

# CHOTI SIP APPLICATION FORM



Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Bajaj Finserv Mutual Fund.

## 1. DISTRIBUTOR INFORMATION\*

(Please refer instruction no. 1)

| Broker Code/<br>ARN / RIA** / PMRN** Code | Sub Broker / Agent's<br>ARN Code | Bank Branch Code | Internal Code for<br>Sub - Agent / Employee | EUIN* | ISC Date Timestamp<br>Reference No. |
|-------------------------------------------|----------------------------------|------------------|---------------------------------------------|-------|-------------------------------------|
|                                           |                                  |                  |                                             |       |                                     |

☐ \*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of Bajaj Finserv Mutual Fund. (Please ☒ if applicable) \*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" 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.

## 2. UNIT HOLDING OPTION ☒ PHYSICAL MODE (Default)

☐ DEMAT MODE\*

(Please refer instruction no. 7)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

| National Securities Depository Limited |   |   |  |  |  |  |  |  |  |                     |  |  | Central Depository Services (India) Limited |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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| DP Name -                              |   |   |  |  |  |  |  |  |  |                     |  |  | DP Name -                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| DP ID                                  | I | N |  |  |  |  |  |  |  | Beneficiary A/c No. |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

Enclosures - Please ☒ ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

## 3. MODE OF HOLDING

(Please refer instruction no. 5)

(In case of Demat Purchase, Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

## 4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in block letters. (Name and DOB shall be as per Income Tax Records) (Please refer instruction no. 3)

Folio No.  (For Existing unit holders) Gender ☐ Male ☐ Female ☐ Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s.  First  Middle  Last  
(Name as per IT Records)

PAN/PEKRN  (Mandatory) CKYC No.  Date of Birth (Mandatory)

Mobile No.  Email ID

The Email ID belongs to (Mandatory Please ☒) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ☒) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please ☒ here) ☐ Account Statement ☐ Annual Report/Abridged summary ☐ Other Statutory Information.  
(We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code  Valid upto  (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP  
(Mandatory, Please ☒) ☐ Minor through guardian ☐ Company ☐ Fils ☐ PIO ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship  
☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Bank ☐ Others (Please Specify)

Non Profit Organization [NPO] ☐ Yes or ☐ No

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).

If yes, please quote the Registration No. provided by 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/ RTA 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.

## GUARDIAN DETAILS (In case First / Sole Applicant is minor) /CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) [Name and DOB shall be as per IT Records]

Mr. / Ms.  First  Middle  Last  
(Name as per IT Records)

PAN  (Mandatory) CKYC No.  Gender ☐ Male ☐ Female ☐ Others

Mobile No.  Email ID

Designation/Relationship with Minor  Date of Birth/Date of Incorporation (Mandatory)

## Date of Birth Proof for minors (Any One)

☐ Birth Certificate ☐ Marks Sheet (HSC/ICSE/CBSE) ☐ School Leaving Certificate ☐ Passport ☐ Others

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

BAJAJ FINSERV ASSET MANAGEMENT LIMITED.

1101A and 1101B, 11th Floor, Sky One Corporate Park - Tower 1, Pune, Survey No. 239/2, Sunset Blvd MHADA Colony, Lohegaon, Pune - 411032

Received from Mr. / Ms.  Date:

Application No.

Collection Centre /  
Bajaj AMC Stamp & Signature

5a. MAILING ADDRESS (Address as per KYC)

Local Address of 1st Applicant

City State Pin Code Tel. Resi. Tel. Off.

5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant) CDC (Provide Continuous Discharge Certificate)

[Please provide Full Address. P. O. Box address is not sufficient]

Zip Code: Tel. Resi. Tel. Off. Mobile No.

6a. SECOND APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. (Name as per IT Records) First Middle Last

PAN (Mandatory) CKYC No. Gender Male Female Others

Mobile No. Email ID Date of Birth (Mandatory) D D M M Y Y Y Y

The Email ID belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The Mobile No. belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Tax Status (Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

6b. THIRD APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. (Name as per IT Records) First Middle Last

PAN (Mandatory) CKYC No. Gender Male Female Others

Mobile No. Email ID Date of Birth (Mandatory) D D M M Y Y Y Y

The Email ID belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

The Mobile No. belongs to (Mandatory Please ✓) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Tax Status (Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

7. KYC Details (Mandatory) (Please refer instruction no. 3e)

First Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

Second Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

Third Applicant: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify)

Gross Annual Income

First Applicant: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth\* (for Non-Individuals) ₹ (please specify) as on D D M M Y Y Y Y (Not older than 1 year)

Second Applicant: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth\* (for Non-Individuals) ₹ (please specify) as on D D M M Y Y Y Y (Not older than 1 year)

Third Applicant: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth\* (for Non-Individuals) ₹ (please specify) as on D D M M Y Y Y Y (Not older than 1 year)

For Individuals (Please refer instruction no. 3d)

First Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

Second Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

Third Applicant: I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (RPEP) Not applicable

For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option :

(i) Foreign Exchange / Money Changer Services Yes No (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No

| SR. NO. | SCHEME NAME /PLAN                                                                                     | OPTION                                               | NET AMOUNT PAID (₹)                                   | PAYMENT DETAILS                              |                 |
|---------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------|
|         |                                                                                                       |                                                      |                                                       | Cheque/DD No./UTR No. (in case of NEFT/RTGS) | Bank and Branch |
| 1.      | Bajaj Finserv Equity Savings Fund<br><input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input checked="" type="checkbox"/> Growth (Default) | <input checked="" type="checkbox"/> ₹ 250/- (Default) |                                              |                 |

