debit Clearing)/Direct Debit should be on or aft after allotment of units.				
Cheque No.	•	Dated DD MM	YYYYY SIP Dat	e (Please ✓)				
-				quency (Please ✔) ☐ Monthly or ☐ Quarterly				
Drawn on Bank				Cheque favoring name of the schen				
Branch				City				
Account Type (Please ✓			FCNR Others please	specify)				
AUTO DEBIT AU	THORISATION	N OF BANK ACCOUNT HOLD						
Account No.			Account Type  (Please ✓) Savings	Current NRE NRO FCNR Others (please specify)				
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Th::::		on your cheque)	Classical Disease Dakis and share	number on your cheque)				
				ny/our payment towards my/our investment in Morgan Stanley Mutu Investment Manager to Morgan Stanley Mutual Fund, acting throu				
				We hereby further authorise MSIMPL through their authorised servi- fication charges, if any, may be charged to my/our account.				
providers to debit myrod		, ,						
N () (D 1	NAN	ME(S) & SIGNATURE(S) OF BAN	K ACCOUNT HOLDER(S)	AS IN BANK RECORDS				
Name(s) of Bank Account Holder(s)								
	Sole/1st Ba	ink Account Holder	2nd Bank Account Holde	er 3rd Bank Account Holder				
Signature(s) of Bank								
Account Holder(s)								
		(10 be signed by all holders if mo	de of operation of Bank Accoun	t is 'Joint' as it appears in Bank records.)				
To, The Branch Manager								
Bank Name				Branch				
	<i>c</i>			Dianch				
Sub: Mandate verificatio		r making payment towards mylour investn	nents in Morgan Stanley Mutual	Fund by debit to my/our above account directly or through ECS (Deb				
		such payments and have signed and endo		Tailed by debit to my/our above account affectly of through 1500 (1900)				
		1 . 0		fication charges, if any, may be charged to my/our account.				
Thanking you,	Sole/1st Ba	nk Account Holder	2nd Bank Account Holde	r 3rd Bank Account Holder				
Yours sincerely								
Signature(s) of Bank								
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