## COMMON APPLICATION FORM (For Lumpsum/Systematic Investment)

## Morgan Stanley

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No.		Sub-Broker/Branch Code	Date of receipt	For office use			
ARN-3	94120						
Upfront commission shall	be paid directly by the i	nvestor to the AMFI registered distribute	or based on the investor's assessme	l ent of various factors including the servi	ce rendered by the distributor.		
1 EXISTING UN	IT HOLDER'S INF	ORMATION (Please mention the details b	pelow and proceed to Section 4. Please r	note that applicant details and mode of holding w	vill be as per existing Folio Number.)		
Folio No.			Pleas	se ✓ ☐ KYC Compliant (Refer Instructi (For applications of Rs. 50,000			
PAN No. Sole/Fir	st Unit holder/Guar	dian/PoA Second Unit h	older Th	ird Unit holder   (If PAN	is already validated, please ach any proof.)		
2a NEW APPLIC	ANT'S INFORMA	TION					
	Others) First		me Last N	Date of Birth  DD MM Y	Sex		
(Mr./Ms./Mrs./M/s/C	Others)	Enclosed (Please 🗸		se ✓ KYC Compliant (Refer Instruction	Iviale remale		
PAN (Mandatory)	F SOLE/FIRST APPLI	,	(Refer Instruction 9)	(For applications of Rs. 50,000			
☐ Individual ☐ Club/Society	HUF NRI/PIO	Company/Body Corporate	Γrust ☐ Partnership NGO ☐ Defence Establi	FII Bank	/FI AoP/BoI		
OCCUPATION OF	SOLE/FIRST APPLIC	CANT (Please ✓)					
		Student Retired Housewife		•			
		CONTACT PERSON (in case of non- First Name	individual investors only) (PAN/ Middle Name	KYC Compliance not required for cont Last Nam	•		
(Mr./Ms./Mrs./M/s/C	Others)	Enclosed (Please ✓		se ✓ ☐ KYC Compliant (Refer Instruction			
PAN (Mandatory)		Eliciosed (Flease •	(Refer Instruction 9)	(For applications of Rs. 50,000			
NAME OF THE SE	COND APPLICANT				ate of Birth		
(Mr./Ms./Mrs./M/s/C	Others) First	Name Middle Na			DD MM YYYY		
PAN (Mandatory)	HDD ADDI ICAN'T	Enclosed (Please ✔	(Refer Instruction 9)	se ✓ ☐ KYC Compliant (Refer Instruction (For applications of Rs. 50,000	/- or more)		
NAME OF THE TH (Mr./Ms./Mrs./M/s/C	271	Name Middle Na	me Last N		ate of Birth  DD MM YYYY		
PAN (Mandatory)		Enclosed (Please ✓		se ✓ ☐ KYC Compliant (Refer Instruction			
			(Refer Instruction 9)	(For applications of Rs. 50,000	/- or more)		
Mode of Operation	(Please ✓) Single	Joint Anyone or S	urvivor				
PoA HOLDER DET		t is being made by a Constituted Attorne			ory - Please attach Proof)		
(Mr./Ms./Mrs./M/s/C	Others)	Name Middle Na	me Last N	ame			
	·	FIRST APPLICANT	10 411 04	A C AND COM A 11			
Address for Corresp	ondence (P.O. Box Add	fress is not sufficient)	Overseas Address (Mar	ndatory for NRI/FII Applicants)			
City/Town			City/Town	State			
State		PIN	Country	Postal Cod	e		
Tel. (Office) (ISD)	(STD)	Tel. (Res.) (ISD) (S	TD)	Mobile (ISD)			
Fax (ISD) (STD)		email					
	JNT DETAILS (M						
Account No.			Account Type Savings (Please ✓)	Current NRE NRO FCNR	Others (please specify)		
Bank Name				Branch			
City		MICR Code		(This is a nine digit number next to y	rour Cheque Number)		
IFSC Code			ligit alpha numeric number on yo	our cheque)			
Margan Cta			LEDGEMENT SLIP				
Morgan Sta	пцеу		Applicant/Authorised Sig	App. gnatory) No.			
Received from (Mr./Ms./Mrs./M/s/Other	rs)	·					
towards application for un			Plan (Please ✓) ☐ Gro	owth Dividend			
<b>Option</b> (Please ✔) ☐ Div	ridend Payout 🔲 Divi	dend Reinvestment					
	Investment/SIP Instali	ment Investment	Cheque/First SIP Cheque Deta	nils			
Lumpsum SIP	Rs	Cheque NoBank	dated Branch	City drawn on			
		D. This acknowledgement slip is for unit		Collection centre/	ISC stamp, date & signature		
form will be considered as	final.	-	-				

INVES	STMENT DETAILS							
Scheme _				Plan				
Option [	Growth or Dividend Reinvestment or	Dividend Payout		Dividend Frequence				
PAYM	IENT DETAILS (Please choose section	n A or B below) (Refe	r Instruction 13		<u>′</u>			
	MPSUM INVESTMENT:							
	nt Amount	DD Charges (if appl	icable)			ount in Figures		
Rs.	+	Rs.		=	Rs.			
Net Amou	unt in Words							
		Cheque	/DD No			_ DatedDD_	MM	YYYY
Drawn on	n Bank	Branch				City		
Account 1	Type (Please ✓) Savings Current	□ NRE □ NRO □	FCNR Other	s_(please specify)		-		
(B) SIF	PINVESTMENT							
	o SIP Investment, kindly furnish the type of phot		nclosed					on 6 on page 12
1	nt Amount No. of Instalments	_ 1		SIP Period From	M M	ҮҮҮҮ То	M M	YYYY
Rs.	(Minimum Rs. 1000) X (Minimum 6	= Rs.		The first SIP date for		it Clearing)/Direct I	Debit should	be on or after 2
	ment by Cheque only			days after allotment				
	Instalment Cheque Details: No Da	ated DD MM	YYYY	SIP Date (Please ✓)				20th 25th
Cheque N		ited ivilvi	****	SIP Frequency (Plea	se ✓)			
Drawn on	n Bank					Cheque	e favoring na	me of the schem
Branch	<b>.</b>		no	City_				
	Type (Please ✓) Savings Current	NRE NRO						
	P THROUGH AUTO DEBIT (ECS)  ulso fill up the SIP Auto Debit (ECS) Facility For	rm		OUGH POST-DA equent Instalment Cl			ques for all <i>N</i> ld be of same	
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