

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker ARN/ Branch Code	Internal Sub-Broker Code	EUIN* (Refer Section 'L' of instructions)	RIA Code / PMRN**	Date & Time Stamp
☐ *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. **By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.					
Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory		Signature Second Applicant/ POA/ Authorised Signatory		Signature Third Applicant/ POA/ Authorised Signatory	
1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 8 & 14 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) *Mandatory					
Unitholder's Name					Folio No.
2. MODE OF HOLDING ☐ Single ☐ Joint (Default option) ☐ Anyone or Survivors					
3. FIRST APPLICANT'S INFORMATION* (Please tick (✓)) (Refer Section 'B' and 'C' of instructions) (Please ensure that the details mentioned matches with the KYC details)					
☐ Mr. ☐ Ms. ☐ M/s. NAME					
PAN (Copy of PAN Advisable) ☐ KYC CKYC No. (KIN) ^					
LEI Code ^ ^ Valid up to D D M M Y Y Y Y					
3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)					
Mobile No ^s E-mail ^s					
Tel. (Off.) Country/ Area code Tel. (Res.) Country/ Area code Fax Country/ Area code					
^s Mobile number specified above belongs to [Please (✓)] ^s Email address specified above belongs to [Please (✓)]					
☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)					
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings					
On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in ☐					
Mailing address* (P. O. Box address is not sufficient.)					
City State Pin Code					
Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)					
City Country Area Code					
3b. Date of Birth* D D M M Y Y Y Y Minor's Relationship with Guardian (referred in point no. 4) ☐ Father ☐ Mother ☐ Legal Guardian					
3c. Proof for Date of Birth and relationship with Guardian (Mandatory for investment through Minors)					
☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/ State Board ☐ Passport ☐ Others (Please Specify)					
3d. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Sole Proprietorship ☐ HUF					
☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Listed Company ☐ Unlisted Company ☐ Body Corporate ☐ Bank/FI ☐ Insurance Company					
☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ FII ☐ Others (Please Specify)					
3e. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)					
3f. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore					
Net-worth in ₹ as on D D M M Y Y Y Y (Not older than 1 year)					
Please tick (✓)* ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Not Applicable					
For Non - Individual Investors* (Is the entity involved in / providing any of the following services)					
Foreign Exchange / Money Changer Services ☐ Yes ☐ No					
Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] ☐ Yes ☐ No					
Money Lending / Pawning ☐ Yes ☐ No					
Any other information [Please specify]:					
Non-Profit Organization [NPO] Please tick (✓)* ☐ Yes ☐ No If yes, please quote the NPO Registration Number provided by DARPAN portal:					
(Refer Section 'M' of instructions)					
4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* (Please tick (✓))					
(Refer Section 'B' and 'C' of instructions)					
☐ Mr. ☐ Ms. NAME OF SECOND APPLICANT Date of Birth* D D M M Y Y Y Y					
PAN (Copy of PAN Advisable) ☐ KYC CKYC No. (KIN) ^					
4a. Status* ☐ Resident Individual ☐ Minor ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Others (Please Specify)					
4b. Occupation* ☐ Pvt. Sector ☐ Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others (Please Specify)					
4c. Gross Annual Income* ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore Net-worth in ₹					
4d. Other Details* ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable					
4e. Contact Details* Mobile No ^s E-mail ^s					
^s Mobile number specified above belongs to [Please (✓)] ^s Email address specified above belongs to [Please (✓)]					
☐ Self ☐ Spouse ☐ Guardian (for Minor investment) ☐ Self ☐ Spouse ☐ Guardian (for Minor investment)					
☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings					

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) ☐ Lumpsum ☐ SIP ☐ STP ☐ SWP

Application No.

Received from: Mr./ Ms. /M/s

an application for units of (Scheme/Plan/Option) Amount

Enclosure

5.

THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B' and 'C' of instructions)

Mr. Ms.

