

Amount

__/___ Drawn on Bank & Branch_

Dated

COMMON APPLICATION FORM

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section

ARN-183038 ARN- "We hereby confirm that the EUN box has been intentionally left blank by melus as this is an "execution-only" transaction without any interaction or advice by the employee/remanager/sales person of the above distributor or notwithsteading the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distribution and the provision of the above distribution has not charged any advisory fees on this transaction. **Separation** *	Broker Code/ ARN	Sub-Broker Code ARN/ Branch Code		LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions)		Re	f. No.	
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OWLEDGEMENT SLIP (To be filled in by the investor) Application No.	relationship with Guardia 3d. Status* Partnership Firm Government Body 3e. Occupation* Pvt. S 3f. Gross Annual Income Net-worth in ₹ Please tick (✓)* Politically Exposed Personal Related to Politically Exposed Personal Related Topics Personal Related Top	Resident Individual Limited Partnership (LL AOP/BOI Trust Cector Public Sector Below 1 Don Losed Person Deleted the Central KYC Lift KIN. Card or Letter issued Or Union Bank of India Account No.	te School Leavin Minor NF	al Investors* (Is the Money Changer Services [eawning on [Please specify]: Aadhaar Number or particular.	NRI (Non-Repatr d Company Olerannuation/Pension nal Agriculturist (Lacs 10- as on Dentity involved in / prvices ag. casinos, betting of the proof of application of the pr	SC/ State Board riable) S Body Corporate Fund Grat Retired Hou 25 Lacs D M M Y providing any of syndicates] ave a KYC Ident of enrolment for A Application Application	Passport Ole Proprietorsh Bank/Fl uity Fund Stude > 25 Lacs Y Y Y Y (No the following se adhaar to be at In No.	Others inip	(Please Special Companies (Please Special Co