**8. BANK ACCOUNT DETAILS FOR PAYOUT** (Please attach copy of cancelled cheque)

(Please refer instruction no. 4)

|                      |                                                                                                                                                                      |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of the Bank     |                                                                                                                                                                      |
| Account No.          | Account Type <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others |
| Bank Branch          | Address                                                                                                                                                              |
| Bank City            | State                                                                                                                                                                |
| Pincode              |                                                                                                                                                                      |
| MICR Code (9 digits) | IFSC Code for NEFT / RTGS                                                                                                                                            |

<sup>§</sup>This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

**9. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque.

(Please refer instruction no. 6)

|                                   |                                                                            |                                                      |
|-----------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|
| Scheme Name                       | Plan                                                                       | Option                                               |
| Bajaj Finserv Equity Savings Fund | <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan | <input checked="" type="checkbox"/> Growth (Default) |

|                                                                                                                                                                                                                                                                          |                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Payment Type ( Please ✓ )                                                                                                                                                                                                                                                | <input type="checkbox"/> Non-Third Party <input type="checkbox"/> Third Party Payment (Pls fill third party declaration form) |
| Transaction Type                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Choti SIP*                                                                                |
| Amount (INR)                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> ₹ 250/- (Default)                                                                         |
| Mode of Payment ( Please ✓ )<br><input type="checkbox"/> Cheque / DD <input type="checkbox"/> NEFT / RTGS<br><input type="checkbox"/> OTM (One Time Mandate) (This facility is only applicable for Existing Investors who have an existing OTM registered in the folio.) | Cheque / DD No. / UTR No.                                                                                                     |
| Date                                                                                                                                                                                                                                                                     |                                                                                                                               |
| Drawn on Bank                                                                                                                                                                                                                                                            |                                                                                                                               |
| A/c Number                                                                                                                                                                                                                                                               |                                                                                                                               |

**Cheque/DD should be drawn in favour of scheme name "Bajaj Finserv Equity Savings Fund"**

\*If you wish to register Choti SIP, kindly fill the relevant Choti SIP Form.

**Reason for investment** ☐ House ☐ Children's Education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others (please specify) \_\_\_\_\_**Investment horizon** Please (✓) anyone ☐ 5 Years ☐ 10 Years ☐ 15 Years ☐ 20 Years ☐ 25 Years**10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor)**

(Please refer instruction no. 8)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

| Particulars                | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality                                                                                 |
|----------------------------|---------------------|------------------|----------------------------------------------------------------------------------------------------------------------|
| First Applicant / Guardian |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Second Applicant           |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Third Applicant            |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

| Particulars                | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | If TIN is not available please tick (✓) the reason A, B or C (as defined below)           |
|----------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|
| First Applicant / Guardian |                          |                                                    |                                                   | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Second Applicant           |                          |                                                    |                                                   | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Third Applicant            |                          |                                                    |                                                   | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.☐ Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)☐ Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

|                                                                                                                   |                                                                                                                   |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| *Address Type of Sole/1st Holder:                                                                                 | *Address Type of 2nd Holder:                                                                                      | *Address Type of 3rd Holder:                                                                                      |
| <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |

**\*If the address type is not ticked the default will be considered as residential.**

**11. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)**

☐ I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.  
(Please fill the nominee details in the table given below)

OR

☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We 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.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of operation in signature space provided below i.e. in Nomination Details section

| Mandatory Details |                        |              |                                                |                                                |                                                |                     | Additional Details **** |          |
|-------------------|------------------------|--------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------|-------------------------|----------|
| Name of Nominee   | Share of Nominee (%)** | Relationship | Residential Address                            | Mobile Number                                  | E-Mail                                         | Identity Number *** | D.O.B. of Nominee       | Guardian |
| Nominee 1         |                        |              | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant |                     |                         |          |
| Nominee 2         |                        |              | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant |                     |                         |          |
| Nominee 3         |                        |              | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant | <input type="checkbox"/> Same as 1st Applicant |                     |                         |          |

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

2. This nomination shall supersede any prior nomination made by me / us, if any.

**Signature(s)** \*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature

| Name(s) of holder(s)          | Signature(s) of holder | Witness Name, Address and Signature* |
|-------------------------------|------------------------|--------------------------------------|
| Sole / First Holder (Mr./Ms.) |                        | 1.                                   |
| Second Holder (Mr./Ms.)       |                        | 2.                                   |
| Third Holder (Mr./Ms.)        |                        |                                      |

**12. CONFIRMATION CLAUSE**

I/We hereby confirm to have read, understood and agree to the privacy policy available on [www.bajajamc.com](http://www.bajajamc.com). I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

**13. DECLARATION AND SIGNATURES**

(Please refer instruction no. 10)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Bajaj Finserv Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of Bajaj Finserv Mutual Fund for allotment of units of the Scheme(s) of Bajaj Finserv Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Bajaj Finserv Mutual Fund, I/We hereby authorise the AMC/Bajaj Finserv Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify Bajaj Finserv Asset Management Limited immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding `50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) 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 (s) . FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and

