

Please read the instructions carefully, before filling up the application. (All columns marked\* are mandatory)

Use this Form if you are making a one-time investment. For SIP investment, use the separate SIP Form

Name & AMFI Reg. No. (ARN)	Sub-Broker / Sub Agent Code	Date & Time of Receipt
35275		

Existing Folio Number, if any \_\_\_\_\_ If you are making a purchase in an existing folio, please mention the folio number and the Applicant information (Point no. 1). Please note that the applicant details and mode of holding will be as per the existing folio.

### 1. APPLICANT INFORMATION (Refer Instruction No. 2) \*

Name of Sole / First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth*
Name of Parent / Guardian in case of Minor / or Contact Person for Non-Individual applicants <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Relation with Minor/Designation
Name of 2nd applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth*
Name of 3rd applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	Date of Birth*

2. MODE OF HOLDING (Please ✓)	OCCUPATION (Please ✓)	STATUS/CATEGORY (Please ✓)
<input type="checkbox"/> Single	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> NRI
<input type="checkbox"/> Joint	<input type="checkbox"/> Service <input type="checkbox"/> Retired	<input type="checkbox"/> On behalf of minor <input type="checkbox"/> Proprietorship Firm <input type="checkbox"/> FII
<input type="checkbox"/> Any one or survivor(s)	<input type="checkbox"/> Student <input type="checkbox"/> Housewife	<input type="checkbox"/> HUF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Others (pl. specify) _____
(Default Anyone or Survivor)	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Bank / FI
	<input type="checkbox"/> PSU / Govt. Employee	<input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society
	<input type="checkbox"/> Others _____ (pl. specify)	

### 3. CONTACT DETAILS OF FIRST / SOLE APPLICANT \*

**Mailing Address\*** [Please provide complete address. P.O. Box alone may not be adequate]

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Overseas Address\* (Mandatory for NRI / FII Applicants) \_\_\_\_\_ Address for Correspondence (for NRI Applicants only)  Indian  Overseas

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

\*Document Proof of Foreign Address to be provided. Self Certified Copy of Bank Account Statement / Passbook will serve as Proof of Address. In case the documents are in foreign language, the same to be translated to English and certified by Govt. Authority in country of residence or the Indian Embassy.

Tel. STD Code \_\_\_\_\_ Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_ Mob. \_\_\_\_\_

4. E-MAIL COMMUNICATION / INTERNET SERVICES	Email Address _____
	<input type="checkbox"/> I/We wish to receive the following on email <input type="checkbox"/> Account statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other information. <input type="checkbox"/> I would like to receive a PIN form to view this account on the internet (Please ✓) <input type="checkbox"/>

5. Mandatory for Investment of Rs. 50,000 & Above	PAN (Refer Instruction No. 2)	Know Your Customer (KYC) (Refer Instruction No. 11)	
		Applicant	POA Holder / Guardian
1st applicant/Minor	Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached	KYC compliant <input type="checkbox"/> Proof attached
2nd applicant	Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached	KYC compliant <input type="checkbox"/> Proof attached
3rd applicant	Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached	KYC compliant <input type="checkbox"/> Proof attached

6. ANNUAL INCOME (Refer Instruction No. 11)
Income earned per annum (indicate the summation of all the applicants if applying jointly or as any one/survivor)
<input type="checkbox"/> Less than Rs. 50,000 <input type="checkbox"/> Rs. 50,000 to Rs. 2 lacs <input type="checkbox"/> Above Rs. 2 lacs to Rs. 5 lacs <input type="checkbox"/> Above Rs. 5 lacs to Rs. 10 lacs <input type="checkbox"/> Above Rs. 10 lacs

**Lotus India Mutual Fund**

Application No. \_\_\_\_\_

ACKNOWLEDGEMENT	Received from : Mr./Ms. _____	Scheme Name _____	Amount Paid (Rs.)	Cheque/DD details	Counter Sign
	_____		Rs. (in Figures) _____	Cheque/DD No. _____	
	_____		Rs. (in Words) _____	Dated _____	
	_____ Pin Code _____		_____	Bank & Branch _____	
	_____	Option _____			

**7. BANK ACCOUNT DETAILS (Refer Instruction No.3) \***

Account No.  A/c. Type  SB  Current  NRO  NRE  FCNR

Bank  Branch

Branch Address

Branch City  PIN  9 Digit MICR Code\*

(\*Mandatory : Please enter the 9 digit number that appears after your cheque number)

**DIRECT CREDIT FACILITY**  
 We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.  
 • **ABN AMRO Bank • Centurion Bank of Punjab • Citibank • Deutsche Bank • HDFC Bank • HSBC • ICICI Bank • IDBI Bank • Kotak Mahindra Bank • Standard Chartered Bank • UTI Bank.** If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.

I/We hereby request that the redemption payment due to me/us may be sent by physical cheque/warrant by Post or courier to my mailing address.

**8. INVESTMENT & PAYMENT DETAILS (Refer Instruction No. 4 & 6)**

Scheme Name	Plan	Option

Amount in figures (Rs.)  DD Charges, if any (Rs.)  Net Amount in figures (Rs.)

Amount in words (Rs.)

Cheque No.  Dated

DD no.

Drawn on Bank  Bank Branch

Bank City  Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR

**9. NOMINATION (Refer Instruction No. 10)**

**Nominee's Name :** Mr. / Mrs. / Miss / Master

**Name of Parent / Guardian (In case of Minor)**  Mr.  Ms.

**Address of Nominee / Guardian**

City  Pin

Date of Birth\*

Relation with Minor

Specimen Signature of Nominee/Minor Nominee's Guardian

**10. DOCUMENTS ENCLOSED Please (✓) (Refer Instruction No. 14)**

- Memorandum & Articles of Association  Trust Deed  Bye- Laws  Partnership Deed
- Resolution / Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  Power of Attorney
- PAN Proof  Form 60/61 & Address Proof  FIRC  KYC Confirmation

**11. DECLARATION**

I/We have read and understood the contents of the Offer Document of the Scheme of Lotus India Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering and Know-Your-Customer". I / We hereby apply for allotment / purchase of Units in the Scheme indicated above 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 in the above-mentioned Scheme 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 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 to NRI**

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

Date: \_\_\_\_\_

<b>SIGNATURE(S)</b>	Sole/1st applicant/ Guardian / Authorised Signatory	<input type="text"/>
	2nd applicant/ Authorised Signatory	<input type="text"/>
	3rd applicant / Authorised Signatory	<input type="text"/>



**Regd. Off.:**  
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