N A M E

O F

T H I R D

A P P L I C A N T

Date of Birth* D D M M Y Y Y Y

PAN (Copy of PAN Advisable)

KYC

CKYC No. (KIN) ^

5a. Status*

Resident Individual

Minor

NRI (Repatriable)

NRI (Non-Repatriable)

Others (Please Specify)

5b. Occupation*

Pvt. Sector

Public Sector

Govt. Service

Business

Professional

Agriculturist

Retired

Housewife

Student

Others (Please Specify)

5c. Gross Annual Income*

Below 1 Lac

1-5 Lacs

5-10 Lacs

10-25 Lacs

>25 Lacs - 1 Crore

>1 Crore

Net-worth in ₹

5d. Other Details*

I am Politically Exposed Person

I am Related to Politically Exposed Person

Not Applicable

5e. Contact Details*

Mobile No⁵

E-mail⁵

Mobile number specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

Email address specified above belongs to [Please (✓)]

Self

Spouse

Guardian (for Minor investment)

Dependent Children

Dependent Parents

Dependent Siblings

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN. ^ ^ **Note:** Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

6.

FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA, UBO and NPO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	Yes No	Yes No	Yes No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	Residential / Business Residential	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 A B C	Reason A B C	Reason 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 B C	Reason A B C	Reason A B C

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.

7.

UNITHOLDING OPTION [Please tick (✓)]

Physical Mode

Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)

NSDL: Depository Participant (DP) Name DP ID No: I N Beneficiary Account Number

CDSL: Depository Participant (DP) Name Beneficiary Account Number

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

8.

INVESTMENT AND PAYMENT DETAILS* [Please tick (✓)] (Refer Section 'E' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme UNION

Plan	Option	Sub Option	IDCW Frequency~
Regular Direct	Growth IDCW	Payout of IDCW Reinvestment of IDCW Transfer of IDCW	Daily Weekly Fortnightly Monthly

Transfer of IDCW to U N I O N

Plan/ Option Facility

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy. ~Note: IDCW - Income Distribution cum Capital Withdrawal Option

LUMPSUM

Payment Mode:

Cheque

RTGS

NEFT

Fund Transfer

Debit Mandate (Union Bank of India A/C Holders only)

One Time Mandate (OTM)

Cheque / RTGS / NEFT No. Cheque / RTGS / NEFT Date D D M M Y Y Y Y

Amount in ₹ (Figures) Amount in ₹ (words)

Source Bank Name Source Branch

Source Bank A/C No. Account Type

Savings

Current

NRE

NRO

FCNR

Source Bank IFSC Code Cheque Issuer Name In case the cheque is issued by a person other than the investor

If electronic transfer, please fill UTR No.

If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN)

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:
Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002.
Email: enq_uk@camsonline.com | **Website:** www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059
Toll Free : 1800 200 2268/1800 572 2268 | **Tel No. :** 022 67483333
Website: www.unionmf.com | **Email :** investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



9.	PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'E' of instructions) (Will be updated only if the proof of bank account is available)									
Please update my/our pay-in-bank account mentioned under point no. '8' above as default payout bank account ☐ Yes ☐ No (If no please provide the below details along with cancelled cheque leaf with IFSC code and name printed on the face of the cheque.) Core Banking Solutions (CBS) accounts is mandatory. Please note that transactions received with non-CBS bank account details are liable to be rejected.										
Bank Name										
Bank A/C No								Bank Branch		
A/C Type		☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (Please Specify)								
Bank City						State		PIN		
IFSC CODE						MICR CODE		In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.		
Document Attached		☐ Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed ☐ Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months								
(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)										
For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.										

10.	SYSTEMATIC TRANSFER PLAN ("STP") DETAILS (Refer Section 'P' of instructions) [Please Tick (✓)]										
		From Scheme				To Scheme					
Name of the Scheme											
Plan		☐ Direct Plan ☐ Regular Plan/ Other than Direct Plan				☐ Direct Plan ☐ Regular Plan/ Other than Direct Plan					
Option		☐ Growth ☐ Payout of IDCW ☐ Transfer of IDCW ☐ Reinvestment of IDCW				☐ Growth ☐ Payout of IDCW ☐ Transfer of IDCW ☐ Reinvestment of IDCW					
		Transfer of IDCW to				U N I O N					
		Plan/ Option									
		Sub Option/ Frequency									
		Default Plan/ Option/ Sub Option/ Frequency will be applied in case of no information, ambiguity or discrepancy.									
Enrolment Period		From		D D M M Y Y Y Y		To		D D M M Y Y Y Y		OR ☐ Till Further Instruction* (Default)	
Transfer Amount in (₹ Figures)		Transfer Amount in (₹ words)									
Frequency		☐ Daily STP		☐ Weekly STP (Monday to Friday)		☐ Fortnightly STP		☐ Monthly STP (Default) ☐ Quarterly STP ☐ Half Yearly STP			
		Daily (Only Business Day)		Day of Transfer		Every Alternate Wednesday		STP Date*		D D	

