

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black / dark coloured ink and in BLOCK CAPITALS.

Distributor's Code	Sub-Broker's Code	For Official Use
35275		

1. EXISTING UNIT HOLDER(S) INFORMATION (See Note 1)

Sole / First Unitholder

First Name	Middle Name	Last Name
If you have an existing folio with us, please mention the same alongside. Existing Folio No. _____ / _____		

Please furnish PAN and MIN details in Section 2 & 4 (Refer General Instruction 4 & 5 on Page 9)

2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS (See Note 2)

Sole / First Applicant If the Sole / 1st Applicant is a minor, please (3) here and state the Guardian's PAN and MIN below

First Name	Middle Name	Last Name
Date of Birth <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	PAN <input style="border: 1px solid red;" type="text"/>	MIN <input style="border: 1px solid red;" type="text"/>

Guardian (if Sole/1st Applicant is Minor) OR **Contact Person** (For Non Individuals) **Enclosed** (Please) PAN Proof or Form 60 /61 **Enclosed** (Please) MIN allotment proof

First Name	Middle Name	Last Name
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STATUS OF SOLE / 1ST APPLICANT (Please)

<input type="checkbox"/> Resident Indian Individual	<input type="checkbox"/> Non-Resident Indian Individual	<input type="checkbox"/> PIO	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> FI	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust	<input type="checkbox"/> Government Body	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> Company / Body Corporate	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP / BOI	<input type="checkbox"/> FII	<input type="checkbox"/> Society	<input type="checkbox"/> NGO	<input type="checkbox"/> Others	(please specify)

Address for Correspondence (P.O. Box Address is not sufficient)

City / Town / Village _____ Pin Code _____

State _____ Country _____

Tel. (Off.) (ISD) _____ (STD) _____ Tel. (Res.) (ISD) _____ (STD) _____

Fax (ISD) _____ (STD) _____ Mobile (ISD) _____

Email ID _____

I / We would like to receive the following communication by E-mail instead of Post (Please 3) Account Statement Factsheet Annual Report

Overseas Address (in case of NRI / FII Applicants in addition to mailing address) (NRIs residing in USA, Canada or an FATF Non-compliant country / territory cannot invest)

City / Town / Village _____ Postal Code _____

State _____ Country _____

3. BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 3)

Account No. _____ Account Type (Please 3) Savings Current NRE NRO FCNR Others (please specify)

Bank Name _____

Branch Address _____

City _____ MICR Code _____ (This is a 9 Digit Number next to your Cheque Number.)

ECS OF DIVIDENDS (See Note 3c) I/We wish to receive dividend through ECS (Please furnish 9 digit MICR code above and 3 here) <input type="checkbox"/>	CHEQUE PAYOUTS (See Note 3d) I/We DO NOT wish to avail Direct Credit Facility and instead wish to receive payments by CHEQUE . (Please 3) <input type="checkbox"/>	MULTIPLE BANK REGISTRATION (See Note 3e) I/We wish to register my/our other bank accounts for redemption payout. Please send necessary forms (Please 3) <input type="checkbox"/>
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4. JOINT APPLICANTS' DETAILS & MODE OF HOLDING (See Note 4)

2nd Applicant If the 2nd Applicant is a minor, please (3) here and state the Guardian's PAN and MIN below

First Name	Middle Name	Last Name
Date of Birth <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	PAN <input style="border: 1px solid red;" type="text"/>	MIN <input style="border: 1px solid red;" type="text"/>

Guardian (if 2nd Applicant is a Minor) **Enclosed** (Please) PAN Proof or Form 60 /61 **Enclosed** (Please) MIN allotment proof

First Name	Middle Name	Last Name
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3rd Applicant If the 3rd Applicant is a minor, please (3) here and state the Guardian's PAN and MIN below

First Name	Middle Name	Last Name
Date of Birth <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	PAN <input style="border: 1px solid red;" type="text"/>	MIN <input style="border: 1px solid red;" type="text"/>

Guardian (if 3rd Applicant is a Minor) **Enclosed** (Please) PAN Proof or Form 60 /61 **Enclosed** (Please) MIN allotment proof

First Name	Middle Name	Last Name
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MODE OF HOLDING (Please) Single OR Anyone or Survivor OR Joint (See Note 4e)

Received from _____ application for <input type="checkbox"/> Lumpsum Investment OR <input type="checkbox"/> Systematic Investment (Auto Debit) OR <input type="checkbox"/> Systematic Investment (PDC) in _____ Scheme _____ Plan _____ Option _____ Cheque No(s). From _____ To _____ Amount (Rs.) _____	For Office Use Only Acknowledgement Stamp & Date
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5. INVESTMENT DETAILS

(See Note 5)

Scheme Name	See Ready Reckoner on Page 10		Plan	See Ready Reckoner on Page 10	
Option (Please ✓)	<input type="radio"/> Growth	OR	<input type="radio"/> Dividend Reinvestment	OR	<input type="radio"/> Dividend Payout
Type of Investment	<input type="radio"/> Lumpsum Investment Please fill up Sub-Section [A] below and proceed to Section 6		OR	<input type="radio"/> Systematic Investment Please fill up Sub-Section [B] below and proceed to Section 6	

Separate forms to be used for Lumpsum & Systematic Investments if you wish to invest both in Lumpsum and through SIP.

