

**INDIABULLS ASSET MANAGEMENT COMPANY LIMITED**
**Corporate Office:**

Indiabulls House, Indiabulls Finance Centre, 11th Floor, Senapati Bapat Marg, Elphinstone Road (West), Mumbai – 400 013, INDIA. Phone number: 022-61891327 Fax number: 022-6189 1320

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# Indiabulls

## MUTUAL FUND

### COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words

#### 1 DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code **157526** Sub Broker code  EUIN-No **E286497**

"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 inappropriateness, 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".

Up-front commission shall be paid directly by the Investor to the AMFI registered Distributors based on the Investors assessment of various factors including the services rendered by the distributor.

**Transaction Charges**  **I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS** (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)  
 Please ✓ (any one)  **I AM AN EXISTING INVESTOR IN MUTUAL FUNDS** (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

#### 2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name  Mr  Ms  M/s **FIRST** **MIDDLE** **LAST** Folio No

#### 3 APPLICANT(S) INFORMATION Refer Instruction Number II

##### 1st Applicant

Name  Mr  Ms  M/s **FIRST** **MIDDLE** **LAST** DOB  D  D  M  M  Y  Y  Y  Y

PAN  PAN Proof Enclosed please ✓  KYC Proof Enclosed please ✓

##### Guardian (In case of Minor) / POA Holder

Name  Mr  Ms  M/s **FIRST** **MIDDLE** **LAST** Relationship

PAN  PAN Proof Enclosed please ✓  KYC Proof Enclosed please ✓

##### 2nd Applicant

Name  Mr  Ms  M/s **FIRST** **MIDDLE** **LAST** DOB  D  D  M  M  Y  Y  Y  Y

PAN  PAN Proof Enclosed please ✓  KYC Proof Enclosed please ✓

##### 3rd Applicant

Name  Mr  Ms  M/s **FIRST** **MIDDLE** **LAST** DOB  D  D  M  M  Y  Y  Y  Y

PAN  PAN Proof Enclosed please ✓  KYC Proof Enclosed please ✓

Mode of holding please ✓  Single  Joint  Anyone or Survivor(s) (Default Option - Joint)

Occupation please ✓  Business  Professional  Service  Retired  Student  House wife  Others **SPECIFY**

Status please ✓  Resi Individual  FII  Society  AOP/BOI  Banks  FII  Trust  Company/Corporate Body  
 Partnership Firm  HUF  Minor  NRI Repatriable  NRI Non-Repatriable  PIO  Others **SPECIFY**

##### Mailing Address - 1st Applicant / Guardian / Corporate

ADDRESS LINE 1

ADDRESS LINE 2  CITY

STATE  COUNTRY  PIN CODE

##### Overseas Address - Mandatory for NRI / FII/ PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1

CITY  COUNTRY  PIN CODE

##### Contact Details of SOLE / FIRST Applicant

STD Code  Residence  Office  Mobile No **+91**

Email Id  Contact Person (in case of corporate)

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to ✓. Email communication will help save paper & planet.

I / We wish to receive communication through physical mode in lieu of email

#### 4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction Number III) (Optional)

NSDL please ✓ Depository Participant (DP) ID  Beneficiary Account Number

CDSL please ✓ Depository Participant (DP) ID

##### Acknowledgement

Received from Mr / Ms / M/s  an application for allotment of units under  as per the details below.

Scheme	Plans	Options	Sub-Options	Payment Details
• Direct Plan • Existing Plan	• Growth • Dividend	• Dividend Payout • Dividend Reinvestment Frequency	Cheque/DD/UTR No _____ Dated _____ Amount _____ Drawn on _____	

APPLICATION NO. **C**

TIME STAMP & DATE OF RECEIVING OFFICE