☐ Please ✓ : if the EUIN space is left blank: I / We hereby confirm that the EUIN 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(s)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

|                                                                  |                                                       |                                                       |
|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Sign of 1st Applicant / Guardian /<br>Authorised Signatory / POA | Sign of 2nd Applicant /<br>Authorised Signatory / POA | Sign of 3rd Applicant /<br>Authorised Signatory / POA |
|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|

## Points to remember

| Please ensure that:                                                                                                                                                               | Documents                                                                                                  | Individuals | Companies | Societies | Partnership Firms | Investments through PoA | Trust | NRI | Fil(s)/ FPI | Sole Proprietor | Minor | HUF |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------|-----------|-----------|-------------------|-------------------------|-------|-----|-------------|-----------------|-------|-----|
| 1. Your Application Form is complete in all respects & signed by all applicants.                                                                                                  | Resolution / Authorisation to invest                                                                       |             | ✓         | ✓         | ✓                 |                         | ✓     |     | ✓           |                 |       |     |
| 2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family member. | HUF / Trust Deed                                                                                           |             |           |           |                   |                         | ✓     |     |             |                 |       | ✓   |
| 3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.                                    | Bye - Laws                                                                                                 |             |           | ✓         |                   |                         |       |     |             |                 |       |     |
| 4. Permanent Account Number (PAN) Mandatory for all Investors (including guardians, joint holders, NRIs and POA holders) irrespective of the investment amount.                   | Partnership Deed                                                                                           |             |           |           | ✓                 |                         |       |     |             |                 |       |     |
| 5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)                                           | SEBI Registration / Designated Depository Participant Registration Certificate 2                           |             |           |           |                   |                         |       |     | ✓           |                 |       |     |
| 6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Bajaj Finserv Equity Savings Fund"                                                | Proof of Date of birth                                                                                     |             |           |           |                   |                         |       |     |             |                 | ✓     |     |
| 7. Application Number is mentioned on the reverse of the cheque.                                                                                                                  | Notarised Power of Attorney                                                                                |             |           |           |                   | ✓                       |       |     |             |                 |       |     |
| 8. A cancelled cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.                  | Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable |             |           |           |                   |                         |       | ✓   |             |                 |       |     |
| 9. Documents as listed are submitted along with the Application form (as applicable to your specific case).                                                                       | KYC Acknowledgement                                                                                        | ✓           | ✓         | ✓         | ✓                 | ✓                       | ✓     | ✓   | ✓           | ✓               | ✓     | ✓   |
|                                                                                                                                                                                   | Demat Account Details (Client Master List Copy)3                                                           | ✓           | ✓         | ✓         | ✓                 | ✓                       | ✓     | ✓   | ✓           | ✓               | ✓     | ✓   |
|                                                                                                                                                                                   | FATCA CRS/UBO Declaration                                                                                  |             | ✓         | ✓         | ✓                 | ✓                       | ✓     | ✓   | ✓           | ✓               | ✓     | ✓   |
|                                                                                                                                                                                   | PAN                                                                                                        | ✓           | ✓         | ✓         | ✓                 | ✓                       | ✓     | ✓   | ✓           | ✓               | ✓     | ✓   |

1. Self attestation is mandatory 2. Copy of SEBI registration certificate (for Fil) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

## GENERAL GUIDELINES FOR CHOTI SIP APPLICATION FORM

- Please read the Scheme Information Document/Key Information Memorandum of the respective Scheme carefully before investing.
- Please furnish all information marked as 'MANDATORY'. In the absence of any mandatory information, the application would be rejected.
- The application form should be completed in ENGLISH and in BLOCK LETTERS.
- All cheques, demand drafts and pay orders should be crossed "Account Payee only" and made in favour of "Scheme Name" - E.g. Bajaj Finserv Equity Savings Fund.
- If the Scheme name on the application form and on the payment instrument are different, the application may be processed and units allotted at applicable NAV of the scheme mentioned in the application / transaction slip duly signed by investor(s).
- Any over-writing / changes made while filling the form must be authenticated by canceling the original entry, re-entering correct details and ensuring that all applicants counter-sign against each correction.
- Investors must write the application form number / folio number / PAN number on the reverse of the cheque / demand draft.
- FATCA Declaration: Individual investors, please fill in FATCA / CRS annexure and attach along with Application form. Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure and attach along with Application form available on our website
- In case of new individual investors who are not KYC compliant, please fill the CKYC form issued by Central KYC Registry (CKYC) appended in the form and also available on our website.
- In case of new non-individual investors, please fill the KYC application form issued by KYC Registration Agency available on our website <https://www.bajajamc.com>
- In case of existing individual and non individual investors who are KYC compliant, please provide the KYC acknowledgement issued by the KYC Registration Agency.
- Please strike off sections that are not applicable.

## INSTRUCTIONS FOR CHOTI SIP APPLICATION FORM

### 1. DISTRIBUTOR INFORMATION

- Commission (if any) shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.
- Please mention "DIRECT" in case the application is not routed through any distributor.
- Pursuant to SEBI circular dated September 13, 2012, mutual funds have created a unique identity number of the employee/ relationship manager/ sales person of the distributor interacting with the investor for the sale of mutual fund products, in addition to the AMFI Registration Number (ARN) of the distributor. This Employee Unique Identification Number is referred as "EUIN". EUIN aims to assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leaves the employment of the distributor or his/her sub broker. Quoting of EUIN is mandatory in case of advisory transactions.
- Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Distributor are advised to ensure that they fill in the RIA/PMRN code, in case they are a Registered Investment Advisor / Portfolio Manager.
- Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP and EUIN is not applicable for transactions such as Installments under SIP/STP / SWP, Redemption, SWP Registration.
- Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular.

