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COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. _____

ARN - 74461

Investment made on: (DD) / (MM) / (YYYY)

Capitalized into: (DD) / (MM) / (YYYY)

Important notices shall be paid directly by the investor to the AIF registered Distributors based on the investor's assessment of various factors including the notice contained by the Distributor. For Direct Application please write the word "DIRECT" in Distributor & Sub-Distributor boxes.

1. EXISTING UNIT HOLDER INFORMATION (Please fill in year of birth, & Name and then proceed to Section 2). Applicable details and mode of holding will be as per the existing folio.

Folio No. _____

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investor fill in the Section 2 to 13.

Name of First / Sole Applicant

(Mr. / Ms. / M/s. / Partnership / Other) _____

DATE OF BIRTH _____ (Mandatory in case of Minor)

Name of the Guardian (for minor applicant) / **Name of the POA Holder** / **Name of the Contact Person** (For Non Individual Applicant)

(Mr. / Ms. / M/s. / Partnership / Other) _____

Guardian named above is: Father Mother Court Appointed Registrar of Companies Registrar of Companies

For Investments "On behalf of Minor": (Refer Instruction 3 Mandatory documents to be attached)

Proof of DOB & Relationship attached: Birth Certificate School Certificate / Marksheet Passport Any other _____

Name of Second Applicant

(Mr. / Ms. / M/s. / Partnership / Other) _____

Name of Third Applicant

(Mr. / Ms. / M/s. / Partnership / Other) _____

3. FIRST / SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

City _____ State _____ Pin Code _____

SO Code _____ Telephone OR _____ Fax _____ Mob. _____ E-mail _____

OVERSEAS ADDRESS (Mandatory for NR / FR applicant)

State _____ Pin Code _____ City _____ Country _____

4. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 12, 13 & 14)

For / Sole Applicant	<input type="checkbox"/> KYC Status: Pending	<input type="checkbox"/> KYC Acknowledgment Attached
Second Applicant	<input type="checkbox"/> KYC Status: Pending	<input type="checkbox"/> KYC Acknowledgment Attached
Third Applicant	<input type="checkbox"/> KYC Status: Pending	<input type="checkbox"/> KYC Acknowledgment Attached
Guardian / POA Holder	<input type="checkbox"/> KYC Status: Pending	<input type="checkbox"/> KYC Acknowledgment Attached

5. STATUS OF FIRST / SOLE APPLICANT (PLEASE TICK ✓ / ✗)

<input type="checkbox"/> Indian Individual	<input type="checkbox"/> MR	<input type="checkbox"/> Partnership	<input type="checkbox"/> HUF
<input type="checkbox"/> Non-Indian Individual	<input type="checkbox"/> LLP	<input type="checkbox"/> Company	<input type="checkbox"/> Trust
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> SO	<input type="checkbox"/> Body Corporate (please specify)	
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Other		

MODE OF HOLDING (PLEASE TICK ✓ / ✗)

<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Default)
<input type="checkbox"/> Any other (Specify)	

OCCUPATION (OF First / Sole Applicant) (PLEASE TICK ✓ / ✗)

<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Professional
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Business	<input type="checkbox"/> Farmer
<input type="checkbox"/> Applicant	<input type="checkbox"/> Regularity (please specify)	
<input type="checkbox"/> Other		

6. PIN FACILITY (PLEASE ✓ / ✗)

I would like to receive PIN e-mail for online access and transactions**

7. COMMUNICATION (PLEASE ✓ / ✗)

I/We wish to receive the following documents by Electronic Mode instead of physical mode: Account Statement Annual Report Other Information (please specify)

Page 1 of 2

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The Kalupur Commercial Co.op Bank Ltd.
(Multi State Scheduled Bank)

Branch: _____

Date: _____

NEFT/RTGS FUNDS TRANSFER APPLICATION FORM

Applicant (Remitter) Details:

Account Title/Name _____

Debit Account Number _____

Account Type _____ Current / Savings / CC / HYP / HP / FD / OD _____ Cheque No. _____

Contact No. _____

Email Address _____

Beneficiary Details:

IFSC Code of Beneficiary Bank _____

Beneficiary Bank: _____ Branch: _____ City: _____

Beneficiary Account Number _____

Reconfirmation of Beneficiary Account Number _____

Beneficiary Name _____

Beneficiary Address _____

Remittance Details:

NEFT/RTGS Amt. (in figures) _____

NEFT/RTGS Amt. (in words) _____

Bank Charges _____

Total amount (in figures) _____

Total amount (in words) _____

Remark / Narration _____

Note: Terms & Conditions relating to this transaction as mentioned overleaf have been noted. Yours Sincerely,

Stamp & Signature of Authorised Signatory/ies

FOR BANK USE

Debited applicant's a/c _____ Entry by _____

Authorised Signatory Level (1) _____ Authorised Signatory Level (2) _____

Date: _____ **P.T.O.**

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