

**COMMON APPLICATION FORM**

App. No.

Please read the Instructions before completing this Common Application Form

**DISTRIBUTOR INFORMATION (Not to be filled in by Applicant)**

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
<b>69253</b>			

**1. EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3, and then proceed to Section 5)**

**Folio No.** \_\_\_\_\_ **Unitholder's Name** \_\_\_\_\_  
 The details in our records under the Folio No. mentioned above will only be considered for this application.

**2. PAN DETAILS (Mandatory, as per SEBI Regulations)**

**PAN / KYC Confirmation (See Instructions 2b & c).** **PAN** \_\_\_\_\_ (Please ✓)  
 First / Sole Applicant / Guardian\*  KYC Confirmation proof enclosed (See Instruction 2c)  
 Second Applicant  KYC Confirmation proof enclosed (See Instruction 2c)  
 Third Applicant  KYC Confirmation proof enclosed (See Instruction 2c)  
 PoA Holder  KYC Confirmation proof enclosed (See Instruction 2c)  
 \* If the Sole / First Applicant is a Minor then state Guardian's PAN Number

**3. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations)**

A/c. No. \_\_\_\_\_ A/c. Type (please ✓)  Savings  Current  NRE  NRO  FCNR  
 Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Branch \_\_\_\_\_ MICR Code \_\_\_\_\_ This is a 9 Digit Number next to your Cheque No.  
 All Redemptions / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above.

**DIRECT CREDIT FACILITY** (see instruction 3b. please ✓ and indicate your preference below)  
 **ECS of dividends** : I / We wish to receive dividend through ECS  **Cheque Payouts** : I / We want to receive redemption / dividend proceed by cheque / demand draft.

**4. APPLICANTS' INFORMATION**

**Name of Sole / First Applicant** (First / Middle / Last Name) \_\_\_\_\_ Title  Mr.  Ms.  M/s  Minor  Others \_\_\_\_\_  
**Date of Birth\*** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \* Required for First holder / Minor D D M M Y Y Y Y  
**Name of Guardian** (in case of Minor) OR **Contact Person** (in case of Non-individual Investors) Title  Mr.  Ms.  M/s  Others \_\_\_\_\_  
**Name of Second Applicant** \_\_\_\_\_ Title  Mr.  Ms.  M/s  Minor  Others \_\_\_\_\_  
**Name of Third Applicant** \_\_\_\_\_ Title  Mr.  Ms.  M/s  Minor  Others \_\_\_\_\_  
**Mode of Holding** (please ✓)  Single  Joint\*  Anyone or Survivor (\* Default, in case of more than one applicant and not ticked)  
**Address for Correspondence** (P.O. Box Address is not sufficient)  
 \_\_\_\_\_  
 City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_  
 STD Code \_\_\_\_\_ Tel. Off. \_\_\_\_\_ Extn. \_\_\_\_\_  
 Mobile \_\_\_\_\_ Tel. Resi. \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
**Occupation** (please ✓)  Service  Professional  Business  Housewife  Retired  Student  Agriculture  Others \_\_\_\_\_  
**Status**  Individual  HUF  Company  Flls  NRI-Repatriation  NRI-Non Repatriation  Bank  Proprietorship Firm  Trust  
 (please ✓)  Society/Club  Partnership  Body Corporate  On behalf of Minor  Others \_\_\_\_\_ (please specify)  
**Overseas Address** (Required for NRIs/Flls applicants in addition to mailing address) (P.O. Box Address is not sufficient)  
 \_\_\_\_\_

**DEBIT MANDATE (ABN AMRO Bank Account Holders Only) - All applications with Debit Mandate to be submitted to ABN AMRO Bank N.V. Collection Centres Only**

I/We \_\_\_\_\_ (Name of the account holder)  
 authorise ABN AMRO Bank N. V. to debit my/our A/c. No. \_\_\_\_\_  
 A/c. Type (please ✓)  Savings  Current  NRE  NRO  FCNR with Rs. \_\_\_\_\_  
 Rs. (words) \_\_\_\_\_ and pay (name of Scheme) \_\_\_\_\_  
 \_\_\_\_\_ for purchase of Units Date : \_\_\_\_\_  
**Debit Mandate No.** \_\_\_\_\_  
**Authorised Signature** \_\_\_\_\_

