			St	<b>S</b>	E MF						
Broker/Agent Code ARN:				SUB-BROKER:					EUIN:		
Unit Holder Information											
Name of the First Applicant :											
PAN Number :			KYC:		Т	Date of	Rirth ·				
Father Name :			Mother								
Name of Guardian :			PAN:			ivanic .					
Contact Address :						.,					
Contact Audi Coo											
City:	Pin code	• •	State :					Cou	ntry :		
Tel.(Off):	_	Tel.(Res):			Email :				· · · · · ·		
Fax (Off) :		Fax (Res):			Mobile :						
Income Tax Slab/Networth :	, , , , , ,	Occupation Details									
Place of Birth :			Country of Tax Residence :								
Tax Id No. :				•							
Politically exposed person / Relate	d to Politic	ally exp	osed pe	rson etc	:.?				Yes		No
Mode of Holding :						Occupat	ion :			•	
Name of Second Applicant :											
PAN Number :			KYC:	KYC:			Date of Birth :				
Income Tax Slab/Networth :							Occupation Details				
Place of Birth : Country of Tax Residence					idence :						
Tax Id No. :											
Politically exposed person / Relate	ed to Politic	ally exp	osed pe	rson etc	?				Yes		No
Name of Third Applicant :											
PAN Number :				KYC:			Date of Birth :				
Income Tax Slab/Networth :							Occupat	cupation Details			
Place of Birth :			Country of Tax Residence :								
Tax Id No. :											
Politically exposed person / Relate		ally exp	osed pe	rson etc	:.?				Yes		No
Other Details of Sole/ 1st Applica	nt										
Overseas Address :											
(In case of NRI investor)			Ι								
City:			Pin code :						Country :		
Bank Mandate Details				Branch :							
Name of Bank :			I . / -		ranch	1:	Lisco	<u> </u>			
A/C No. :			A/c Ty	pe:			IFSC	Code:			
Bank Address :	l Dinasala			Ι,	C+-+-	_		1	C		
City: Nomination Details	Pincode	•			State				Country :		
Nominee Name :							Relation	chin :			
Guardian Name (If Nominee is Mir	orl:						Relation	isilip .			
Nominee Address :	1017.										
City: Pin code:								State :			
Declaration and Signature				5546 .					T dette .		
I/We confirm that details provided by	ov me/us are	true ar	nd correc	t. The Al	RN ho	older has o	disclosed to	o me/us	all the cor	mmission	(In the form
of trail commission or any other mo								•			•
Schemes of various Mutual Fund Fro	om amongst	which t	he scher	ne is beii	ng red	commend	ed to me/ı	us.			
Date :		Place :									
				•							
1st applicant Signature :			2nd applicant Signature :					3rd applicant Signature :			