* In case the day/ date chosen for STP falls on a non-business day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day. * If the STP end date is not selected by the investor, then the STP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.
Note: IDCW stands for "Income Distribution cum Capital Withdrawal"

11.	SIP DETAILS [Please tick (✓)] (Refer Section 'F' of instructions)										☐ Registration via New OTM		☐ Registration via Existing OTM	
Scheme/ Plan/ Option		SIP Amount (In figures)	Frequency*	SIP Date* (For Monthly Frequency)	SIP Date* (For Fortnightly Frequency)	SIP Day* (For Weekly Frequency)	Enrolment Period (MM/YY)	Top-up Facility						
			☐ Daily ^ ☐ Weekly ☐ Fortnightly ☐ Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	☐ Half Yearly ☐ Yearly	SIP Top-Up Cap Amount					
Union			☐ Daily ^ ☐ Weekly ☐ Fortnightly ☐ Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	☐ Half Yearly ☐ Yearly	SIP Top-Up Cap Amount					
Union			☐ Daily ^ ☐ Weekly ☐ Fortnightly ☐ Monthly	D D	1 st and 15 th of the month		From M M Y Y To M M Y Y	☐ Half Yearly ☐ Yearly	SIP Top-Up Cap Amount					

^ Daily Frequency is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
#Refer overleaf for more instructions.



MANDATE INSTRUCTION FOR NACH/ ONE TIME MANDATE (OTM) (Refer overleaf for instructions)

UMRN		F o r O f f i c e u s e		Date		D D M M Y Y Y Y	
Sponsor Bank Code		For Office Use Only		Utility Code		For Office Use Only	
[tick (✓)]		I/We, hereby authorize		Union Mutual Fund		To debit [tick (✓)] ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other	
CREATE ☒		MODIFY ☒		CANCEL ☒			
Bank a/c number							
with Bank		Name of Customer's Bank		IFSC		or MICR	
an amount of Rupees		in words		₹		in figures	
FREQUENCY		☒ Daily ☒ Weekly ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented		DEBIT TYPE		☒ Fixed Amount ☒ Maximum Amount	
Reference 1		Folio No.		Phone No.			
Reference 2		Application No.		Email ID			

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 bank. 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.

PERIOD		From		D D M M Y Y Y Y		Signature Primary Account Holder		Signature of Account Holder		Signature of Account Holder	
		To		D D M M Y Y Y Y		Name as in bank records		Name as in bank records		Name as in bank records	
		Maximum period of validity of this mandate is 40 years only.				1.		2.		3.	

12.

SYSTEMATIC WITHDRAWAL PLAN ("SWP") DETAILS* (Refer Section 'Q' of instructions) [Please Tick (✓)]

Scheme	U N I O N																																			
Plan	☐ Direct Plan ☐ Regular Plan/ Other than Direct Plan																																			
Option	☐ Growth ☐ Payout of IDCW ☐ Transfer of IDCW ☐ Reinvestment of IDCW (IDCW - Income Distribution cum Capital Withdrawal)																																			
Withdrawal Amount in ₹ (Figures)													Withdrawal Amount in ₹ (words)																							
Withdrawal Frequency	☐ Daily ☐ Monthly (Default) ☐ Quarterly ☐ Half yearly ☐ Yearly																																			
Withdrawal Period	From DDMMYY													To DDMMYY													OR ☐ Till Further Instruction* (Default)									
SWP Date*	DDMMYY													*If day or date chosen for SWP falls on a Non-Business Day, the SWP will be processed on the immediate next Business Day.																						
* If the SWP end date is not selected by the investor, then the SWP will continue till further instructions are received from the investor or till all units are liquidated or withdrawn from the account or pledged or upon the notification of death of the Unit holder is received by the AMC.																																				
PAYMENT OF SWP PROCEEDS																																				
Redemption proceeds through SWP will be credited to the default bank account registered in the Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Folio, please mention the Bank Account No. and Name below:																																				
Account No.																																				
Bank Name & Branch																																				
(If the above mentioned bank details do not match with the registered bank account in your Folio, proceeds will be credited to the default bank account registered in the Folio.)																																				