Instrument No_

Collection centre's stamp with date and time of receipt

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✔)] (Refer Section 'B', 'C' and 'G' of instructions)												
		O F S	ECC	ND	APF		N T			Data of	Divide D D	MMVVV
		0 1 3	E C C) N D		P L I C A	N T					M M Y Y Y
	AADHAAR Card Number ^{ss}				PAN					OKYC	,	
	CKYC No. (KIN) ^ 4a. Status*	O 14		NDL/Da	patriable)	○ NDI	(Non-Rep	o trio ble	-1	0.01		
		O Minor		•			` '		<u> </u>	Othe		lease Specify)
	4b. Occupation* O Pvt. Sector O Pub											tners_(Please Spec
	4c. Gross Annual Income* O Below										1 ₹	
	4d. Other Details* O I am Politically	Exposed Perso	on (tically Exposed	Person		Not Appl	licable		
	4e. Contact Details* Mobile No.				-mail							
5.	THIRD APPLICANT'S INFORMATION	•	//	er Section		G' of instruction	s)					
	OMr. OMs. NAME AADHAAR Card Numberss	O F T	H I F	R D	A P P L	_ I C A N	I T			Date of		M M Y Y Y
	CKYC No. (KIN) ^				FAIN					OKIC		
	5a. Status* Resident Individual	O Minor		NRI (Re	patriable)	○ NRI	(Non-Rep	atriable	2)	O Othe	ro (D	lease Specify)
	5b. Occupation* Pvt. Sector Pub											
	· .											iners_(Please Spec
	5c. Gross Annual Income*										1 <	
	5d. Other Details* O I am Politically 5e. Contact Details* Mobile No.	Exposed Perso	on (-mail	tically Exposed	Person		Not Appl	licable		
6.	^ Investors who have completed the C requested to quote the 14 digit KIN. SS Self attested copy of Aadhaar Card or Le under instructions section. FATCA INFORMATION/ FOREIGN TA	etter issued by l	JIDAI cont	aining Aa	dhaar Numb	er or proof of ap	plication	of enro	lment for A	Aadhaar to	be attached. I	Please refer to poir
	Declaration Form available at www.u				Service Ce	ntres) [Please	tick (√)]	(Refer S	Section 'M	l' of instru	ctions)	
	The below information is required for a	,										
	Category	First App	licant (inc	luding M	linor)	Second A	pplicant	/ Guard	lian		Third Ap	pplicant
	Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?* * If Yes, please indi	O Y		○ No	resident for	○ Yes		○ No		ference N	Yes	O No
	Place/ City of Birth	cate an countr	ico iii wiiic	on you are	7 TOSIGOTIC IOI	tax purposes t	and the a	3300141	ou lax no		umbers below	•
	•											
	Country of Birth											
	Address Type (of address in KYC records)	 Residential 	/ Busines	s O Re	esidential	Residential / Business Residential				Residential / Business Residential		
	Country of Tax Residency 1											
	Tax Payer Ref. ID No. 1											
	Documentation Type 1											
	(TIN or Other Please specify)											
	If TIN is not applicable, [Please tick (✔)] the reason A, B or C [as defined below]	Reason	O A	ОВ	O C	Reason O	Α () В	O C	Reas	son O A	○ B ○ C
	Country of Tax Residency 2											
	Tax Payer Ref. ID No. 2											
	Documentation Type 2											
	(TIN or Other Please specify)											
	If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason	○ A	ОВ	O C	Reason O	Α (В	O C	Reas	son O A	○ B ○ C
	Reason A - The country where the A Reason B - No TIN required. (Select Reason C - others; please state the	this reason Or	nly if the a								N to be collec	ted)
Doc	ument Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN	Card [Micro Investments, Investor(s) from im, government officials specifically exempt]	1	/	1	✓ /	√ /	1	1		1	/	/
	im, government officials specifically exempt] Acknowledgement	/		/	/	/	/	/	/	/	/	/ *
	olution/ Authorisation to invest	· ·		/	/		/		1		/	•
	of authorised signatories with specimen signatures		✓	1	1	1	1		1		/	
	norandum & Articles of Association		1		,		,					
	ificate of Incorporation st Deed		✓	✓ ✓	✓		✓ ✓					
Bye	-laws											
	nership Deed				✓							
	orised POA (signed by investor and POA Holder) k Account Proof (Latest available)	/	/	/	/	/	/	/		/	/	
Den	nat Statement (Latest available)		•			•				•		/

FATCA Form & UBO Declarations *For demat holder, submission of KYC is optional.

Overseas Auditor's Certificate & SEBI Regn. Certificate

HUF Deed

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Pvt. Ltd.,
Unit: Union Mutual Fund (formerly Union KBC Mutual Fund)

Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai, Tamil Nadu - 600 034.

Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
(formerly Union KBC Asset Management Company Private Limited)
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059
Toll Free: 1800 200 2268 | Tel No.: 022 67483333
Website: www.unionmf.com | Email: investorcare@unionmf.com



