NFO OPENS ON: May 20, 2011

CLOSES ON: June 03, 2011

(Please re	nd the instruc	ctions carefully and co	mplete the relevant	section legibly in	black / dark col	oured ink a	nd in BLOC	K LETTERS.)	
Broker Code/ A	RN	Sub-Broker Code/ Lead Generator Code	Branch Code	MO Code	Collection	on Date	D D N	1 M Y Y	YY
							Time Star	nping	
front commission shall be	paid directly b	y the investor to the AMFI	registered distributors b	pased on the investo	ors assessment of v	arious factors i	including the	service rendered	I by the distrib
EXISTING UNIT HOLE	ER INFORMA	ATION (Please complete	Section 1, 6 & 8 onl	y)					* Mandatory
Folio No.		Application th	rough ASBA [Please	e shade (●)]	○ Yes ○ N	0	(Refe	er Section 'G' o	f instructions)
APPLICANT INFORM	TION *[Pleas	se shade (●)] (Refer Se	ction 'B' and 'C' of ins	structions)	(Please ensur	e that the detai	ils mentioned	matches with the	KYC details)
Name of First Applica	nt / Non-indiv	idual Investor (First time	investors, please fill in a	all the blocks) Dat	e of Birth (Mand	latory in case	of minor)	D D M M	YYY
○ Mr. ○ Ms. ○ M/s.									
Name of Guardian (In	case of minor	/ PoA Holder / Contac	t Person (In case of I	Non-individual Inve	tors)				
○ Mr. ○ Ms.									
Relationship with Min Please attach proof for dat	or of birth and rela	ationship)	O Father	Legal Guardian	Designation of (For Non-individual	Contact Per	rson		
Name of Second Appl	cant	'			<u>'</u>		<u> </u>		
○ Mr. ○ Ms.									
Name of Third Applica	nt								
○ Mr. ○ Ms.									
PAN and KYC* [Please	shade (●)1 (l	Not applicable for Micro S	SIP and investor(s) from	m Sikkim) Mo	de of Holding			Status	
Applicant Details	. ,,,	Please attach Proof	Know Your Clie			O Resider	nt Individual		O HUF
First Applicant	,		O KYC Pro	O Sin	gle	O Sole Pro		O FII	⊝ Bank
Second Applicant			O KYC Pro	of -		O NRI-NR		O NRI-NRO	O PIO-NRI
				Joli	t (Default option)	O PIO-NR	0	○ Society	○ Trust
hird Applicant			O KYC Pro	_ Λnι	one or Survivor	O Partners	ship Firm	O Govt. Entity	•
auardian/ PoA Holder			O KYC Pro	01 -		Others .		(Please Specify	
OCCUPATION OS	ervice O Ho	ousewife O Business	O Professional	Retired St	ident O Politica	агнер. 🔾 С	others	(Please Sp	ecity)
Overseas address (Ma	ndatory for NRI	//FII. P. O. Box address is n	ot sufficient. Investors	residing overseas	and with P. O. Box a	ddress please		Code ur Indian addres:	s)
City				Country			Area	Code	
contact details of Firs	Applicant/ F	PoA Holder/ Contact Pe	rson (Refer Section	I of Instructions)	Please ensure to m	ention Countr	y and Area C	Code)	
el. (Off.) Country	/ Area code		Mobile Count	ry/ Area code				Please provide all to help us comm ensure smooth pi address is pro communication sh mode. "Save Paper	your contact detai
Tel. (Res.) Country	/ Area code		Fax Count	ry/ Area code				ensure smooth pro address is pro	ocessing. If e-ma
E-mail								mode. "Save Paper	& the Planet"
NVESTOR PROFILE	Please shade	(●)] Gender		Annual Income (₹			An	nual Savings (₹)
First Applicant		OM OF	○ <2L ○ 2L-5L	○ 5L-10L	○ >10L	○ <1L	○ 1L-3L	○ 3L-5L	○ >5L
Second Applicant		OM OF	○ <2L ○ 2L-5L	○ 5L-10L	○ >10L	○ <1L	○ 1L-3L	○ 3L-5L	○ >5L
Third Applicant		OM OF	○ <2L ○ 2L-5L	○ 5L-10L	○ >10L	○ <1L	○ 1L-3L	○ 3L-5L	○ >5L
Risk Tolerance	Low O Me	dium O High I	nvestment Horizon	O 1-12 mon	hs 0 12-24mo	nths O 24-	36 months	O 36 months	and above
		BC EQUITY FUND (Lum	psum Investment)	Ар	olication No. 5	000075			
(For Union Bank of Ir	dia account h	iolders only)							
etached by the Registra	(CAMS Pvt. Lt	d.) and presented to Union	Bank of India.						
nch Manager - Union E	ank of India							Date _	//
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rise you to debit my /	our Account	No.			₹ (in	figures)			
vords)					to pay fo	r the purcha	ase of units	of Union KBC	Equity Fun
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Sign		nt Holder(s) / Authorised S As per Bank records)	ignatory(ies)						
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OWLEDGEMENT SLI	(To be filled in			Ap	olication No. 5	000075	(<u>6</u>)	Union K	BC