[A] LUMPSUM INVESTMENT

(See Note 5d)

Investment Amount	DD Charges (if applicable)	Net Amount (Cheque / DD Amount)
Rs. <input type="text"/> A	Rs. <input type="text"/> B	Rs. <input type="text"/> A minus B
Mode of Payment	Instrument No.	Dated
Cheque / DD / Fund Transfer / <input type="text"/>	<input type="text"/>	<input type="text"/>
(Strike off whichever is not applicable)		
Drawn on		
Bank <input type="text"/>		
Branch <input type="text"/>	City <input type="text"/>	

NRI / FII Investors*, please indicate source of funds for your investment (Please 3) NRE NRO FCNR Others Please specify

[B] SYSTEMATIC INVESTMENT

(See Note 5e)

Instalment Amount (Rs.)	No. of instalments	Total Amount	SIP Period
Rs. <input type="text"/> Minimum Rs. 500	X <input type="text"/> Minimum 6	= Rs. <input type="text"/> Minimum Rs. 3000 for FTAF Rs. 5000 for other Schemes	From <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
First SIP Instalment Cheque Details :			SIP Date (Please 3) <input type="radio"/> 1st OR <input type="radio"/> 10th OR <input type="radio"/> 15th OR <input type="radio"/> 25th
Cheque No. <input type="text"/>	Dated <input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y	SIP Frequency (Please 3) <input type="radio"/> Monthly OR <input type="radio"/> Quarterly OR <input type="radio"/> Yearly	
Drawn on			
Bank <input type="text"/>			
Branch <input type="text"/>	City <input type="text"/>		

NRI / FII Investors*, please indicate source of funds for your investment (Please 3) NRE NRO FCNR Others Please specify

<input type="radio"/> SIP THROUGH AUTO-DEBIT (ECS) <small>See Note 5e(iv)</small>	OR	<input type="radio"/> SIP THROUGH POST-DATED CHEQUES <small>See Note 5e(v)</small>
Please fill up the enclosed SIP Auto Debit (ECS) Facility Form and submit it together with this Application Form.		Second and subsequent Instalment Cheque Details : Cheque Nos. From <input type="text"/> To <input type="text"/> Dated From <input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y To <input type="text"/> D D / <input type="text"/> M M / <input type="text"/> Y Y Y Y

6. SERVICES AND FACILITIES

(See Note 6)

Please indicate the services / facilities you wish to avail by ticking (3) the relevant boxes and enclose the relevant form with this form.

NOMINATION <small>(See Note 6a)</small>	INTERNET TRANSACTIONS <small>(See Note 6b)</small>	SYSTEMATIC TRANSFER <small>(See Note 6c)</small>
I / We wish to appoint a nominee for my / our investments. <input type="checkbox"/> Enclosed please find duly filled Nomination Form.	I / We wish to avail the internet transactions facility. Enclosed please find Internet Transactions Form duly signed by me / us. <input type="checkbox"/>	I / We wish to opt for the Systematic Transfer Plan. My / Our <input type="checkbox"/> Systematic Transfer Form is enclosed.

7. DECLARATION AND SIGNATURES

(See Note 7)

I / We have read and understood the contents of the Offer Document of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I / We hereby apply for allotment / purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I / We hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Fidelity Mutual Fund's bank(s) and / or Distributor / Broker / Investment Adviser. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

***APPLICABLE FOR NRIs :** I / We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR Account.

SIGNATURE(S) (ALL APPLICANTS must sign here) Please refer the guidance notes / checklist and ensure that all relevant sections are completed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
X	X	X
Sole / 1st Applicant	2nd Applicant	3rd Applicant

If the investment is being made by a Constituted Attorney please furnish Name and MIN of Power of Attorney Holder (POA) in respect of each applicant below :

Name	<input type="text"/> POA Holder for Applicant 1	<input type="text"/> POA Holder for Applicant 2	<input type="text"/> POA Holder for Applicant 3
MIN	<input type="text"/> MIN of above POA Holder	<input type="text"/> MIN of above POA Holder	<input type="text"/> MIN of above POA Holder

CONTACT US

Phone **1800 180 8000** (toll-free) OR **3030 9800*** (at local rates) OR **+91 124 2542022** (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days. * When dialing from your mobile phone, please prefix your city code.

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