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**

Received from \_\_\_\_\_  
 Mr./Ms/Ms. \_\_\_\_\_  
 an application for purchase of Units of \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 along with Cheque / DD No. \_\_\_\_\_ dated \_\_\_\_\_  
 drawn on (Bank) \_\_\_\_\_ A/c. No. \_\_\_\_\_  
 for Rs. \_\_\_\_\_ All purchases are subject to realisation of Cheques / DD.  
**App. No.** \_\_\_\_\_  
**ISC Stamp, Date & Signature** \_\_\_\_\_

MANDATORY

**5. INVESTMENT & PAYMENT DETAILS – Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan / Option (MANDATORY)**

**Scheme Name** \_\_\_\_\_ **Plan**  Regular\*  Institutional  Institutional Plus

**Option** (please )  Growth\*  Dividend  Daily\*\* Dividend  Weekly\*\* Dividend  Monthly Dividend\*  Quarterly Dividend  Half Yearly Dividend

**Dividend Mode** (please )  Reinvest  Payout\*

**Investment Amount (Rs.)** \_\_\_\_\_ **Cheque / DD No.** \_\_\_\_\_ **dated** \_\_\_\_\_

**Mode of Payment**  Cheque / Demand Draft / Fund Transfer  DD charges, if any Rs. \_\_\_\_\_ **D D M M Y Y Y Y**

**Drawn on Bank** \_\_\_\_\_ **A/c. No.** \_\_\_\_\_

Please mention the **Application No. on reverse of the Cheque / DD** **Cheques / DD to be drawn in favour of the Scheme / Plan applied for.**  
 \* Default Plan / Option / Dividend Mode if not ticked. Except in ABN AMRO Flexi Debt Fund where the default Dividend Option is Quarterly Dividend Option. \*\* With compulsory Dividend Re-investment

**6. NOMINATION (To be filled in by Individual(s) applying Singly or Jointly)**

Having read and understood the instruction for Nomination, I / We hereby nominate the person more particularly described hereunder in respect of the Units under the Folio held by me/us.

**Name and Address of the Nominee**

\_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code** \_\_\_\_\_ **State** \_\_\_\_\_

**Nominee's relationship with the Applicant**

**Date of Birth of Nominee**

\_\_\_\_\_ **D D / M M / Y Y Y Y**

**If Nominee is a Minor, details of the Guardian required :**

**Name and Address of the Guardian**

\_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code** \_\_\_\_\_

**State** \_\_\_\_\_

**Guardian's relationship with the Minor Nominee** \_\_\_\_\_

**Signature of Guardian**

**7. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and MIN of PoA Holder)**

**Name of PoA** \_\_\_\_\_ **Title**  Mr.  Ms.  M/s  Others \_\_\_\_\_

**PAN** \_\_\_\_\_ (Please )  KYC Confirmation proof enclosed (See Instruction 2 c)

**8. DECLARATION & SIGNATURES**

Having read and understood the contents of the Offer Document of the Scheme of ABN AMRO Mutual Fund, I / We hereby apply to the Trustee of ABN AMRO Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation 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 declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person.

I/We hereby declare that I am/ We are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme. I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine/the HUF/ the Company/Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The abovementioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption, 1988 Act and/or any other relevant rules/ guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made/ information provided by me/us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to reject the application / withhold the investments made by me / us and/or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC/ Mutual Fund/ Trustees may deem proper at their sole option.

**Applicable to NRIs only :**

I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

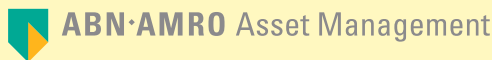
If NRI, (please )  Repatriation basis  Non-Repatriation basis **dated** \_\_\_\_\_ **D D M M Y Y Y Y**

**S I G N A T U R E (S)**

First / Sole Applicant / Guardian

Second Applicant / Guardian

Third Applicant / Guardian



**ABN AMRO Asset Management (India) Ltd.**  
 101, 10th Floor, Sakhar Bhavan,  
 Nariman Point, Mumbai 400 021.  
 Tel. : 91-22 6656 3838  
 Web : www.assetmanagement.abnamro.co.in

**ABN AMRO MUTUAL FUND**

For any further queries / correspondence, please contact :

**Computer Age Management Services Pvt. Ltd.**

UNIT : ABN AMRO Mutual Fund  
 Ground Floor, No. 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600 034.  
 Tel : 044 - 3911 5559  
 email : enq\_m@camsonline.com