

COMMON APPLICATION FORM FOR LUMPSUM

Application No. _____



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – 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 inappropriateness, 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 of First / Sole Applicant /
Guardian / Authorised Signatory

TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING FOLIO NO. _____ **2 MODE OF HOLDING / OPERATION** Single Anyone or Survivor Joint (Default option is anyone or survivor)

3 APPLICANT'S DETAILS (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. **Gender** Male Female

1st APPLICANT Mr Ms M/s _____ Date of Birth** D D M M Y Y
 PAN/PEKRN* _____ KIN[^] Proof Attached _____

GUARDIAN NAME IF MINOR/CONTACT PERSON (FOR NON INDIVIDUALS)/POA HOLDER Mr Ms _____ Date of Birth D D M M Y Y
 PAN/PEKRN* _____ KIN[^] Proof Attached _____
 Relationship with Minor applicant Natural guardian Court appointed guardian

2nd APPLICANT Mr Ms _____ Date of Birth** D D M M Y Y
 PAN/PEKRN* _____ KIN[^] Proof Attached _____

3rd APPLICANT Mr Ms _____ Date of Birth** D D M M Y Y
 PAN/PEKRN* _____ KIN[^] Proof Attached _____

*Mandatory information - If left blank, the application is liable to be rejected.** Mandatory in case the Sole/First applicant is minor. ^ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO. _____	HOUSE / FLAT NO. _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY / TOWN _____ STATE _____	CITY / TOWN _____ STATE _____
COUNTRY _____ PIN CODE _____	COUNTRY _____ PIN CODE _____
Tel. No. _____ Office _____ Residence _____	Mobile No. _____

Mobile No belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID _____

Email id belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA (Please refer Instruction No. Z and Y)

Second Holder Contact details Mobile No. _____ Email ID _____

Third Holder Contact details Mobile No. _____ Email ID _____

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)

If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) (Refer instruction Z)

5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other <u>Specify</u>
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only) _____ Beneficiary Account Number (NSDL only) _____ CDSL: Depository Participant (DP) ID (CDSL only) _____

7 BANK DETAILS (Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number _____ Account Type Current Savings NRO NRE FCNR Others (please specify)

Bank Name & Branch _____

Branch City _____ IFSC Code _____ 11 digit MICR Code _____ 9 digit

Bandhan MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) **Application No.** _____

Received, subject to realisation, verification and conditions

From _____ **Stamp & Signature** _____

8 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)

Scheme **Bandhan** Plan _____ Option _____
 Mode of payment Self Third Party Payment (Please fill the Third Party Payment Declaration Form) Payment mode Cheque DD Bandhan OTM Fund Transfer RTGS/NEFT
 Amount (figures) _____ Cheque/DD/UTR/UMR No. _____ Cheque Date

D	D	M	M	Y	Y
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 Account No. _____ Account Type Saving Current NRO NRE FCNR Others Please specify
 Bank & Branch Name _____

9 NOMINATION DETAILS Mandatory section for Individuals (Single or Joint) I/We wish to nominate I/We do not wish to nominate^{ss}

Nominee Name & Address	Relationship with Investor	In case of Minor (Birth proof to be attached)			Allocation %
		Guardian Name	Relationship with the minor	Date of birth	
Nominee 1					
Nominee 2					
Nominee 3					

Other Details (Guardian details to be furnished in case nominee is a minor)

Nominee	PAN	Mobile	Email ID	Nominee/ Guardian sign
Nominee 1				
Nominee 2				
Nominee 3				

^{ss} OPT-OUT: 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 and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

Sign Here →

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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10 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	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 <small>Please specify</small>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>

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).

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.
 Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons 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

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

11 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore								
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> as on (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____								
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____								

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) ^A <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):
	(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) ^A <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs/PIOs/FPIs only: I/We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

Sign Here →

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (Rs.)	Scheme						
	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y		
D	D	M	M	Y	Y				

SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.
 Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUN 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 of First / Sole Applicant / Guardian / Authorised Signatory

TRANSACTION CHARGES (Please tick any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

Please Tick (✓) SIP Registration SIP Renewal SIP with Top-up Registration SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

UNIT HOLDER INFORMATION

Existing Folio Number PAN

Name of the First Holder (Name and Date of Birth as per PAN)

