

<u>ک</u> ټ	DIRECT	
ise lato	BROKER/DISTRIBUTOR	Sub Broker Name & Code
(Plea Mand	ARN - 34120	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor"

KYC is mandatory for ALL investments irrespective of the amount (Except for Micro SIP). Sr. No.

	Unitholders						
First Unitholder Existing Folio No.							
	pplicant / Guardian	Second Applicant	Third Applicant				
PAN No.* KYC Compliant (Man	datory - Copy of KYC ement Letter)	PAN No.* KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	PAN No.* KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)				
Photo Identification**	ment Letter)	Photo Identification**	Photo Identification**				
	datory - please refer to instructi						
2. For New Inv	estor - Applicant's Det	ails (Mandatory)					
Sole / First Applicant	F I R S T	M I D D L E	L A S T N A M E				
	atic Investment Plan (SIP) Details (Mandatory) OR M	icro SIP Details (Mandatory)				
Scheme Name							
Plan	Regular		dend Reinvestment				
on requestly (rease -)							
Installment Amount (Rs.) Rs. M I N I M U M R S. I 0 0 0							
First SIP Cheque No. Dated D D / M M / Y Y Y Y Dated D D / M M / Y Y Y Y							
Drawn on (Bank / Branch Name) SIP Auto Debit Period Start Date From M M / Y Y Y Y End Date(1) To M M / Y Y Y Y							
(The first Auto Debit should be at		tallment) (Last In	stallment)				
after the first SIP transaction date) * Default Option will be applied	in case of no information, ambiguity o		End Date is specified SIP will continue for 50 years.				
4. Payment Bar	k Details						
Source of Payment (from	m which the above investmen	nt is made)					
First / Sole Holder's Bar	k Account Mandatory	· / / — · · · · · · · · ·	Statement Pass Book Bank Certificate				
Third Book to Book Accord		OR					
Third Party's Bank Acco		rents/related persons	Custodian on behalf of an FII or a client				
	required: KYC Acknowledgr						
5. Particulars o	Bank Account (From	which money will be debited)					
Account holder name							
as in Bank Account Bank name							
Account No.		Branch Ado	dress				
City		MICR Code M A N D A T O	R Y (This is a 9 Digit Number next to your Cheque Number)				
THEREGOE							
For NRI / FII Investors, pl	ease indicate account type of yo						
		nward Remittance Certificate Others	Others Please specify				
Enclosed (please ✓) ☐ I/We hereby, declare that the pa at all for reasons of incomplete	Account Debit Foreign In rticulars given above are correct and or incorrect information, I/We would	nward Remittance Certificate Others express my/our willingness to make payments referred above through di I not hold AIG Global Investment Group Mutual Fund, their Investment	rect debit / participation in ECS. If the transaction is delayed or not effected Manager - AIG Global Asset Management Company (India) Private Limited				
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