

Contact: Save Tax Get Rich  
+91 94 8300 8300



# KEY INFORMATION MEMORANDUM & COMMON APPLICATION FORM

Continuous offer of units at NAV based prices

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website [www.unionkbcmf.com](http://www.unionkbcmf.com).

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

This KIM is dated June 30, 2015.

Contact: Save Tax Get Rich  
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**SCHEMES & PRODUCT LABELS**

## Name of Mutual Fund:

Union KBC Mutual Fund

Registered Office: Unit 802, 8th Floor, Tower 'A', Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400013 • [www.unionkbcmf.com](http://www.unionkbcmf.com)

## Name of Asset Management Company:

Union KBC Asset Management Company Private Limited: Corporate Identity Number (CIN): U65923MH2009PTC198201

Registered Office: Unit 802, 8th Floor, Tower 'A', Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400013 • [www.unionkbcmf.com](http://www.unionkbcmf.com)

## Name of Trustee Company:

Union KBC Trustee Company Private Limited: Corporate Identity Number (CIN): U65923MH2009PTC198198

Registered Office: Unit 802, 8th Floor, Tower 'A', Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel (West), Mumbai - 400013

## Name of Sponsors:

1) Union Bank of India

Registered Office: Union Bank Bhavan, 239, Vidhan Bhavan Marg, Nariman Point, Mumbai - 400 021

2) KBC Participations Renta (a 100% subsidiary of KBC Asset Management NV)

Registered Office: 5, place de la Gare, L - 1616 Luxembourg

## Name of Registrar

Computer Age Management Services Private Limited (CAMS)

Registered Office: New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600034

# COMMON APPLICATION FORM

Application No. \_\_\_\_\_

Ref. No. \_\_\_\_\_



(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.)

For Office use only

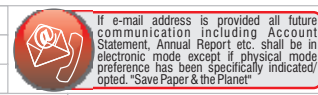
Broker Code/ ARN ARN -74461	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions) E 063566	Time Stamping  <input type="radio"/> Zero Balance <input type="radio"/> Invest Now
<input type="checkbox"/> *I/We hereby confirm that the EUIN box has been 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.					
Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory		Signature Second Applicant/ POA/ Authorised Signatory		Signature Third Applicant/ POA/ Authorised Signatory	
Any 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.					
<b>TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)</b> <input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds <input type="checkbox"/> I confirm that I am an Existing investor in Mutual Funds In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.					

**1. EXISTING UNIT HOLDER INFORMATION** (Please complete Section 1, 8 & 12 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.
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**2. FIRST APPLICANT'S INFORMATION\*** (Please shade (●)) (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that the details mentioned matches with the KYC details)

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	NAME	PAN	<input type="radio"/> KYC
Date of Birth (Mandatory in case of minor) DDMMYY		Minor's Relationship with Guardian (referred in point no. 5) <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	
Proof for Date of Birth and relationship with Guardian		<input type="radio"/> Birth Certificate <input type="radio"/> School Leaving Certificate <input type="radio"/> Marksheet issued by HSC/ State Board <input type="radio"/> Passport <input type="radio"/> Others (Please Specify)	
Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF			
<input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP) <input type="radio"/> Listed Company <input type="radio"/> Unlisted Company <input type="radio"/> Body Corporate <input type="radio"/> Bank/FI <input type="radio"/> Insurance Company			
<input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> Provident Fund <input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> FII <input type="radio"/> Others (Please Specify)			
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)			
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore			
Net-worth in ₹ _____ as on DDMMYY (Not older than 1 year)			
Please shade (●)*		For Non - Individual Investors* (Is the entity involved in / providing any of the following services)	
<input type="radio"/> Politically Exposed Person		Foreign Exchange / Money Changer Services <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Related to Politically Exposed Person		Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Not Applicable		Money Lending / Pawning <input type="radio"/> Yes <input type="radio"/> No	
Any other information [Please specify]: _____			
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
Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)			
Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail	_____		
I/ we wish to receive the Account Statement, Annual Report or Abridged Report, Consolidated Account Statement and other statutory documents in <input type="radio"/> Physical <input type="radio"/> E-mail			



**3. PIN Facility for online transactions:** I/We wish to avail the PIN Facility. I/We have read and understood the Terms & Conditions for PIN Facility mentioned in the instructions of the form and accept & agree to be bound by the said terms & conditions.