Scheme Plan Option

SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) Debit date except 29th, 30th & 31st

Frequency Please (✓) Weekly - Date will be 7th / 14th / 21st / 28th (Default date 7th) Monthly (Default date 10th) Quarterly (Default date 10th)

SIP Day SIP Period From To OR 40 Years Installment Amount (₹)

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency Half Yearly Yearly^A (Default) Amount ₹ (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

My existing OTM registered to be used for initial & subsequent SIP instalments (OR)

Cheque No. Cheque Date Cheque Amount Bank & Branch Name

DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) CDSL: Depository Participant (DP) ID (CDSL only)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

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



Bandhan One Time Mandate (OTM)

UMRN Date

Sponsor Bank Code Utility Code

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. Mobile No.

Reference Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From To

Or Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. 2. 3.

This is to confirm 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 & signed by me. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

TERMS AND CONDITIONS :

- 1) Bandhan Mutual Fund can register the attached 'One Time mandate' to facilitate collection of payments towards investments in Mutual Funds as directed by the investors.
- 2) The facility is made available to investors of Bandhan Mutual funds who subscribe to use this one time mandate for their intended investment collections only.
- 3) The Scheme Information Document (SID), Scheme Additional Information (SAI) and Key Information Memorandum, all Instructions, Addenda issued from time to time, as available on the Bandhan Mutual Funds' website, Risk Factors, Loads and all other information related to various requirements of the respective Scheme/Plan shall be understood and referred to before providing the mandate by the investor. It is deemed that the investor agrees to the terms and conditions of the respective chosen scheme as stipulated by AMC from time to time.
- 4) Bandhan MF shall map this mandate, after due acceptance from investor's bank, as one of the authorised payment modes in the RTA folio records for all investments in Bandhan Mutual Fund and the above mapping shall be purely based on automatic matching of PAN mentioned in the attached mandate with the first holder's PAN (Guardian's PAN for Minors) in investor's folios.
- 5) Bandhan MF, directly as or through its appointed aggregator (service provider) shall arrange to lodge only the duly valid Mandate with investor's bank under Automated Clearing House (ACH) Rules.
- 6) As per NPCI, mandate can be registered upto 40 years.
- 7) Any charges payable by the investor to his/her bank for registering and honoring this mandate will not be borne by Bandhan and for the same to be debited to bank account, the mandate contains necessary authorization.
- 8) Bandhan MF or its aggregator shall also facilitate collection of periodical or adhoc payments due from the Investor, (either for fresh purchase or additional purchase or SIP investments as the case may be) as per duly lodged and accepted mandate terms. This will be as per specific instructions received from Bandhan Mutual Fund for the desired adhoc/ periodical transactions instructions issued/conveyed to them directly by the investor through various permitted modes.
- 9) Bandhan MF shall ensure that under any circumstances, the funds will not be used other than for the intended purpose and Bandhan MF shall not have any title or ownership over the proceeds except for the interim period pending pass through to the Bandhan MF.
- 10) Bandhan MF shall be bound by rules and procedures prescribed by NPCI from time to time for this ACH Debit mandate collection services operated by them.
- 11) The investor cannot hold the Bandhan Mutual Fund or the aggregator responsible for any loss, if mandate is rejected or any of its transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason at or of the investor bank.
- 12) Bandhan MF will not be responsible or liable for nor be in default for reasons of any failure or delay in ensuring obligations under this facility, where such failure or delay is caused, in whole or in part, by any force majeure event (including network failures) which are beyond the reasonable control of Bandhan MF.
- 13) The investor clearly understands that this common ACH mandate provides for multiple debits on same settlement date to pay various underlying transactions for values, each of which shall be less or equal to the maximum amount specified in the relevant mandate. Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor shall note that his bank may charge service fees for any dishonor.
- 14) All the intended transactions will be presented on best efforts basis if received by and within the timelines agreed by the service provider and the decision of the investor's bank will be final in acceptance or rejection of any or all transaction.
- 15) Bandhan MF shall recover any wrongful credits afforded in investor's folios and for which notice/information is hereby waived.
- 16) The investor clearly understands that debit of funds for transactions using Bandhan One Time Mandate form will be subject to normal processing time taken for clearing such transactions through the ACH platform and in accordance with NPCI guidelines.
- 17) **Transaction Charges** : As per the SEBI circular No Cir/ IMD/ DF/ 13/ 2011 dated 22nd August 2011 transaction charges shall be applicable for purchase / Subscription receive from investors through distributor, who have opted to received transaction charges as detailed below :
 1. **For existing investors in a Mutual Fund, the distributor may be paid ₹ 100/- as transaction charge per subscription of ₹ 10,000/- and above.**
 2. **As an incentive to attract new investors, the distributor may be paid ₹ 150/- as transaction charge for a first time investor in Mutual Funds.**
 3. **The transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance shall be invested.**
 4. **There shall be no transaction charge on subscription below ₹ 10,000/-.**
 5. **In case of SIPs, the transaction charge shall be applicable only if the total commitment through SIPs amounts to ₹ 10,000/- and above. In such cases the transaction charge shall be recovered in 3-4 installments.**
- 18) SIPs can be registered for a maximum period of 40 years.
- 19) All Applicants name and date of birth should be as per PAN.