7.	DΛ	VOLIT BANK ACCOL	INT DETAIL C *	[Places tick (1)] (Pa	for Cootion !	Di and 'C' of	inotruotio	no) (Mill be un	datad anly if th	a proof of bank	account in	ovoiloblo)	
7.	Ple	ease update my/our	pay-in-bank ac	[Please tick (🗸)] (Re count mentioned und gh cheque/debit man	der point no	o. '9' below a	as defaul	t payout bank	account OY	•			ails below)
	Ва	nk Name											
	Ва	nk A/C No				Bank Bra	nch						
	A/0	C Type Sa	vings O	Current O NRE	O NRC) O FCI	NR (Others		(Please S	pecify)		
	Ва	nk City				S	tate				PIN		
	IFS	SC CODE		M	IICR CODE				In case the Pav-out	bank account detail i	is different from	Pav-in bank a	ccount
	Do	cument Attached	O Bank Stater	ment O Cancelled o	heque with	name pre-pr	rinted		detail please submi	t necessary documer	nts as proof.	.,	
	(IF	SC Code is the 11 digit	no. appearing on	your cheque leaf, man	datory for cre	edit via NEFT/	RTGS) (N	IICR Code is the	9 digit code ne	ext to the cheque	no.)		
	Fo	r unit holders opting	g to invest in de	mat mode, please er	nsure that t	he bank acc	ount linl	ced with the de	emat account	is mentioned h	nere.		
8.	UN	IITHOLDING OPTIO	N [Please tick (/)] O Physical M	ode O De	mat Mode (If	demat acc	ount details are p	rovided below, u	nits will be allotted	l by default in	electronic n	node only)
			,	ction 'G' of instruction	, DD	ID No: I I	N		Beneficiary	Account Numbe	er		
		-		e					20.10.10.0.	7.0000			
				e uence of names and n				orm must matc	n exactly with t	he account held	with the De	pository pa	articipant.
	Inv	estor willing to invest	in demat option,	may provide a copy of	the DP stat	ement to ena	ble us to	match the dema	nt details as sta	ited in the Applic	cation Form	•	
9.	IN'	ESTMENT AND PA	YMENT DETAIL	S* [Please tick (✔)]				of instructions)	Third Party pa	yment(s) will no	ot be accept	ted]	
			OUnion Equity	/ Fund	O Unio	on Largecap	Fund		O Union Dyr	namic Bond Fun	d		
	N	ame of the Scheme	O Union Tax Sa	aver Scheme	O Unio	on Liquid Fun	id~		O Union Ass	et Allocation Fun	d		
			O Union Small	Cap Fund	O Unio	on Short Term	n Fund∼		O Union Bal	anced Advantag	je Fund		
		Plan		Option			Sub Optio				nd Frequenc	•	
	_	Regular/ Other than Dir		Growth Divide	end ODivid	dend Payout	○ Reinv	estment O Sw	eep Oaily	O Weekly	○ Fortnig	htly O	Monthly
			N I O N										
		n/ Option						Facility					
	De	tault Plan/ Option/ Fa	cility will be app	lied in case of no info	rmation, am	biguity or dis	screpanc	у.					
		Payment Mode:	Oheque	O RTGS O NEF	T O Fu	nd Transfer	O Deb	oit Mandate (Un	ion Bank of Ind	ia A/C Holders o	nly)		
	_	Cheque / RTGS / N	EFT No.					Che	eque / RTGS /	NEFT Date	D D I	M M	YYY
	SU	Amount in ₹ (Figure	es)		Amo	unt in ₹ (word	ds)						
	LUMPSUM	Source Bank Name							e Branch				
	3	Source Bank A/C N					Accour	7.		Current O N			FCNR
		Source Bank IFSC		bird party payments		neque Issuer			e cneque is iss	sued by a perso	n otner tna	n the inves	stor
		Document attached	u in the case of t	hird party payments (iviaridatory)	O mira	Party Dec	clarations					
				TO BE	FILLED		ASE OF	SIP APPLIC	ΔΝΤ				
		Name							2441	PAN			
			Scheme/ Plan/	Option	SIP I	nstallment A	Amount	SIP Date	Frequency	Start Month	/Year	End Mont	h/Year
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	0,							○2nd ○8th*	○ Monthly*	14 14 V V	V V M		/ V V
								○ 15th ○ 23rd	O Quarterly	IVI IVI Y Y	YYIVI	IVI	YYY
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								○ 15th ○ 23rd	O Quarterly	MMYY	YYM	MY	YYY
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			SYSTE	MATIC INVE	STMEN	T PLAN	(SIP)	- AUTO	DEBIT F	ORM			
	U	nion N	ANDATE IN	ISTRUCTION FO	OR NACH	I/ ECS/ D	IRECT	DEBIT (Refe	er overleaf for	instructions)			
(M U T	UAL FUND ge to Responsible Investing UMRI		o r O f f	i c e	u s	0			Date	D D M	MV	v v v
[Tick	√)]							LIMITA - OI -		L	. D D IVI	IVI	
CREA		Spons	sor Bank Code	For Offic	e use			Utility Code		For On	ice use		
MOD		/ I/We, hereby a	uthorize Unio	n Mutual Fund					To debit [7	Γick (✓)] SB/C	CA/CC SB-N	IRE/SB-NF	RO/Other
CAN	CEL	Bank a/c numb	er										
with B	ank		Name of Cu	ustomer's Bank	<u> </u>	IFSC				or MICR		$\overline{}$	
an am	ount	of Rupees			in words					₹	ir	n figures	
								DEDIT TV					
FREQ	UEN	CY X Monthly X Qu	iarterly X Half Y	'early X Yearly ✓ As	& when pre	sented		DEBIT TY	PE)	Fixed Amount	•	Maximun	n Amount
Refere	ence	1	Folio No).			Phone N	lo.					
Refere	ncc	2	Application	ı No.			Email ID						
neiere	HICE			ocessing charges by the	ne hank who	om I am auth			unt as ner late	st schedule of c	harges of h	ank	
		agree to the debi	i oi manuate più	occoming changes by the	io bain Will	Jiii i aiii aulii	JIIII I	acon my acco	an as per iale	or goriedale of C	naryes or L	m.	
PERI	OD -			Signature Primary Ac	count Holder		0	ignature of Accou	ınt Holder		Signatur	e of Account	Holder
From	D	D M M Y Y	YY	- Orginature Pfilliary AC		_		ignature of Accol			oigi latuli	or Account	101001
То	D	D M M Y Y	YY										
		Until cancelled		Name as in ban	k records	_	2	Name as in bank	records	3.	Name a	s in bank re	ecords
Or	()												

