

DISTRIBUTOR DETAILS (PRE-FILLED)

ARN: **ARN-50844**Distributor: **Binod Kumar Shukla**

EUIN: _____

1. AMC & SCHEME DETAILS (fill the AMC and scheme you want to invest in)

Name of AMC / Mutual Fund *

Existing Folio No. (if any)

Scheme Name *

Plan (Regular)

Option (Growth / IDCW)

Scheme / Plan Code (if known)

2. SIP DETAILS

SIP Amount (Rs.) *

Frequency (Monthly/Qtrly)

SIP Date (e.g. 5th)

Start Month

End Month (or Perpetual)

No. of Installments

3. INVESTOR DETAILS

Sole / First Applicant Name *

PAN *

Date of Birth

Mobile *

Email

KYC Status (Done / Pending)

Address

4. BANK DETAILS

Bank Name

Account Type (SB/CA)

Account Number

IFSC Code

IMPORTANT — PLEASE READ

This is an information-collection form prepared by the distributor to assist processing. It is NOT an official AMC form and does not replace it. Final submission may require the selected AMC/RTA's official form. Mutual fund investments are subject to market risks; read all scheme related documents carefully.

Date & Place

Signature of Applicant