### 2. EXISTING INVESTORS OF BAJAJ FINSERV MUTUAL FUND

If you are an existing investor please mention your existing folio number, so the unit will be allotted in the same folio. If it left blank, then new folio number will be generated.

### 3. SOLE/ FIRST APPLICANT'S DETAILS

- Please furnish names of all applicants. The name of the Sole /First Applicant should be mentioned in the same manner in which it appears in the Income Tax PAN card. Please note the following:
  - In case the applicant is a Non individual Investor (including HUF), then Legal Entity Identifier(LEI) Number is mandatory to be mentioned in the space provided. As per the RBI circular No. RBI/2020-21/82 - DPSS.CO.OD No.901/06.24.001/2020-21 dated January 05, 2021, it is mandatory for all Non-individuals to obtain Legal Entity Identifier (LEI) and quote the same for any transactions beyond ₹ 50 crore routed through RTGS / NEFT w.e.f 1st April '21. Further, the Contact person's name to be stated in the space provided (Name of Guardian/Contact Person)
  - In case the applicant is a minor, the Guardian's name should be stated in the space provided (Name of Guardian / Contact Person). It is mandatory to provide the minor's date of birth in the space provided.
  - In case the application is being made on behalf of a minor, he / she shall be the Sole Holder/Beneficiary. There shall be no joint account with a minor unitholder.
- Please indicate the tax status of the sole/1 applicant at the time of investment. The abbreviations used in this section are:
  - NRI: Non-Resident Indian Individual, PIO: Person of Indian Origin, FI: Foreign Institutional Investor, NGO: Non Government Organization, AOP: Association of Persons, BOI: Body of Individuals, HUF : Hindu Undivided Family.
- Where the investment is on behalf of a Minor by the Guardian:
  - The Minor shall be the first and sole holder in the account.
  - No Joint holders are allowed. In case an investor provides joint holder details, these shall be ignored.
  - Guardian should be either a natural guardian (i.e. father or mother) or a court appointed legal guardian.
  - Guardian should mention the relationship with Minor and date of birth of the Minor on the application form.

- A document evidencing the relationship and date of birth of the Minor should be submitted along with the application form. Photo copy of any one of the following documents can be submitted a) Birth certificate of the minor or b) school leaving certificate/ mark sheet of Higher Secondary board of respective states, ICSE, CBSE etc.
  - Passport of the minor d) Any other suitable proof evidencing the relationship.
  - Where the guardian is not a natural guardian (father or mother) and is a court appointed legal guardian, suitable supporting documentary evidence should be provided.
  - Payment for investment by any mode shall be accepted from the bank account of the minor, parent or legal guardian of the minor or from the joint account of the minor with parent or legal guardian.
  - If the mandatory details and/or documents are not provided, the application is liable to be rejected without any information to the applicant.
- d. Politically Exposed Person (PEP)**
- "PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/ judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.
  - Domestic PEPs: Individuals who are or have been entrusted domestically with prominent public functions within India, for example Heads of State or of Governments, senior government, judicial or military officials, senior executives of state-owned corporations.
  - Family members are individuals who are related to PEP either directly or through marriage or similar forms of partnership.
- e. KYC Requirements and details:**
- Please furnish PAN & KYC details for each applicant/unit holder, including the Guardian and/or Power Of Attorney (POA) holders as explained in the below points.

### • PAN

It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement, please refer to KYC Form for exemption of PAN requirement.

### • KNOW YOUR CUSTOMER (KYC)

- Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN) in application form as per AMFI circular 135/BP/68/2016-17. To download Common KYC Application Form, please visit our website <https://www.bajajamc.com>
- In accordance with the aforesaid SEBI circulars and AMFI best practice guidelines for implementation of CKYC norms with effect from February 1, 2017:
- Individual investors who have never done KYC process under KRA regime i.e. a new investor who is new to KRA system and whose KYC is not registered or verified in the KRA system shall be required to provide KYC details in the CKYC Form to the Mutual Fund/ AMC.
- Individual investor who fills old KRA KYC Form, should provide additional / missing information using Supplementary KYC Form or CKYC Form.
- Details of investors shall be uploaded on the system of CKYCR and a 14 digit unique KYC Identifier ("KIN") will be generated for such customer.
- New investors, who have completed CKYC process & have obtained KIN may quote their KIN in the application form instead of submitting CKYC Form/ Supplementary KYC Form.
- AMC/ Mutual Fund shall use the KIN of the investor to download the KYC information from CKYCR system and update its records.
- If the PAN of investor is not updated on CKYCR system, the investor should submit self certified copy of PAN card to the Mutual Fund/ AMC. In accordance with AMFI circular - 35P/MEM-COR/54/2019-20 dated February 28, 2020, it is mandatory, KYC to be verified by KYC Registration Agency before processing redemption. Further, investor requested to complete KYC process before placing redemption request.

In accordance with AMFI circular - 35P/MEM-COR/54/2019-20 dated February 28, 2020, it is mandatory, KYC to be verified by KYC Registration Agency before processing redemption. Further, investor requested to complete KYC process before placing redemption request.