**4. MODE OF HOLDING**  Single    Joint (Default option)    Anyone or Survivors

**5. Guardian if minor / Contact Person for non-individuals / PoA holder Details** PAN (Guardian/ PoA)  KYC

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	NAME	PAN (Guardian/ PoA)	<input type="radio"/> KYC
Status <input type="radio"/> Resident Individual <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)			
Occupation <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Others (Please Specify)			
Gross Annual Income <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore   Net-worth in ₹ _____			
Other Details <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable			

**6. OTHER APPLICANT'S INFORMATION\*** (Please shade (●)) (Refer Section 'B', 'C' and 'G' of instructions)

<input type="radio"/> Mr. <input type="radio"/> Ms.	NAME OF SECOND APPLICANT	PAN	<input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)			
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)			
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore   Net-worth in ₹ _____			
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable			
<input type="radio"/> Mr. <input type="radio"/> Ms.	NAME OF THIRD APPLICANT	PAN	<input type="radio"/> KYC
Status* <input type="radio"/> Resident Individual <input type="radio"/> Minor <input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non-Repatriable) <input type="radio"/> Others (Please Specify)			
Occupation* <input type="radio"/> Pvt. Sector <input type="radio"/> Public Sector <input type="radio"/> Govt. Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Others (Please Specify)			
Gross Annual Income* <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore   Net-worth in ₹ _____			
Other Details* <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person <input type="radio"/> Not Applicable			

7. **UNITHOLDING OPTION** [Please shade (●)]  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 shade (●)] (Refer Section 'E', 'F' and 'G' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	<input type="radio"/> Union KBC Equity Fund	<input type="radio"/> Union KBC Liquid Fund~	<input type="radio"/> Union KBC Asset Allocation Fund - Moderate Plan
	<input checked="" type="radio"/> Union KBC Tax Saver Scheme	<input type="radio"/> Union KBC Ultra Short Term Debt Fund~	<input type="radio"/> Union KBC _____
	<input type="radio"/> Union KBC Small and Midcap Fund	<input type="radio"/> Union KBC Dynamic Bond Fund	

Plan	Option	Sub Option	Dividend Frequency~
<input type="radio"/> Regular/ Other than Direct Plan <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> Dividend	<input type="radio"/> Dividend Payout <input type="radio"/> Reinvestment <input type="radio"/> Sweep	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
Dividend Sweep to	U N I O N	K B C	
Plan/ Option		Facility	

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

**LUMPSUM**

Payment Mode:  Cheque  RTGS  NEFT  Fund Transfer  Debit Mandate (Union Bank of India A/C Holders only)

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

Cheque Issuer Name \_\_\_\_\_ In case the cheque is issued by a person other than the investor

Document attached in the case of third party payments (Mandatory)  Third Party Declarations

**SIP**

SIP through Post Dated Cheques  SIP through Auto Debit (Please fill and attach the SIP Auto Debit Form)

SIP Period From M M Y Y Y Y To M M Y Y Y Y Y SIP Date  2nd  8th  15th  23rd

SIP Frequency  Monthly  Quarterly Instalment Amount in ₹ (Figures) \_\_\_\_\_ No. of Instalments \_\_\_\_\_

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_ Drawn on Bank A/c No. \_\_\_\_\_

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

9. **PAYOUT BANK ACCOUNT DETAILS \*** [Please shade (●)] (Refer Section 'D' and 'G' 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 furnish the details below) (Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

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 \_\_\_\_\_

Document Attached  Bank Statement  Cancelled cheque with name pre-printed  Pass Book

*In case the Pay-out bank account detail is different from Pay-in bank account detail please submit necessary documents as proof.*

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

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

**Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?**  Yes  No

If Yes, please provide the following information [mandatory]  
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential	<input type="radio"/> Residential / Business <input type="radio"/> Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Documentation Type 3 (TIN or Other Please specify)			

**11. NOMINATION DETAILS\*** [Please shade (●)] (Refer Section 'H' of instructions)

Please register nomination as requested below  I/ We do not wish to nominate<sup>®</sup> (<sup>®</sup>Please strike out the form below)

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.

Name and Address of Nominee(s)	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

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

1. Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union KBC Mutual Fund and the terms and conditions and policies on the website and FATCA/ CRS terms and conditions before investing. I/ We, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee(s) acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund/ AMC/ Trustee/ Sponsor. I/ We 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 enacted by the Government of India or any Statutory Authority. 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 agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund (the Fund)/ Union KBC Asset Management Company Private Limited (the AMC) and its empanelled broker(s) has not given 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.

**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).

2. I/ We acknowledge and confirm that the information provided above is true and correct to the best of my/ our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we am/ are aware that I/ we may liable for it. I/ We hereby authorize the Fund/ the AMC/ the Registrar and Transfer Agent (the RTA) to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, the AMC, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/ revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same. Further, I/ we authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission/ updation & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/ modification to the above information in future and also undertake to provide any other additional information as may be required at your/ Fund's end. As may be required by domestic or overseas regulators/ tax authorities, I/ we authorize the Fund/ the AMC/ the RTA 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.