Toll free 1800 266 6688 / 1800 300 66688

Available Between
9:00 am - 6:00 pm on weekdays

Please note our investor
service email id
investormf@bandhanamc.com

www.bandhanmutual.com

SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- (ARN stamp here)	ARN-			

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

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Signature of First / Sole Applicant / Guardian / Authorised Signatory

EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY Name of the First Holder

Folio No. PAN/PERN (mandatory) Enclosed PAN/PERN Proof KYC Compliant

SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN SYSTEMATIC WITHDRAWAL PLAN

SWITCH OPTION (To be filled along with SWP section below)

I wish to switch ₹ OR Units

FROM Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

TO Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SYSTEMATIC WITHDRAWAL PLAN

Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SWP Period Start End (If start date is not mentioned default start month will be 13th month.) (If End date is not mentioned SWP will be effected till funds are available)

Option#	Frequency	Date	Amount (₹)
<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	₹ <input type="text"/>
<input type="checkbox"/> Percentage Withdrawal of Specified Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	<input type="checkbox"/> 5% p.a. <input type="checkbox"/> 7% p.a. <input type="checkbox"/> 9% p.a. <input type="checkbox"/> Other (Not less than 5%) <input type="text"/>
	Specified Amount (Minimum ₹ 50,000/-) <input type="text"/>		₹ (in words) <input type="text"/>
<input type="checkbox"/> Capital Appreciation**	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	N. A.

#Please tick only one Option. *Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. **Refer instructions

YEARLY SWP TOP-UP (OPTIONAL) (Refer instruction no. E)

Amount 500 1000 Other in multiples of 500 OR Percentage 3% (default) 4% 5% Other in multiples of 1%, not decimal

*SWP TOP-UP facility not available for Capital Appreciation Option.

DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
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ACKNOWLEDGMENT - SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



Name of the First Holder Folio No.

SWP Scheme Plan Option

Frequency Date Amount (₹) / Percentage

STAMP & SIGNATURE

Registration Form for Systematic Transfer Plan and IDCW Sweep Plan



DISTRIBUTOR / BROKER INFORMATION			TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee
ARN- (ARN stamp here)	ARN-		

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN 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 of First / Sole Applicant / Guardian / Authorised Signatory

EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY	Name of the First Holder																						
	Folio No.											PAN/PERN (mandatory)											Enclosed <input type="checkbox"/> PAN/PERN Proof <input type="checkbox"/> KYC Compliant
	KIN											KYC Identification Number											

SYSTEMATIC TRANSFER PLAN (STP) (Please read overleaf instructions carefully)

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

SYSTEMATIC TRANSFER PLAN - FIXED SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION

Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly - Daywise (<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday) <input type="checkbox"/> Weekly - Datewise (Transfer date will be 7 th /14 th /21 st /28 th of the month) <input type="checkbox"/> Fortnightly (Transfer date will be 1 st /16 th of the month) <input type="checkbox"/> Monthly (Any day of the month except 29 th , 30 th & 31 st)	Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual Any day of the month except 29 th , 30 th & 31 st .																						
Transfer Instalment ₹												₹ in words											
STP Period	Start	D	D	M	M	Y	Y	End	D	D	M	M	Y	Y	OR	No. of Installments							(Please select either Period or no. of instalments)

IDCW SWEEP OPTION

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> IDCW (Not available under Growth Option) <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

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