The CKYC Form and Supplementary KYC Form are available at Investor Service Centre (ISC) of Bajaj Finserv Mutual Fund and on website <https://www.bajajamc.com>. The AMC reserves the right to reject transaction application in case the investor(s) fails to submit information and/or documentation as mentioned above. In the event of non compliance of KYC requirements, the Trustee / AMC reserves the right to freeze the folio of the investor(s).

• **Micro Investment**

With effect from October 30, 2012, where the aggregate of the lump sum investment fresh purchase & additional purchase) and Micro SIP installments by an investor in a financial year i.e April to March does not exceed ₹ 50,000/- it shall be exempt from the requirement of PAN.

However, requirements of Know Your Customer (KYC) shall be mandatory. Accordingly, investors seeking the above exemption for PAN still need to submit the KYC Acknowledgement, irrespective of the amount of investment. This exemption will be available only to Micro investment made by the individuals being Indian citizens (including NRIs, Joint holders, minors acting through guardian and sole proprietary firms). PIOs, HUFs, QFIs and other categories of investors will not be eligible for this exemption.

**f. Contact Information**

- Please furnish the full postal address of the Sole/ First Applicant with PIN/Postal Code and complete contact details. (P.O. Box address is not sufficient).
- As per SEBI letter SEBI/HO/IMD/DoF4/OW/P/2018/0000019378/1 dated July 9, 2018 and AMFI Best Practice Guidelines Circular No. 77 / 2018-19 the first/sole holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions. **Individual investors must declare whether the primary email address and mobile number being provided belongs to Self or a Family member and tick the relevant code in the application form.**  
**The email id/ contact details mentioned on the application form should be the same as the ones provided in the KRA. If found different, the details mentioned on KRA records will be updated in the folio. Investor will need to update the email id/mobile number with the KRA incase of any change.**
- Please note that all communication i.e. Account statement, Annual Report, News Letters will be sent via e-mail, if the e-mail id of the investor is provided in the application form. The Account statement will be encrypted with a password before sending the same to the registered email id. Should the unitholder face any difficulty in accessing/opening the Account Statements/ documents sent via email, the unitholder may call/write to the AMC/Registrar and ask for a physical copy.
- Overseas address is mandatory for NRI/FII investors.

**4. BANK DETAILS**

- Please furnish complete Bank Account Details of the Sole/First Applicant. This is a mandatory requirement and applications not carrying bank account details shall be rejected. Bank details redemption proceeds.
- Please provide your complete Core Banking Account Number, (if applicable), in your Bank Mandate in the Application Form. In case you are not aware of the Core Banking Account Number, kindly check the same with your bankers.
- Please attach a original cancelled cheque leaf if your investment instrument is not from the same bank account mentioned in the Application form.
- Bajaj Finserv Mutual Fund will endeavour to remit the Redemption through electronic mode, wherever sufficient bank account details of the unit holder are available.

**5. MODE OF HOLDING**

Please select mode of holding, if option left blank then default option of Anyone or Survivor will be considered.

**6. INVESTMENT/PAYMENT DETAILS**

**Plans:**

The AMC has introduced a separate plan for direct investments (i.e. investments not routed through an AMFI Registration Number (ARN) Holder ("Distributor") (hereinafter referred to as "Direct Plan").

- There shall be 2 Plans available for subscription under the Schemes viz., Regular Plan and Direct Plan.
- Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the application form as "Scheme Name - Direct Plan" e.g. "Bajaj Finserv Flexi Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- Payment may be made only by Cheque or NACH. Cheque/Draft should be drawn in favour of the "Scheme name" - e.g. "Bajaj Finserv Flexi Fund Direct Plan" and crossed "Account Payee only".
- Please refer to Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the scheme for the Minimum amount criteria of the scheme.
- Please note that third party payments shall not be accepted.
- Third Party Payment shall mean payment made through an instrument issued from an account other than that of the beneficiary investor. In case of payment instruments issued from a joint bank account, the first named applicant/investor must be one of the joint holders of the bank account from which the payment instrument is issued. 'Related person/s' means such persons as may be specified by the AMC from time to time. Exceptions: MF will accept subscriptions to schemes of Bajaj Finserv MF accompanied by Third- Party Payment Instruments only in the following exceptional cases:
  - Payment by Employer on behalf of employee under Systematic Investment Plans or lumpsum/one time subscription, through Payroll deductions or deductions out of expense reimbursements.
  - Custodian on behalf of a Foreign Portfolio Investors (FPIs) or a client.
  - Payment by an AMC to an empanelled Distributor on account of commission/incentive etc. in the form of the Mutual Fund units of the schemes managed by such AMC through SIP or lump sum/one time subscription, subject to compliance with SEBI Regulations and Guidelines issued by AMFI, from time to time.
  - Payment by a Corporate to its Agent/Distributor/Dealer (similar arrangement with Principal agent relationship), on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through SIP or lump sum/one time subscription, subject to compliance with SEBI Regulations and Guidelines issued by AMFI, from time to time.

- Payment by registered Stock brokers of recognized stock exchanges for their clients having demat accounts. The investors making an application under the above mentioned exceptional cases are required to comply with the following, without which their applications for subscriptions for units will be rejected / not processed.
- Mandatory KYC compliance of the investor and the person making the payment, in order to determine the identity of the investor and the person issuing the payment instrument.
- Submit a separate, prescribed, 'Third Party Payment Declaration Form' from the beneficiary applicant/s and the person making the payment i.e., the Third Party, giving details of the bank account from which the payment is made and the relationship of the Third Party with the beneficiary. (The declaration form is available at <https://www.bajajamc.com>)
- Submit a cancelled cheque leaf or copy of bank statement /pass book mentioning bank account number, account holders' name and address or such other document as the AMC may require for verifying the source of funds to ascertain that funds have been remitted from the drawer's account only.

