

UNION MUTUAL FUND

BANK ACCOUNTS REGISTRATION FORM



Addition/ Change/ Deletion of Bank Accounts/ Default Bank Account

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

Folio No.	(For Existing Unit Holders)	OR	Application No.	(For New Investors)
NAME OF FIRST APPLICANT/ UNIT HOLDER [Please shade (●)]			Permanent Account Number (PAN)	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.				

A - ADDITION OF BANK ACCOUNTS (Bank details should be of sole holder / first unitholder) [Please shade (●)]

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my /our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

☛ For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.

Bank Name																
Bank A/C No											A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please Specify)				
Branch Address																
IFSC CODE*											MICR CODE*					
Document Attached*	<input type="radio"/> Original Cancelled Cheque with name and account number of 1st unit holder pre-printed <input type="radio"/> Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months															

Bank Name																
Bank A/C No											A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please Specify)				
Branch Address																
IFSC CODE*											MICR CODE*					
Document Attached*	<input type="radio"/> Original Cancelled Cheque with name and account number of 1st unit holder pre-printed <input type="radio"/> Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months															

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Branch Address																
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Bank Name																
Bank A/C No											A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please Specify)				
Branch Address																
IFSC CODE*											MICR CODE*					
Document Attached*	<input type="radio"/> Original Cancelled Cheque with name and account number of 1st unit holder pre-printed <input type="radio"/> Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months															

B - DEFAULT BANK ACCOUNT

From among the bank account registered with you or mentioned above, please register the following bank account as a Default Bank Account for payment of future redemption and/or dividend proceeds, if any, for the above mentioned folio.

Bank Name	Bank A/C No
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DECLARATION AND SIGNATURES (For Part A and B) (Mandatory)

I/We have read and understood the terms and conditions of bank accounts registration provided in this document and in the Statement of Additional Information (SAI) and agree to abide by the same including any amendments made thereto from time to time. I/ We hereby declare that the particulars given above are true and correct. I/We understand that my/our request will be executed only if it is filled properly with all details and necessary documents are attached, as applicable, failing which the request will be rejected. I agree to furnish such further information as Union Mutual Fund may require from me/us. I/We will not hold Union Asset Management Company Private Limited, Union Mutual Fund and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information. I/ We will also inform Union Mutual Fund / Union Asset Management Company Private Limited about any changes in my /our registered bank accounts.

Date D D M M Y Y Y Y

Signatures (To be signed as per mode of holding. Incase of non-Individual unit holders, to be signed by AUTHORISED SIGNATORIES)

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Signature Sole/First Applicant / Unit Holder	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Signature Second Applicant / Unit Holder	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Signature Third Applicant / Unit Holder
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Note: For Non-Individual investors please affix company seal and stamp against / below the signature

BANK ACCOUNT REGISTRATION FORM

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Folio No.

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

Date: / /



Collection centre's stamp with
date and time of receipt

[illegible]

- ☐ Original Cancelled Cheque with name and account number of 1st unit holder pre-printed
- ☐ Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months

D- BANK ACCOUNT DELETION																																																													
Please delete the following BANK ACCOUNTS as registered accounts for my/our above Folio.																																																													
Bank A/C No																															Bank Name																														
Bank A/C No																															Bank Name																														
Bank A/C No																															Bank Name																														
Bank A/C No																															Bank Name																														

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

Please delete the following BANK ACCOUNTS as registered accounts for my/our above Folio.

[illegible]

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form.

DECLARATION AND SIGNATURES (For Part C and D) (Mandatory)																		
<p>I/We have read and understood the terms and conditions of bank accounts registration provided in this document and in the Statement of Additional Information (SAI) and agree to abide by the same including any amendments made thereto from time to time. I/ We hereby declare that the particulars given above are true and correct. I/We understand that my/our request will be executed only if it is filled properly with all details and necessary documents are attached, as applicable, failing which the request will be rejected. I agree to furnish such further information as Union Mutual Fund may require from me/us. I/We will not hold Union Asset Management Company Private Limited, Union Mutual Fund and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information. I/ We will also inform Union Mutual Fund / Union Asset Management Company Private Limited about any changes in my /our registered bank accounts.</p>																		
										Date	D	D	M	M	Y	Y	Y	Y
Signatures (To be signed as per mode of holding. Incase of non-Individual unit holders, to be signed by AUTHORISED SIGNATORIES)																		
Signature Sole/First Applicant / Unit Holder						Signature Second Applicant / Unit Holder						Signature Third Applicant / Unit Holder						
<p><i>Note: For Non-Individual investors please affix company seal and stamp against / below the signature</i></p>																		

Date	D	D	M	M	Y	Y	Y	Y
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Note: For Non-Individual investors please affix company seal and stamp against / below the signature

In-Person Verification (IPV) (For Office Use only) applicable only if the old / existing bank mandate proof not submitted									
I have done the In-Person verification of the above referred investor along with ID document mentioned below; I have also matched the documents given with the information available in the referred Folio(s) and found them in order. I have verified the originals of new bank mandate documentary proof with the copies shared and found them in order by matching with the details indicated above.									
Employee Name									
Employee No.									
Location Name	AMC/CAMS - <Location Name>								
Documents Verified	<input type="radio"/> Self attested copy of PAN		For PAN exempt investors		<input type="radio"/> Passport <input type="radio"/> Voter ID <input type="radio"/> Ration Card <input type="radio"/> <u>Please Specify</u>				
Date	D	D	M	M	Y	Y	Y	Y	Y
									Signature with Branch Seal

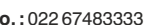
Employee Name																		
Employee No.																		
Location Name	AMC/CAMS - <Location Name>																	
Documents Verified	<input type="radio"/> Self attested copy of PAN			For PAN exempt investors			<input type="radio"/> Passport			<input type="radio"/> Voter ID			<input type="radio"/> Ration Card			<input type="radio"/> <u>Please Specify</u>		
Date	D	D	M	M	Y	Y	Y	Y	Y	Y								

Instructions and Terms and Conditions

- Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq_uk@camsonline.com | **Website:** www.camsonline.com



Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road,
Andheri (East), Mumbai - 400059

Toll Free : 1800 200 2268/1800 572 2268 | **Tel No. :** 022 67483333

Website: www.unionmf.com | **Email :** investorcare@unionmf.com

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