

Application No.: 15/  
(if applicable)

Distributor ARN and Name	Sub Broker Name & ARN	Branch/RM Internal Code	EUIIN ( Refer note below)	For Office use only
ARN- 157526			E286497	

- I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission 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.
- I am a First Time Investor in Mutual Fund Industry.  I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

**1. FIRST APPLICANT'S DETAILS**

Name of First Applicant (Should match with PAN Card)  PAN (1st Applicant / Guardian)  KYC (Y/N)

Existing Folio Number  Name of Guardian if Minor  PoA PAN  KYC (Y/N)

On Behalf of Minor  Date of Birth  DD / MM / YYYY Date of Birth  DD / MM / YYYY Guardian named is :  Father  Mother  Court Appointed

(\* Attach Mandatory Documents as per instructions). Minor's Proof attached \*

**2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

Email ID (In capital)

Mobile +91  Tel (STD Code)  -

Address

Landmark

City  Pin Code  State

**3. KYC DETAILS (Mandatory)**

- 3a. Status of Sole/1st Applicant (Please tick✓)**  Indian Resident Individual  Minor (Resident)  Minor NRI  NRI (Repatriable)  NRI (Non-Repatriable)  PIO  Sole Proprietorship  HUF - Indian  HUF - NRI  Partnership Firm  Limited Partnership (LLP)  Public Ltd. Co.  Private Ltd. Co.  Body Corporate  Bank  FIs  Insurance Companies  Government Body  AOP/BOI  Trust  Society  Provident Fund  Superannuation / Pension Fund  Gratuity Fund  Mutual Fund  FII  NPO/NGO  FPI-Category I/II/III  FCRA  GDN  Defence Establishment  NPS Trust  Others \_\_\_\_\_ (Please Specify)
- 3b. Occupation Details (Please tick✓)**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please Specify)
- 3c. Gross Annual Income (Please tick✓)**  Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
Net Worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)
- 3d. For individuals**  I am Politically Exposed Person  I am Related to Politically Exposed Person  Not Applicable
- For Non-Individual Investors (Companies, Trust, Partnership etc)**
- I. Is the company an Indian Listed Company or Subsidiary / Controlled by an Indian Listed Company:  YES  NO
- II. Foreign Exchange / Money Changer Services (If No, please attach mandatory UBO declaration)  YES  NO
- III. Gaming / Gambling / Lottery/Casino Services  YES  NO
- IV. Money Lending / Pawning  YES  NO

**4. JOINT APPLICANTS (IF ANY) DETAILS**

Mode of Holding (Please tick✓)  Single  Joint  Either or Survivor  Anyone or Survivor

2nd Applicant Name (Should match with PAN Card)  PAN (2nd Applicant)  KYC (Y/N)

a. Occupation Details (Please tick✓)  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please Specify)

b. Gross Annual Income  Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore or NET worth ₹ \_\_\_\_\_

c. Others (Please tick✓)  Politically Exposed Person (PEP)  Related to Politically Exposed Person (PEP)  Not Applicable

3rd Applicant Name (Should match with PAN Card)  PAN (3rd Applicant)  KYC (Y/N)

a. Occupation Details (Please tick✓)  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please Specify)

b. Gross Annual Income  Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore or NET worth ₹ \_\_\_\_\_

c. Others (Please tick✓)  Politically Exposed Person (PEP)  Related to Politically Exposed Person (PEP)  Not Applicable

**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

**ESCORTS MUTUAL FUND**

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.  
From \_\_\_\_\_

Application No.: 15/  
(if applicable)

Scheme	Cheque no.	Amount	Bank Name	Date
ESCORTS				

**5. FATCA DETAILS** For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

Any of the applicants has a Country of birth / Citizenship / Nationality or Tax Residency, other than India:  Yes  No? Mandatory to tick any one. If Yes, provide information as required below.

Sole/First Applicant/Guardian		2nd Applicant		<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.
Country of Tax Residency# (other than India)	Taxpayer Identification No.	Country of Tax Residency# (other than India)	Taxpayer Identification No.	Country of Tax Residency# (other than India)	Taxpayer Identification No.
1		1		1	
2		2		2	

#Please indicate all countries in which you are a resident for tax purpose and associated taxpayer Identification number. In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

**6. BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility - Fill separate form) (Enclose Cancel Cheque with this form)