**For identifying Third Party Payments, investors are required to comply with the requirements specified below :**

**a. Payment by Cheque:**

An investor at the time of his/her purchase must provide the details of pay-in bank account (i.e. account from which a subscription payment is made) and pay-out bank account (i.e. account into which redemption are to be paid). Identification of third party cheques by the AMC / Registrars will be on the basis of either matching of pay-in bank account details with registered/pay-out bank account details or by matching the bank account number/name/signature of the first named investor with the name/account number/signature available on the cheque. If the name/bank account number is not pre-printed on the cheque and signature on the cheque does not match with signature on the application, then the first named applicant/investor should submit any one of the following documents:

- a copy of the bank passbook or a statement of bank account having the name and address of the account holder and account number.
- a letter\* (in original) from the bank on the bank's letterhead certifying that the investor maintains an account with the bank, along with information like bank account number, bank branch, account type, the MICR code of the branch & IFSC Code (where available). In respect of (ii) above, it should be certified by the bank manager with his/her full signature, name, employee code, bank seal and contact number. Investors should note that where the bank account numbers have changed on account of the implementation of core banking system at their banks, any related communication from the bank towards a change in bank account number should accompany the application form for subscription of units.

**NRI investors**

NRI Investors and FPIs- NRIs and PIOs may purchase units of the scheme(s) on a repatriation and non-repatriation basis, while FPIs (erstwhile known as FIIs) may purchase units only on a repatriation basis and subject to applicable laws. They shall attach a copy of the cheque used for payment or a Foreign Inward Remittance Certificate (FIRC) or an Account Debit Certificate from the bankers along with the application form to enable the AMC to ascertain the repatriation status of the amount invested. The account type shall be clearly ticked as NRE or NRO or FCNR, to enable the AMC determine the repatriation status of the investment amount. The AMC and the Registrar may rely on the repatriation status of the investment purely based on the details provided in the application form.

**Repatriation basis-**

NRIs and PIOs may pay their subscription amounts by way of Demand draft, cheques drawn on Non-Resident External (NRE) Accounts or Indian Rupee drafts payable at par at any of the centres where the AMC has a designated ISC and purchased out of funds held in NRE Accounts / FCNR (B) Accounts. FPIs may pay their subscription amounts either by way of inward remittance through normal banking channels or out of funds held in NRE Accounts / FCNR (B) maintained in accordance with Foreign Exchange Management (Deposit) Regulations, 2016.

**Non-Repatriation basis**

Non-Repatriation basis - NRIs and PIOs may pay their subscription amounts by way of inward remittance through normal banking channels or out of funds held in NRE/FCNR (B)/ NRO account maintained in accordance with Foreign Exchange Management (Deposit) Regulations, 2016.

- Kindly fill the subsequent Choti SIP Form along with this form to register Choti SIP in your folio.

**7. UNIT HOLDING OPTION (Demat / Non - Demat Mode)**

- Investors can hold units in demat / non-demat mode. In case demat account details are not provided or details of DP ID / BO ID, provided are incorrect or demat account is not activated or not in active status, the units would be allotted in non-demat mode.
- Statement of Accounts would be sent to Investors who are allotted units in non-demat mode.
- Units held in dematerialized form are freely transferable with effect from October 01, 2011, except units held in Equity Link Savings Scheme during the lock-in period.

**8. FOREIGN ACCOUNT TAX COMPLIANCE (FATCA) FATCA & CRS TERMS & CONDITIONS:**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Bajaj Finserv Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS: If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

## INSTRUCTIONS FOR CHOTI SIP APPLICATION FORM (Cont'd.)

SEBI issued its circular no. CIR/MIRSD/2/2015 dated August 26, 2015 inter alia advising intermediaries to take necessary steps to ensure compliance with the requirements specified in the rules and guidelines specified by the Government of India. AMFI also issued its best practices guidelines circular no. 135/BP/63/2015-16 dated September 18, 2015 on this matter. The AMC and the Mutual Fund are required to adhere to various requirements inter alia including submission of various information / details relating to the investors in the schemes of the mutual fund, to authorities, as specified under the applicable laws. Accordingly, the following aspects need to be adhered to :

- All investors will have to mandatorily provide the information and declarations pertaining

to FATCA/CRS for all new accounts opened, failing which the application / transaction request shall be liable to be rejected.

