

Please read Terms & Conditions overleaf carefully. All sections to be completed legibly in English, in black / dark-coloured ink and in BLOCK CAPITALS.

Distributor's Code	Sub-Broker's Code	Branch Code	For Official Use
Neerav S Parekh ARN - 36250			

1 APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1)

Application Form No. _____ OR Folio No. _____
(For New Applicants) (For Existing Unit holders)

Sole / First Applicant / Unitholder _____
First Name Middle Name Last Name

E-mail ID _____ For receiving SIP Statements over E-mail instead of Post

2 PAN AND KYC DETAILS (See Note 2)

Please note that furnishing of PAN together with an attested copy of PAN Card is **mandatory** for **all applicants / unit holders**. If the amount you propose to invest is Rs. 50,000 or more, you need to also enclose a KYC Acknowledgement letter issued by CDSL Ventures Limited for **each applicant / unit holder**.

PAN	First Applicant	Second Applicant	Third Applicant
Enclosed (Please ✓)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter

3 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (MANDATORY) (See Note 3)

Scheme Name _____ **Plan** _____

Option (Please ✓) ☐ Growth OR ☐ Dividend Payout OR ☐ Dividend Reinvestment

Dividend Frequency _____

Instalment Amount (Rs.) _____ **No. of instalments** _____ **Total Amount** _____

Rs. **Minimum Rs. 500** X **Minimum 6** = Rs. **Minimum Rs. 3000 for FTAF**
Rs. 5000 for other Schemes

SIP Auto Debit Period (Should start 30 days after first SIP date) From **DD MM YYYY** To **DD MM YYYY**
(Second Instalment) (Last Instalment)

First SIP Instalment Cheque Details :

Cheque No. _____ **Dated** **DD MM YYYY** **SIP Date** (Please ✓) ☐ 1st OR ☐ 10th OR ☐ 15th OR ☐ 25th

Drawn on _____ **Bank** _____ **SIP Frequency** (Please ✓) ☐ Monthly OR ☐ Quarterly

Branch _____ **City** _____

NRI / FI Investors, please indicate source of funds for your investment (Please ✓) ☐ NRE | ☐ NRO | ☐ FCNR | ☐ Others **Please specify** _____

4 DECLARATION & SIGNATURES (MANDATORY) (See Note 4)

I / We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through direct debit / participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I / We will also inform FIL Fund Management Private Limited about any changes in my / our bank account. I / We have read and agreed to the terms and conditions mentioned overleaf.

APPLICABLE FOR NRIs: I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

SIGNATURE(S) (ALL APPLICANTS must sign here)

X	X	X
Sole / 1st Applicant	2nd Applicant	3rd Applicant

FOR OFFICE USE ONLY (not to be filled in by investor)

Date **DD MM YYYY** **Recorded on** **DD MM YYYY** **Recorded by** _____

Credit A/c. No. _____

5 AUTHORISATION OF BANK ACCOUNT HOLDER(S) (MANDATORY) (See Note 5)

This is to inform that I / We have registered for RBI's Electronic Clearing Service (Debit Clearing Facility) and that my / our payment towards my / our investment in Fidelity Mutual Fund shall be made from my / our below-mentioned bank account number with your bank. I / We hereby authorise FIL Fund Management Private Limited - Investment Manager to Fidelity Mutual Fund, acting through their authorised service providers and representatives carrying this ECS / Direct Debit Mandate Form to get it verified and executed. I / We hereby further authorise FIL Fund Management Private Limited (Investment Manager to Fidelity Mutual Fund), acting through their authorised service providers to debit my / our following bank account by ECS / Direct Debit for collection of SIP payments :

Account No. _____ **Account Type** (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others **(please specify)** _____

Bank Name _____

Branch Address _____

City _____ **MICR Code (Mandatory)** _____ (This is a 9 Digit Number next to your Cheque Number.)

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Sole / 1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
Name(s) of Bank Account Holder(s)		
Signature(s) of Bank Account Holder(s)		

(To be signed by all holders if mode of operation of Bank Account is 'Joint')