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Application Form

| 4. | Now do you wish to receive the following (refer instruction 4) | | | | | | | | | | | | | | | | | | | | | | |
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| | To receive physical s | | | | | | | | | | | | | | | | | | | | □W | | |
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| - | Do you wish to receiv | • | | | | | | | | | | | or by S | | | | Auto Do | hit form | | oct d | atod ch | | |
| 5. | Please indicate details o | , | SIP (skip | this section | if you wish | то таке | a one-tim | ie investn | nent) | /// | lode o | SIP | | | Period | | | | | 051-04 | aleu ci | ieques | |
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| | If you opt for SIP through post dated cheques, please indicate First SI | | | | | | | | | | | Last S | SIP Che | que No | , | | | | | | | | |
| | Bank Account Details a | | • | (refer i | nstructi | ion 6) |) | | | | | | | | - I | | | | | | | | |
| | Name of the Bank | | / | | | , | | | | | | Branc | h | | | | | | | | | | |
| | Branch Address | | | | | | | | | | | City (| redemption & | dividend w | vill be paya | ble at this | location) | | | | | | |
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| 7. | Payment Details (refer i | instruct | tion 7) | Please iss | ue a sep | arate (| Cheque | /Dema | and Dr | aft in | favour | of the f | und you | wish to i | invest | | | | | | | | |
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| | Declaration: I/We • having read ar by the terms, conditions, rules and directly or indirectly in making this me/us all the commissions (in the f | nd understo regulations | ood the cor s of the sche | ntents of the eme • agree | | | itional In ions of P | formatio IN agree | n/Schen | ne Infor agree to | rmation E o receive | ocument/ account st | Offer Docu atement/co | ment • he mmunicat | reby appl ion by Em | y for uni ail ∙ hav | ts as indi /e not rec | cated in ceived r | n the ap nor been | olication induced | form • ag by any re | ree to abio bate or gift | |
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| 8. | Receive PIN to track in | | | | ase (✔)] | (refe | er insti | ructio | on 8) | _ | | | 1 | 0. Sig | natur | e (re f | er ins | struc | ction | 10) | | | |
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| 9. | Nominee (available onl | y for in | dividua | als) (refe | er instru | uction | 19) | | | | | st / Sol plicant | · . | | | | | | | | | | |
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