Investors are requested to provide all the necessary information / declarations to facilitate compliance, considering India's commitment to implement CRS and FATCA under the relevant international treaties. Please consult your professional tax advisor for further guidance on your tax residency, if required. In case customer has the following India pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

| FATCA & CRS India observed (ticked)                      | Documentation required for Cure of FATCA/ CRS India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. place of birth                                      | 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;<br>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship; AND<br>3. Any one of the following documents:<br>Certified Copy of "Certificate of Loss of Nationality<br>or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;<br>or Reason the customer did not obtain U.S. citizenship at birth      |
| Residence/ mailing address in a country other than India | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and<br>2. Documentary evidence                                                                                                                                                                                                                                                                                                                                                         |
| Telephone number in a country other than India           | <b>If no Indian telephone number is provided</b><br>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and<br>2. Documentary evidence<br><b>If Indian telephone number is provided along with a foreign country telephone number</b><br>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR<br>2. Documentary evidence |
| Telephone number in a country other than India           | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and<br>2. Documentary evidence                                                                                                                                                                                                                                                                                                                                                         |

### 9. NOMINATION DETAILS

#### \*Joint Accounts:

| Event                                                           | Transmission of Folio to                                                                |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Demise of one or more joint holder(s)                           | Surviving holder(s) through name deletion.<br>The surviving holder(s) shall inherit the |
| Demise of all joint holders simultaneously - having nominee     | Nominee                                                                                 |
| Demise of all joint holders simultaneously - not having nominee | Legal heir(s) of the youngest holder                                                    |

- Nomination shall be mandatory for single holding only. The requirement of nomination shall be optional for jointly held folios.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio of a Minor unitholder.
- The signatories for this nomination form in joint folios shall be the same as that of your joint MF folio i.e.
  - 'Either or Survivor' Folios - any one of the holder can sign.
  - 'Jointly' Folios - both holders have to sign.
- A minor may be nominated. In that event, the Date of Birth (DoB) needs to be provided. It is optional to provide the name and PAN of the Guardian.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive an acknowledgement from the AMC for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single folio.
- In case all your nominees do not claim the assets from the AMC, then the residual unclaimed asset shall continue to be with the AMC in case of MF units.
- Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If percentage is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the Nomination form. (See table in 'Transmission aspects'-point number 22).
- Every new nomination for a folio shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio.
- Nomination shall stand rescinded upon the transfer of units.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).**
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
- The mode of operation (of the joint account), namely that of the first named holder OR

anyone or survivor OR either or survivor basis OR joint, etc. shall be unaffected by the rule of survivorship.

#### 22. Transmission Aspects :

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below:

| % share as specified by investor at the time of nomination |             |          | % assets to be apportioned to surviving nominees upon demise of investor and nominee 'A' |                                  |               |
|------------------------------------------------------------|-------------|----------|------------------------------------------------------------------------------------------|----------------------------------|---------------|
| Nominee                                                    | % share     | Nominee  | % initial share                                                                          | % of A's share to be apportioned | Total % share |
| A                                                          | 60%         | A        | 0                                                                                        | 0                                | 0             |
| B                                                          | 30%         | B        | 30%                                                                                      | 45%                              | 75%           |
| C                                                          | 10%         | C        | 10%                                                                                      | 15%                              | 25%           |
| <b>Total</b>                                               | <b>100%</b> | <b>-</b> | <b>40%</b>                                                                               | <b>60%</b>                       | <b>100%</b>   |

### 10. DECLARATION AND SIGNATURES

- Please tick the box provided for EUN declaration in this section in case the ARN is mentioned in the distributor section and the EUN is left blank.
- All signatures should be hand written in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in both cases must be attested by a Judicial Magistrate or a Notary Public.
- If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarised photocopy of the PoA. Alternatively, the original PoA may be submitted, which will be returned after verification. If the PoA is not submitted with the application, the Application Form will be rejected. The POA should contain the signature of the investor (POA Donor) and the POA holder.
- In case of corporates or any non-individual investors, a list of authorised signatories should be submitted along with Application form or in case of any change in the authorised signatory list, the AMC / Registrar must be notified within 7 days.
- In case of application under POA or by a Non- Individual (i.e. Company, trust, society, partnership firm etc.) the relevant POA or the resolution should specifically provide for/ authorize the POA holder/ authorized signatory to make application/invest moneys on behalf of the investor.

### 11. GO GREEN INITIATIVE IN MUTUAL FUNDS

- With respect to the recent directives issued by SEBI via Gazette Notification SEBI/LAD-NRO/ GN/2018/14 & Circular SEBI / HO / IMD / DF2 / CIR / P/2018/92 regarding Go Green Initiative in Mutual Funds regarding disclosing and providing information to investors through digital platform as a green initiative measure.
- In line with above initiative, Bajaj Finserv Mutual Fund has adopted 'Go Green Initiative for Mutual Funds' and accordingly, the scheme Annual Reports /Abridged Summary will be hosted on our website <https://www.bajajamc.com> in downloadable format . Further, wherever email ids are registered in our records, the scheme Annual Reports / Abridged Summary will be sent via email.
- If you do not opt-in to receive a physical copy of the scheme Annual Report/Abridged Summary, you can view the same on our website or alternatively contact our registered office to get a physical copy of the Annual Report/Abridged Summary.

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# CHOTI SIP FORM



| Broker Code/<br>ARN / RIA** / PMRN** Code | Sub Broker /Agent's<br>ARN Code | Bank Branch Code | Internal Code for<br>Sub - Agent / Employee | EUIN* | ISC Date Timestamp<br>Reference No. |
|-------------------------------------------|---------------------------------|------------------|---------------------------------------------|-------|-------------------------------------|
|                                           |                                 |                  |                                             |       |                                     |

☐ \*\* By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please✓if applicable) \*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" 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.  
Please Note: All field marked with asterisk (\*) to be mandatorily filled.