13.

NOMINATION DETAILS* [Please tick (✓)] (Refer Section 'H' of instructions) This section is applicable only to new investors. Existing investors need to fill standalone Nomination / Cancellation / Opt-out Form for any changes or modification in the existing details registered in your Folio with the AMC.

☐ I/We wish to nominate 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	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)
				(to be furnished in case the Nominee is a minor)		
Nominee						
Nominee						
Nominee						

☐ I/ We do not wish to nominate I/We hereby confirm that I / We do not wish to appoint any nominee(s) is respect of mutual fund application(s)/unit(s) held in my / our mutual fund folio(s). I/We understand the implications/ issues involved in non- appointment of nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by 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 units held in the mutual fund folio/s.

14.

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

1. 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.

2. 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/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.

3. I/ We hereby consent to receiving information from Central KYC Registry (CKYCR) through SMS/Email on the above registered mobile number/email address. I/ We also providing consent to MF/AMC/KRA to share this KYC Data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI Guidelines.

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: In case 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.

Name & Signature of Unitholder(s)	Signature	Signature	Signature
	Sole/First Applicant/Guardian/POA/Authorized Signatory	Second Applicant/Guardian/POA/Authorized Signatory	Third Applicant/Guardian/POA/Authorized Signatory

TERMS AND CONDITIONS FOR ONE TIME MANDATE (OTM) REGISTRATION:

- Investment 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.
- 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.
- 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 registrars 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.
- Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- 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.
- 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.
- 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.
- Lumpsum Investment / SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
- 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.
- Investments made through the One Time Mandate (OTM) Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
- Following fields need to be filled mandatorily:-
 - Date in format DD/MM/YYYY
 - Bank A/c Type: Tick the relevant box
 - Bank Account Number (Investor's bank account number)
 - Name of Destination Bank (Investor's bank)
 - 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.
- Reference 1: Mention Folio Number
- Reference 2: Mention Application No.
- Phone No. (Optional)
- Email ID (Optional)
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY). **Maximum period of validity of this mandate is 40 years only.**
- Signature as per bank account records
- Name: Mention Bank Account Holder Name as per bank records

SIP Snapshot- Frequency, Minimum Amount and Minimum Period.

SIP Frequency	Minimum SIP Amount	Minimum Period	Default Date/Day
Daily^	₹ 100 and in multiples of ₹ 1 thereafter	6 Days	Daily (i.e. Business Days)
Weekly	₹ 500 and in multiples of ₹ 1 thereafter	6 Weeks	Wednesday
Fortnightly	₹ 500 and in multiples of ₹ 1 thereafter	6 Fortnights	1st and 15th of the month
Monthly	₹ 500 and in multiples of ₹ 1 thereafter	6 Months	8th of the month

Note:

- ^ Daily Frequency** is applicable to all schemes except Union Liquid Fund, Union Money Market Fund and Union Overnight Fund.
^ For Union ELSS Tax Saver Fund: Minimum SIP installment ₹ 500 and in multiples of ₹ 500 thereafter. (for all frequencies)
- In case the chosen date/day falls on a Non-Business Day or on a date which is not available in a particular month/week, the SIP will be processed on the immediate next Business date/day.
- In case none of the frequencies have been selected then Monthly Frequency shall be treated as the default frequency, provided the requirement relating to minimum installment size for monthly frequency is fulfilled.
- Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) and Maximum period of validity of this mandate is 40 years only.
- The SIP shall commence after 25 calendar days in case of registration via new OTM (One Time Mandate). In case OTM is already registered, SIP shall commence by 10 calendar days.
- If the investor does not specify the Top up frequency under Daily SIP, Weekly or Monthly SIP, the default frequency for Top-up will be Yearly

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