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.

NOMINATION DETAILS* [Please tick (*)] (Refer Section 'H' of instructions) (In case of multiple nominees, please complete the separate nomination form available on our website)										
○ Please register nomination as requested below ○ I/ We do not wish to nominate® (*Please strike out the form										
I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor.										
Name and Address of Nominee	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee						
		(to be furnis	(Optional)							
Nominee										

11. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I./ we have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.
 I/We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted I/We am/are not prohibited from accessing capital markets under any order/fullation.
- 2. If We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

Applicable to Micro Investments only: 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 only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account FCNR account(s).

Important alert: Incase there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Declaration with regards to Aadhaar Card Number:

- a. I/We hereby provide my/our consent in accordance with the Aadhaar Act, 2016 and regulations made thereunder, for:
 - 1. collecting, storing and usage,
 - 2. validating/authenticatingand,
 - 3. updating/seeding my/ our Aadhaar number(s) in accorandance with the Aadhaar Act, 2016 (and regulations made thereunder) and Prevention of Money Laundering Act (PMLA).
- 3. I/ We hereby provide my/our consent for sharing/disclosing of my/ our Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTAs) and KYC Registration Agencies (KRAs) for the purpose of updating the same in my/our folios.

Signature Signature Signature Signature Signature

Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory





for

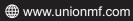
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MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

Terms and Conditions for Mandate Instruction for Auto Debit:

- SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is
 offered to investors having bank accounts in selected bank / cities where they
 have an account or located currently.
- ii. The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
- iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit / ECS.
- iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
- vi. SIP through Auto Debit Facility is available only on 2nd / 8th / 15th / 23rd of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
- vii. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
- viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.

- ix. The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- x. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
- xi. Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- xii. Following fields need to be filled mandatorily:
 - a. Date in format DD/MM/YYYY
 - b. Bank A/c Type: Tick the relevant box
 - c. Bank Account Number (Investor's bank account number)
 - d. Name of Destination Bank (Investor's bank)
 - e. IFSC/MICR code
 - Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - g. Reference 1: Mention Folio Number
 - h. Reference 2: Mention Application No.
 - i. Phone No. (Optional)
 - j. Email ID (Optional)
 - Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - . Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records