## 1. UNIT HOLDER INFORMATION

### Sole / 1st Applicant Details

Name  PAN

### 2nd Applicant Details

Name  PAN

### 3rd Applicant Details

Name  PAN

## 2. CHOTI SIP INVESTMENT & PAYMENT DETAILS

| Scheme Name                       | Plan Please tick (✓)                                                       | Option                                               | SIP Frequency                                         | SIP Amount                                            |
|-----------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Bajaj Finserv Equity Savings Fund | <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan | <input checked="" type="checkbox"/> Growth (Default) | <input checked="" type="checkbox"/> Monthly (Default) | <input checked="" type="checkbox"/> ₹ 250/- (Default) |

SIP Date\*  SIP Start  SIP End  (\*You may select any date from 1<sup>st</sup> to 28<sup>th</sup> of the month. In case SIP date is not appropriately selected, '10' would be the default SIP date)

## 3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise Bajaj Finserv Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Bajaj Finserv AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."  
For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant /  
Authorised Signatory / POA

Sign of 2nd Applicant /  
Authorised Signatory / POA

Sign of 3rd Applicant /  
Authorised Signatory / POA

## 4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

|                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |                                                                                                                                  |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|                                                                                                                                                                                                      | UMRN <input type="text"/>                                                                                                                                                                                                                | Bank use <input type="text"/>                                                                                                    | Date <input type="text"/>        |
| Sponsor Bank Code <input type="text"/>                                                                                                                                                               | Bank use <input type="text"/>                                                                                                                                                                                                            | <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL |                                  |
| Utility Code <input type="text"/>                                                                                                                                                                    | Bank use <input type="text"/>                                                                                                                                                                                                            | I/We hereby authorize <input type="text"/>                                                                                       | Bajaj Finserv Mutual Fund        |
| To Debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other | Bank A/c <input type="text"/>                                                                                                                                                                                                            |                                                                                                                                  |                                  |
| With Bank <input type="text"/>                                                                                                                                                                       | Name of customers bank                                                                                                                                                                                                                   | IFSC / MICR <input type="text"/>                                                                                                 |                                  |
| An Amount Of Rupees <b>TWO HUNDRED AND FIFTY RUPEES ONLY</b>                                                                                                                                         | ₹ <b>250/-</b>                                                                                                                                                                                                                           |                                                                                                                                  |                                  |
| DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount                                                                                       | FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented |                                                                                                                                  |                                  |
| Reference 1 <input type="text"/>                                                                                                                                                                     | Folio No. <input type="text"/>                                                                                                                                                                                                           | Reference 2 <input type="text"/>                                                                                                 | Scheme Name <input type="text"/> |

I. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

### PERIOD

From

To

Maximum period of validity of this mandate is 40 years only

Phone No.

Signature Of Primary Account Holder

Signature Of Joint Account Holder

Signature Of Joint Account Holder

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder

**Small Ticket / Choti SIP:**

This is with reference to SEBI's letter Ref No. SEBI / HO / IMD / PoD-1 / OW / P / 2025 / 5586 / 1 dated February 20, 2025, regarding the introduction of the "Choti SIP" initiative.

1. The small ticket SIP i.e. Rs. 250/- SIP that an investor can start shall be restricted to three SIPs (one each in up to 3 Asset Management Companies).
2. The small ticket SIP is for investors new to Mutual Fund industry. Thus, if the investor has existing investments in Mutual Fund schemes; the investor shall not be considered as a small ticket SIP investor for any of its subsequent investments and the application will be processed as normal SIP.
3. Initial investment amount with cheque is allowed only for Rs.250/-. Any amount other than mentioned, the application is liable for rejection.

**Schemes and plans in which Small Ticket SIP should be offered**

4. Small ticket SIPs shall be offered only under the Growth option of the plan.
5. Eligible schemes for Bajaj Finserv Mutual Fund:
  - a. Bajaj Finserv Equity Savings Fund

**Acceptable mode of payments/investment**

6. The mode of payment/investment for small ticket SIP shall be restricted to NACH and cheque.
7. Investment of up to Rs. 50,000/- per investor, per mutual fund per financial year is permitted without PAN. Therefore, PEKRN based KYC will be available for small ticket SIP.
8. KRAs are required to ensure that multiple PEKRN are not issued to a single investor

(with different ID proofs). Therefore, if PAN is not provided by an investor for KYC, AADHAR card shall be mandated for the issuance of new PEKRN, as AADHAR can be uniquely validated.

**Other Features**

1. The small ticket SIP shall be made in SOA or demat mode of investment.
2. Small ticket SIP is primarily envisaged for "**Monthly**" frequency only SIPs.
3. Commitment by an investor under the small ticket SIP scheme should be for 60 investment instalments of Rs.250 only. However, if investor desires to stop SIP or withdraw the SIP investment prematurely, there should be no restriction on it.
4. The provision relating to exit load, if any, shall be the same for all investors including investors of small ticket SIP.
5. SIP top up option not allowed in small ticket SIP.
6. SIP pause facility is not available in small ticket SIP.
7. SIP modification feature will not be available in small ticket SIP.

All statutory disclosures to unitholders shall be through SMS/WhatsApp on a registered mobile number and email id (if provided by the investor). If disclosure is made to investors through a link on mobile number and email id, the link should remain active for at least 3 months and investors should be able to download the disclosures made thereunder.

**Other Conditions:**

The small ticket SIP application will not be considered as Choti SIP if any of the criteria defined by the regulator is not met and, in such scenario, it will be treated as normal SIP.