Common Application Form for Multiple Schemes- Lumpsum/ SIP

Application No.

Arudha SIF by Bandhan Mutual Fund

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee

#By mentioning RIA/ PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the investment strategy of Arudha SIF.

Declaration for "execution-only" transaction (only where EUIN box is left blank). 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 of First / Sole Applicant / Guardian / Authorised Signatory

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)

Gender ☐ Male ☐ Female

1st APPLICANT Mr Ms M/s First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Relationship with Minor applicant ☐ Natural guardian ☐ Court appointed guardian Date of Birth** D D M M Y Y Y Y

2nd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

3rd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ ☐ Proof Attached Date of Birth** D D M M Y Y Y Y

*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

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Mobile No. Tel. No. Office Tel. No. Residence

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

Second Holder Contact details Mobile No. Email ID

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

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Third Holder Contact details Mobile No. Email ID

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

Email id belongs to:- ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

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) ☐

5 TAX STATUS (Please ✓)

☐ Resident Individual	☐ Foreign National	☐ Public Limited Company	☐ Government Body	☐ AOP/BOI	☐ Defence Establishment
☐ On behalf of Minor	☐ Sole Proprietorship	☐ Private Limited Company	☐ Financial Institution	☐ Trust / Society / NGO	☐ Other Specify
☐ HUF	☐ Partnership Firm	☐ Body Corporate	☐ FII	☐ Non Profit Organization/Charities	
☐ NRI	☐ LLP	☐ Bank	☐ Foreign Portfolio Investor	☐ 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)

ACKNOWLEDGMENT SLIP

Application No.

Arudha SIF by Bandhan Mutual Fund

(Please Retain this Slip. To be filled in by the Investor. Subject to realization of cheque and furnishing of Mandatory Information)

Name of the Investor Existing Folio No.

Toll Free Number: 1800 266 6688 / 1800 300 666 88 **Email: investormf@bandhanamc.com** **Website: https://arudhasif.com/**

7 BANK DETAILS (Mandatory) Redemption / IDCW / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Arudha SIF has DC facility.

Name of the Bank

Branch | Account Number

City | Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

MICR Code | RTGS/NEFT Code (IFSC Code)

Note: *In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.*

I / We understand that the instructions to the bank for Direct Credit / NEFT / CAMS OTM will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold Bandhan AMC/ Arudha SIF responsible. Further the SIF reserves the right to issue a issue a cheque in case it is not possible to make payment by DC/NEFT/CAMS OTM.

8 INVESTMENT & PAYMENT DETAILS (*Please draw the cheque in favour of Arudha SIF)

Type of Investment (✓ anyone) ☐ Lumpsum ☐ SIP ☐ SIP with TOP-UP ☐ Micro SIP Photo ID No. (for Micro SIP)

Sr. No.	Investment Statergy	Plan	Option	Amount	Dividend Frequency	Dividend Sweep (fill relevant form)
I	Arudha					☐
II	Arudha					☐
III	Arudha					☐
IV	Arudha					☐
V	Arudha					☐
						Total

PAYMENT DETAILS

Mode of payment ☐ Self ☐ Third Party Payment (Please fill the 'Third Party Payment Declaration Form') Payment mode ☐ Cheque ☐ OTM ☐ Fund Transfer ☐ RTGS/NEFT

Amount (figures) | ☐ Cheque/UTR/UMR No. | Cheque Date D D M M Y Y

Account No. | Account Type ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others Please specify

Bank & Branch Name

SIP DETAILS (*In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month. %The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter). ^default frequency is yearly.)

Sr. No.	SIP date*	Installment Amount (₹)	From Date (DD/MM/YY)	To Date (DD/MM/YY) (Default 40 years)	Frequency Monthly / Quarterly (Default date 10th) Weekly Datewise (7th/14th/21st/28th) Weekly - Daywise (Monday, Tuesday, Wednesday, Thursday, Friday)	☐ SIP Top-up% Top-up Amount (₹)	Frequency^ Half Yearly	Yearly
I	D D						☐	☐
II	D D						☐	☐
III	D D						☐	☐
IV	D D						☐	☐
V	D D						☐	☐

☐ **Existing OTM (UMRN)** **(Above SIPs to be mapped using existing UMRN)**

9 NOMINATION DETAILS ☐ I/We wish to nominate ☐ I/We do not wish to nominate$$

I /We want the details of my/our nominee to be printed in the statement of account ☐ Name of Nominee(s) with% Nomination: ☐ Yes / No (Default)

Nominee Name & Address*	In case of Minor: Guardian Name	Relationship with the minor	Date of birth	Allocation %*
Nominee 1				
Nominee 2				
Nominee 3				

(a) *Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) **For identification details investor can provide PAN, Aadhaar, Driving license or Passport

Nominee 1	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 2	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 3	Identification Details**	Mobile*	Email ID*	Relationship with investor*

$$ **OPT-OUT:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my units held in my / our SIF 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 requiste 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

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			☐ Indian ☐ U.S. ☐ Others Please specify
Second Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
Third Applicant			☐ Indian ☐ U.S. ☐ Others Please specify

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 ☐ A ☐ B ☐ C
Second Applicant				Reasons ☐ A ☐ B ☐ C
Third Applicant				Reasons ☐ A ☐ B ☐ 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
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business

Annexure I and Annexure II are available on the website of SIF i.e. https://arudhasif.com/ or at the Investor Service centres (ISCs) of Arudha SIF

Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Please specify

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y as on (Not older than 1 year)
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹ _____
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore **OR** Net worth ₹ _____

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ 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 ☐ Y ☐ N (ii) Gaming / Gambling / Lottery / Casino Services ☐ Y ☐ N (iii) Money Lending / Pawning ☐ Y ☐ N
Second Applicant	☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable
Third Applicant	☐ Politically Exposed Person (PEP)^ ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable

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

I/We have read and understood the contents of the ISID of the Investment strategy of Arudha SIF. I/We hereby apply for units of the said such Investment strategy and agree to abide by the terms, conditions, rules and regulations governing the Investment strategy. I/We hereby declare that the amount invested in the Investment strategy is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Arudha SIF. The information given in / with this application form is true and correct and further agrees to furnish additional information sought by the Arudha SIF and undertake to update the information/details with the AMC / Arudha SIF/ Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Arudha SIF shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify Arudha SIF, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. I/We further declare that "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 investment strategy of various SIF Arudha SIFs from amongst which the Investment strategy is being recommended to me/us. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Arudha SIF/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. Applicable to Foreign Resident's Residing in India: I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Investment strategy as per the said FEMA regulations and other applicable laws and regulations. FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end.

Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

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Arudha SIF One Time Mandate (OTM)

Arudha SIF by Bandhan Mutual Fund

UMRN F O R _ O F F I C E _ U S E _ O N L Y **Date** D D M M Y Y Y Y

Tick (✓) CREATE ✓ / MODIFY ☐ / CANCEL ☐

Sponsor Bank Code FOR OFFICE USE ONLY **Utility Code** FOR OFFICE USE ONLY

I/We hereby authorize Arudha SIF **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.** +91 _____

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☒ ~~Until Cancelled~~

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

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- 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.