Bank Name \_\_\_\_\_

Bank A/C No. \_\_\_\_\_ A/C Type  Savings  Current  NRE  NRO  FCNR  Others

Branch Address \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_

IFSC code: (11 digit) \_\_\_\_\_ MICR code (9 digit) \_\_\_\_\_

**7. SCHEMES** (Please tick✓)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Escorts Liquid Plan          | <input type="checkbox"/> Escorts Income Plan        | <input type="checkbox"/> Escorts Leading Sectors Fund | <input type="checkbox"/> Escorts Growth Plan            |
| <input type="checkbox"/> Escorts Gilt Plan            | <input type="checkbox"/> Escorts Opportunities Fund | <input type="checkbox"/> Escorts Infrastructure Fund  | <input type="checkbox"/> Escorts Tax Plan               |
| <input type="checkbox"/> Escorts Short Term Debt Fund | <input type="checkbox"/> Escorts Balanced Fund      | <input type="checkbox"/> Escorts Power & Energy Fund  | <input type="checkbox"/> Escorts High Yield Equity Plan |
|   | <input type="checkbox"/> Escorts Income Bond        |   |   |

Minimum application amount is Rs.1000/- for all the schemes except for Tax Plan which is Rs. 500/-

Amount in Figures (Rs.) ..... D.D Charges (Rs.) ..... Net Amount (Rs.) .....  Growth Plan\*

Cheque/Draft No. .... Date ..... Amount in Words (Rs.) .....  Divident Plan

Bank Name/Branch .....  Daily  Weekly  Monthly

Cheque/Draft payable in favour of "Escorts Income Plan / Escorts Gilt Plan/Escorts Opportunities Fund/Escorts Growth Plan/Escorts Liquid Plan/ Escorts Short Term Debt Fund/Escorts Balanced Fund/Escorts Tax Plan/Escorts Leading Sectors Fund/Escorts Power & Engergy Fund/Escorts Income Bond/Escorts High Yield Equity Plan/Escorts Infrastructure Fund."  Bonus Option (Please ✓/)

Payout ( ) Reinvestment   
 \* Default Option growth

**8. SYSTEMATIC INVESTMENT PLAN (SIP)** (For Auto Debit Please use SIP Debit Form)

Frequency  Monthly  Quarterly  Enrolment Period From ..... (dd/mm/yy) To ..... (dd/mm/yy)

Please find enclosed my/our Cheque of Rs. \_\_\_\_\_ Each for \_\_\_\_\_ Months/quarters. The Cheque date should be either 1st or 10th or 25th every month/quarter.

\*Minimum Rs. 1000/- (Monthly) \* Minimum Rs. 1500/- (Quarterly) SIP Date  1st  10th  25th

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_

**9. SYSTEMATIC WITHDRAWAL PLAN (SWP)** (Please tick✓)

Frequency  Monthly  Quarterly  Half Yearly SWP Date  1st  10th

Scheme \_\_\_\_\_

Fixed Amount (Rs.) # \_\_\_\_\_ OR Capital Appreciation

(Minimum Rs.1000/- Period from: M/Y ..... M/Y .....

\* In case of Application Withdrawal Option Please note that first withdrawal would be effected after a month/quarter from the start date.

**10. SYSTEMATIC TRANSFER PLAN (STP)**

Frequency:  Monthly (Min. Rs.1000/-)#  Quarterly (Min. Rs.1500/-)

7. SYSTEMATIC TRANSFER PLAN (STP)

From: ...../...../..... (MM/YYYY) To: ...../...../..... (MM/YYYY) Date:  1<sup>st</sup>  10<sup>th</sup>  25<sup>th</sup>

Fixed Amount (Rs.) .....  Capital Appreciation

From Scheme: ..... To Scheme: .....

\* (Minimum balance in parent scheme should be Rs.12,000/- on the date of STP enrollment) # Rs.500/- for Escorte Tax Plan

**11. NOMINATION DETAIL**

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here..... 1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Nominee/ Guardian Signature
Nominee			
Address			

**12. DECLARATION**

The Trustee, Escorts Mutual Fund,  
 "I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested to be invested by me/us in the scheme(s) of ESCORTS Mutual Fund is derived through legitimate sources and is not held or assigned for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time." I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. "I/We confirm that I/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account. \*Applicable to other than Individuals / HUF: \*\*Applicable to NRI: I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). 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

Signature of (Sole/First Applicant/Guardian)	Signature of (Second Applicant)	Signature of (Third Applicant)
_____	_____	_____

Email : <a href="mailto:help@escortsmutual.com">help@escortsmutual.com</a>	Website : <a href="http://www.escortsmutual.com">www.escortsmutual.com</a>	Helpline : 011 43587415 / 420
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Quick Checklist  Name, Address are correctly mentioned  Full scheme name, plan, option is mentioned  Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

Email ID / Mobile number are mentioned  Pay-in bank details and supportings are attached  Non Individual investors should attach  FATCA Details and Declaration Form  UBO Form Declaration Form

PAN / KYC / FATCA details are enclosed  Nomination facility opted  Form is signed by all applicants