

TRANSACTION FORM (For Existing Unit Holders only)



Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.
Please strike off unused section(s) to avoid unauthorised use

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'H' of instructions)	Collection Date <input type="text"/>
					Time Stamping

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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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.
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'G' of instructions)

I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds
In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. **EXISTING UNITHOLDER(S) INFORMATION*** (Refer Section 'A and B' of instructions) **Folio No.** ***Mandatory**

Name of the Unit Holder [Please shade (●)] Mr. Ms. M/s. **Permanent Account Number (PAN)**

2. **ADDITIONAL PURCHASE REQUEST** (Refer Section 'C' of instructions) [Please shade (●)]

Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC

Payment Mode: Cheque DD RTGS NEFT Fund Transfer Debit Mandate (For Union Bank of India account holders only)

Amount in ₹ (Figures) Amount in ₹ (Words)

Cheque/ DD/ UTR (RTGS/ NEFT) No. Cheque/ DD/ RTGS/ NEFT Date

Cheque Issuer Name In case the cheque is issued by a person other than the investor

Source Bank A/C Number Source Bank Name

Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations

3. **SWITCH REQUEST** (Refer Section 'D' of instructions) [Please shade (●)]

Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC

To Scheme/ Plan/ Option/ Facility

Amount in ₹ (Figures) Amount in ₹ (Words)

No. of Units OR all Units (Please mark any one)

4. **REDEMPTION REQUEST** (Refer Section 'E' of instructions) [Please shade (●)]

Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC

Amount in ₹ (Figures) Amount in ₹ (Words)

No. of Units OR all Units (Please mark any one)

Credit the Redemption proceeds to Default Bank Account Registered Bank Account*

Registered Bank Name* Bank A/C Number

(Proceeds of redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.)

5. **DECLARATION & SIGNATURES** (Refer Section 'F' of instructions) (To be signed by ALL UNIT HOLDERS if mode of holding is JOINT)

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by Union KBC Mutual Fund. I/We, hereby apply to the Trustee of Union KBC Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Union KBC Mutual Fund. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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 hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SAI/KIM and addenda thereto and this application form and instructions thereto. I/We hereby confirm that Union KBC Mutual Fund/ Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/We hereby confirm that at the time of investment, I/We have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.
Applicable to NRIs only: I/We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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2A DEBIT MANDATE FOR UNION KBC MUTUAL FUND (Lumpsum Investment)
(For Union Bank of India account holders only)

Application No.

To be detached by the Registrar (CAMS Pvt. Ltd.) and presented to Union Bank of India.

To Branch Manager - Union Bank of India

Date

I / We

authorise you to debit my / our Account No. Type of Account

₹ (in figures) ₹ (in words) to pay for the purchase of units of Union

KBC Scheme Name

Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

Folio No.

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

Scheme/ Plan/ Option/ Facility/ Frequency

Amount/ Units

Additional Purchase Redemption Switch



Collection centre's stamp with
date and time of receipt

For Office use only

NON-FINANCIAL TRANSACTION FORM

(For Existing Unit Holders only)

Application No. _____



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Please strike off unused section(s) to avoid unauthorised use

EXISTING UNIT HOLDER INFORMATION*	Folio No. _____	*Mandatory
Name of the Unit Holder [Please shade (●)] _____ <input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	Permanent Account Number (PAN) _____	

1. CANCELLATION FORM FOR SYSTEMATIC TRANSACTIONS (SIP/ SWP/ STP) [Please shade (●)] (Refer Section 'A' of instructions)

Scheme/ Plan/ Option/ Facility/ Frequency UNION KBC

Transaction Type SIP SWP STP Installment / Transfer Dates 2nd 8th 15th 23rd From Period _____

Amount in ₹ (Figures) _____ STP in to Scheme (in case of STP) _____

2. CANCELLATION FORM FOR DIVIDEND SWEEP PLAN (DSP) [Please shade (●)] (Refer Section 'A' of instructions)

Scheme/ Plan/ Option/ Facility/ Frequency (From where dividend is transferred) UNION KBC

DSP in to Scheme _____ From Period _____

3. NEW CONTACT DETAILS (Refer Section 'B' of instructions)

Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail 1	_____		
E-mail 2	_____		
E-mail 3	_____		

Please provide all your contact details to help us communicate better and ensure smooth processing. If e-mail address is provided all future communication including Account Statement, Annual Report or abridged summary thereof shall be in electronic mode except if physical mode preference has been specifically indicated/ opted. Please indicate your preference below. "Save Paper & the Planet"

4. CHANGE IN MODE OF HOLDING (ALL UNIT HOLDERS NEED TO SIGN IRRESPECTIVE OF MODE OF HOLDING) [Please shade (●)] (Refer Section 'C' of instructions)

New Mode of Holding Anyone or Survivor Joint Holding

5. PAN AND KYC UPDATION [Please shade (●)] (Refer Section 'D' of instructions)

Sole/ First Applicant	_____	<input type="radio"/> PAN/ KYC proof attached
Second Applicant	_____	<input type="radio"/> PAN/ KYC proof attached
Third Applicant	_____	<input type="radio"/> PAN/ KYC proof attached
Guardian/ PoA Holder	_____	<input type="radio"/> PAN/ KYC proof attached

6. POA (POWER OF ATTORNEY) REGISTRATION DETAILS [Please shade (●)] (Refer Section 'E' of instructions)

Name of the PoA holder _____

PAN of the PoA holder _____ KYC Letter (Mandatory) Notarized copy of PoA

7. CONSOLIDATION OF FOLIOS (Refer Section 'F' of instructions)

I / We wish to consolidate all my/our below mentioned folio numbers into one folio number. Folios to be consolidated:

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____

Target folio number for consolidation: _____ (Mention the target folio, wherein all folios needs to be consolidated - any one of the existing folio numbers)

8. CHANGE OF ADDRESS - For Micro Investments and Sikkim Investors only (Refer Section 'G' of instructions)

Change of Address for KYC Compliance Folios need to be carried with CVL and not directly with the Fund / Registrar.

City	State	Pin Code

9. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information, Scheme Information Document and Key Information Memorandum of the respective Scheme(s) and agree to abide by the same including any addendum(s) thereto and any terms, conditions, rules and regulations of the scheme(s) applicable from time to time. I/We will not hold Union KBC Asset Management Company Private Limited, Union KBC Mutual Fund and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information.

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant / POA / Authorised Signatory
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ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No. _____

Folio No. _____

Mr./ Ms. /M/s _____

- | | | |
|---|---|---|
| <input type="radio"/> Cancellation Form for Systematic Transactions (SIP / SWP / STP) | <input type="radio"/> Change in Mode of Holding | <input type="radio"/> New Contact Details |
| <input type="radio"/> Cancellation Form for Dividend Sweep Plan (DSP) | <input type="radio"/> PAN and KYC updation | <input type="radio"/> Change of Address |
| <input type="radio"/> PoA (Power of Attorney) Registration Details | <input type="radio"/> Consolidation of Folios | |



Collection centre's stamp with date and time of receipt