Signature  Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature  Second Applicant/ POA/ Authorised Signatory	Signature  Third Applicant/ POA/ Authorised Signatory
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**13. DEBIT MANDATE** (Lumpsum Investment) (For Union Bank of India account holders at CMS Locations only) **Application No.** \_\_\_\_\_

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India Date \_\_\_/\_\_\_/\_\_\_\_\_

I / We \_\_\_\_\_

authorise you to debit my / our Account No.  Type of Account \_\_\_\_\_

₹ (in figures)  ₹ (in words) \_\_\_\_\_ to

pay for the purchase of units of Union KBC \_\_\_\_\_ (Scheme Name) \_\_\_\_\_

Signature of Account Holder(s) / Authorised Signatory(ies)  
(As per Bank records)

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor) **Application No.** \_\_\_\_\_

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

an application for units of \_\_\_\_\_ (Scheme/Plan/Option)

Amount \_\_\_\_\_ Instrument No \_\_\_\_\_

Dated \_\_\_/\_\_\_/\_\_\_\_\_ Drawn on Bank & Branch \_\_\_\_\_

Unitholding Option  Physical Mode  Demat Mode

Encl:  Third Party Declarations  Bank Accounts Registration Form  SIP Form  FATCA & UBO Form

Please note: All purchases are subject to realisation of cheques/ Debit Mandate



Collection centre's stamp with  
date and time of receipt

**SIP through Auto Debit Form**



Folio No./ Application No.

Received from: Mr./ Ms. /M/s \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_

Scheme 1 \_\_\_\_\_ Amount (₹) \_\_\_\_\_

Scheme 2 \_\_\_\_\_ Amount (₹) \_\_\_\_\_

Scheme 3 \_\_\_\_\_ Amount (₹) \_\_\_\_\_

Collection centre's stamp with date and time of receipt

**SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM**



**Registration Cum Mandate Form For NACH/ ECS/ Direct Debit**

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

<b>Broker Code/ ARN</b> ARN - 74461	<b>Sub-Broker Code/ Branch Code</b>	<b>Branch Manager Code</b>	<b>LG/ MO/ CRE Code</b>	<b>EUIN* (Refer Section '15' of instructions)</b> E 063566	<b>Collection Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					Time Stamping

For Office use only

\*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.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory

Any 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.  
**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section '14' of instructions)**  
 I confirm that I am a First time investor across Mutual Funds  I confirm that I am an Existing investor in Mutual Funds  
In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

<b>1. APPLICANT INFORMATION [Please shade (●)]</b>	<b>Ref. No.</b>					
Folio No. _____ (For Existing Unit Holders) <b>OR</b> Application No. _____ (For New Investors)						
Name of First Applicant/ Unit Holder [Please shade (●)] _____ <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	Permanent Account Number (PAN) _____					
<b>2. UNITHOLDING OPTION [Please shade (●)]</b> <input type="radio"/> Physical Mode <input type="radio"/> Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)						
Depository Participant (DP) Name _____ DP ID No: <input type="text"/> <input type="text"/> Beneficiary Account Number _____						
<b>3. INVESTMENT DETAILS [Please shade (●)]</b> <input type="radio"/> New SIP Registration <input type="radio"/> SIP Renewal <input type="radio"/> Change in SIP Bank Mandate						
Sr. No.	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*
1.	Union KBC Tax Saver Scheme/Growth		<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Default						

<b>4. DECLARATION &amp; SIGNATURES (Refer Section '11' of instructions)</b>
I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges, and instructions overleaf. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I / we would not hold the user institution 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. 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(s) are being recommended to me/ us. I/ We hereby confirm that Union KBC Mutual Fund / the AMC and its empanelled broker(s) has not given 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(s); and Union KBC Mutual Fund / AMC / Trustee will not be responsible if such investment is ultravires the relevant constitution.
<b>Applicable to Micro Investments only:</b> 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.
<b>Applicable to NRIs only:</b> 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).
Signature _____ Signature _____ Signature _____ Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory

<b>Union KBC Mutual Fund</b>	<b>MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer Section '16' of instructions)</b>	
UMRN <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(Shade (●))	Sponsor Bank Code _____ For Office use	Utility Code _____ For Office use
<input type="radio"/> CREATE <input type="radio"/> MODIFY <input type="radio"/> CANCEL	I/We, hereby authorize <b>Union KBC Mutual Fund</b>	To debit [Shade (●)] <input type="text"/> SB/CA/CC SB-NRE/SB-NRO/Other
	Bank a/c number <input type="text"/>	
with Bank _____	Name of Customer's Bank _____ IFSC <input type="text"/> or MICR <input type="text"/>	
an amount of Rupees <input type="text"/>	in words _____ ₹ <input type="text"/>	in figures _____
FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1 <input type="text"/> Folio No.	Phone No. <input type="text"/>	
Reference 2 <input type="text"/> Application No.	Email ID <input type="text"/>	
PERIOD	Signature Primary Account Holder _____	Signature of Account Holder _____
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Or <input type="radio"/> Until cancelled	1. Name as in bank records _____	2. Name as in bank records _____
		3. Name as in bank records _____

**Declaration:** I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness to make payments referred above. I/We authorize the said payments through participation in NACH/ECS/Direct Debit. I/We hereby confirm adherence to the terms and conditions in relation to such payments. **Authorisation to Bank:** This is to inform that I/we have registered for NACH/ECS/ Direct Debit facility and that my/our payment towards my/our investment in Union KBC Mutual Fund shall be made from my/our above mentioned bank account. I/We authorize the representatives of the AMC carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration etc. as applicable. This is to confirm that the declaration has been carefully read, understood and made by me/us.