Received from: Mr./ Ms. /M/s ___

an application for units of _____

Instrument No

(Scheme/Option)

Amount_



Collection centre's stamp with date and time of receipt

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application to the Registrar & Transfer Agent of the scheme

Computer Age Management Services Pvt. Ltd.,

Unit: Union KBC Mutual Fund

Bank Account Proof

148, Old Mahabalipuram Road, Okkiyam Thuraipakkam, Chennai - 600097.

Union KBC
MUTUAL FUND
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Union KBC Asset Management Company Pvt. Ltd.
7th Floor, Piramal Tower, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel (W), Mumbai-400013.
Toll Free: 1800 200 2267 | Tel No.: 022 24833333
Website: www.unionkbc.com | Email: investorcare@unionkbc.com

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

SIP Period

Amount (₹)



date and time of receipt

Registration Cum Mandate Form For ECS (Debit Clearing) / Direct Debit

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.) For Office use Sub-Broker Code/ **Branch Collection Date** Broker Code/ ARN MO Code **Lead Generator Code** Code Time Stamping Any 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. APPLICANT INFORMATION [Please shade (●)] (Refer Section 'A and B' of Instructions) (For Existing Unit Holders) Application No. 5000075 Folio No. (For New Investors) Permanent Account Number (PAN) Name of First Applicant/ Unit Holder [Please shade (●)] INVESTMENT DETAILS [Please shade (●)] (Refer Section 'C' of Instructions) Please allow minimum 30 days for ECS/ Direct Debit/ Standing Instructions to register and start. ○ New SIP Registration ○ Change in SIP Bank Mandate SIP Renewal ○ Micro SIP Scheme U N I O N K B C Option Sub Option Dividend Frequency SIP Period From SIP Date ○ 2nd O 8th SIP Frequency Monthly Quarterly SIP Amount in ₹ (Figures) First SIP Cheque/DD No Cheque/DD Amount in ₹ Dated Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations **Document Description Document Details** in case of Micro SIP Document No.(if any) BANK ACCOUNT DETAILS (as per Bank records) [Please shade (●)] (Refer Section 'D' of Instructions) I/We hereby, authorise Union KBC Mutual Fund and their authorised service providers, to debit my/our following bank account through ECS (Debit Clearing)/Auto debit to account for collection of SIP payments Bank Account Number (please provide Core Banking Account Number only) Account Type Savings O NRO Name of Sole/ First Bank Account Holder Name of Second Bank Account Holder Name of Third Bank Account Holder Name of Bank Branch & City Mandatory to submit a cancelled cheque leaf of the bank account mentioned here IFSC CODE MICR CODE (IFSC Code is the 11 digit no appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no) **DECLARATION & SIGNATURES** (Refer Section 'E' of Instructions) I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I / We will also inform AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000 in a year (applicable to Micro SIP investors only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/ us. I/We have read and agreed to the terms and conditions mentioned in SID/KIM. Sole / First Applicant / Guardian / POA / Authorised Signatory 5. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDER (Refer Section 'F' of Instructions) Bank Branch A/C No This is to inform that I/We have registered for the RBIs Electronics Clearing Service (Debit Clearing)/Auto debit-facility and that my payment towards my SIP installments of Union KBC Mutual Fund shall be made from my/our above mention bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account. First Account holder's (As in Bank Records) Third Account holder's (As in Bank Records) FOR BANK USE ONLY I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us Recorded on Branch Bank Stamp and Signature of Authorised Bank Official ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No. 5000075 SIP through ECS /Auto Debit Form Folio No./ Application No. Received from: Mr./ Ms. /M/s Dated_ our Bridge to Responsible Investing First Cheaue No. Dated Amount (₹) Scheme / Option / Frequency Collection centre's stamp with

Date of Commencement