Instrument No

Unitholding Option

Amount

O Physical Mode O Demat Mode

Application No.



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

Broker Code/ ARN	s	ub-Broker Code/ Branch Code	MO Code	Lead Genera Code	itor Co	Illection Date	D D	M M	YY	Υ)	Y
ARN-0988							Time Sta	amping			
ny upfront commission shall be paid RANSACTION CHARGES FOR AP case the subscription amount is ₹ st time mutual fund investor) will be	PLICATIONS T 10,000/- or more	HROUGH DISTRIE e and your Distribu	BUTORS ONLY. (Refer tor has opted to receive	Section 'J' of instr e Transaction Cha	ructions) arges, ₹ 150/- (1	for first time mut	ual fund invest	or) or ₹ 10			
EXISTING UNIT HOLDER II	NFORMATION	(Please complet	e Section 1, 7 & 9 on	nly)						* Mano	latory
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Depository Participant (DP) N	`										
DP ID No: IN			Ber	neficiary Account	Number						
It may be noted that the comb	ination/ seque	nce of names and	mode of holding in th	e application forn	n must match	exactly with the	account held	with the	Deposit	ory part	icipa
APPLICANT INFORMATION	N *[Please sha	de (●)] (Refer Se	ection 'B' and 'C' and	'G' of instructions	s) (PI	lease ensure that	the details ment	ioned matc	ches with	the KYC	detail
Name of First Applicant / N	on-individual	Investor (First tim	e investors, please fill in	all the blocks) Da	ate of Birth	(Mandatory in	case of minor)	D D	M M	YY	Υ
○ Mr. ○ Ms. ○ M/s.											
Name of Guardian (In case	of minor) / Po	A Holder / Contact	ct Person (In case of	Non-individual Inv	estors)						
○ Mr. ○ Ms.											
Relationship with Minor (Please attach proof for date of bir	th and relationsh	(Mothe	r Cather C	Chardian Legal Guardian	Designat	tion of Contact	Person				
Name of Second Applicant					, = 7.0						
Name of Third Applicant	OMr. ON										\Box
PAN and KYC* [Please shad			SIP and investor(s) fro	om Sikkim) M	lode of Hold	ing		Status	-		
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Second Applicant			O KYC Pr		oint (Default			O NR	I-NRO	O PIG	
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Guardian/ PoA Holder		:it-	O KYC Pr				P/ BOI Oth			Specify)	
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City Overseas address (Mandato City	ry for NRI/FII. P.	O. Box address is	State not sufficient. Investors	s residing overseas Country		Box address p	lease provide y	n Code rour Indian ea Code	addres	rs)	
Contact details of First App	licant/ PoA H	older/ Contact P	erson (Refer Section	'I' of Instructions	s) (Please ens	ure to mention C	ountry and Are	a Code)			
Tel. (Off.) Country/ Area	code		Mobile Coun	try/ Area code				Communicate	e better and en	contact details sure smooth pr	ncessing.
Tel. (Res.) Country/ Area	code		Fax Coun	try/ Area code				Account State thereof shall the	is provided all t tement, Annual be in electronic	iuture communic Report or abrid mode except if fically indicated/ ww. "Save Paper &	ation inclu ged sumr physical m
E-mail								preference had indicate your	as been specif preference belo	fically indicated/ www. "Save Paper &	opted. Pl & the Plan
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Third Applicant	O ** "	OM OF	○ <2L ○ 2L-5L		O >10L	0 <1			L-5L	O >5	
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Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the scheme

Computer Age Management Services Pvt. Ltd.,

Unit: Union KBC Mutual Fund

148, Old Mahabalipuram Road, Okkiyam Thuraipakkam, Chennai - 600097.

Union KBC
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Union KBC Asset Management Company Pvt. Ltd.
7th Floor, Piramal Tower, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai - 400013.
Tel No.: 022 24833333

Website: www.unionkbc.com | Email: investorcare@unionkbc.com

APPLICATION FORM FOR UNION KBC TAX SAVER SCHEME

Unitholding Option

Physical Mode O Demat Mode

Application No.

ASSET MANAGEMENT

date and time of receipt

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

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