COMMON APPLICATION FORM

Please refer to the instructions while filling the Application Form. Tick $\sqrt{}$ whichever is applicable.



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Website: www.esselfinance.com

mutualfund@esselfinance.com

COMMON APPLICATION FORM



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Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot no



((u)) Toll Free : 1800 103 8999 Non Toll Free: 022-71335205



COMMON APPLICATION FORM



10								
10	*BANK ACCOUNT DETAILS (Please attach copy of cand	celled cheque) For regi	stering Multiple Ban	Accounts please	fill up "Registration of	Multiple Bank Ac	count" Form	
	Name of the Bank :				Branch:			
	Account Type (Please T/)		NID A					
	Account Type (Please) SB Current	IRO NRE FO	NR Account Nu	mper:				
	Branch Address :			City:		Pin:		
	IFSC Code :			MIC	R Code :			
	AMC reserves the right to use any mode of payment deemed appropriate. I/We use	understand that AMC shall no	t be responsible if transac	ion through DC/RTGS/I	NEFT could not be carried or	it because of incomp	lete or incorrect info	rmation.
11	*INVESTMENT DETAILS I/We would like to invest in	the following schem	ne of Essel Mutua	LFund Scheme				
	Scheme :Essel		Plan	Regular		rect		
			Fiaii	Regulai				
	Option Growth Dividend		Sub-Option	Dividend F	Payout Di	vidend Reinves	stment (defaul	t)
	In case of any ambiguity / incomplete information, the default pla	an / option / sub-option	will be applicable as	per the scheme's h	Key Information Memor	andum, Scheme	Information Do	cument &
	Statement of Additional Information. Please see the Plan, Option	n and Dividend policy de	etails in the SID/KIM	before filling in the	above details.			
	Dividend Frequency							
12	*PAYMENT DETAILS (In case of DD, please provide	us specific declarat	tion)					
12			Fund Transfer	Others			Please speci	6.,
	Mode of Payment Cheque	DD .	-unu mansiei	Others			T lease speci	ı y
	Cheque/DD No.				Date D D	M M	YY	YY
	Gross Amount (Rs)	DD Charges (Rs)		Net Amount (Rs)			
	, , ,	,	1	A			DO NDE	FOND
	Drawn on Bank & Branch			Account	Type SB	Current N	RO NRE	FCNR
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT	TYPES (Please se	elect any one opt	on)				
	SIP through Post Dated Cheques (Please fill & submit with t	his attached form)	SIP through Auto	Debit (ECS) (Pleas	se fill up enclosed SIP	Auto Debit (ECS) Form & submi	t with this form)
14	NOMINATION DETAILS (Please refer to Instructions p	age point no VII) in c	ase of existing investor	nomination details me	entioned in the below table	will replace the exi	sting details regist	ered in the folio
		-9-,					3	
	Nomination Required YES NO Nomination Required YES NO Relationship	Date of Birth	Guardian Nar	ne Alloca	tion Sign of	Sign of	Çi,	an of
	Nominee Name with Nominee	of Minor	(in case Nominee is			Sign of Nominee		icants
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							3rd	App.
	Please note that if you do not furnish any nomination de	tails, it is deemed to	be assumed that v	ou do not wish to	nominate anvone.			
45	, ,				,			
15	HOW DO YOU WISH TO RECEIVE THE DOCUMEN							
	I/We wish to receive the following documents via email in		. ,		eceive the Account S	—`		
	Annual Reports Account Statement	Other Statutory Int	rormation	English (L	efault option)	Bengali	Malaya	ııam
16	DOCUMENTS ENCLOSED (Please ☑)							
		Authorized Signatorie	s with Specimen S	ignatures	Memorand	um & Articles o		
	Resolution/Authorisation to invest List of					uiii & Ai licies u	f Association	
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