

(Please read Key Information Memorandum and the Instructions before completing this Application Form.)

All sections to be filled legibly in English and in BLOCK LETTERS.)

SR.No. \_\_\_\_\_

(Please ✓)* <input type="checkbox"/> Direct <input type="checkbox"/> Broker/Distributor *Mandatory	Broker Name: <b>Gaddam Surya Narayana</b>	Sub Broker Name & Code
	ARN No: <b>9225</b>	

Upfront commission to distributors will be paid by the investor directly to the distributor, based on his assessment of various factors including the service rendered by the distributor

**1. FOLIO NO. FOR EXISTING INVESTOR (Applicable only for NON-ETF Investors): (Kindly refer to instruction 1 (a))**

Folio No. for Existing Investor \_\_\_\_\_

**2. APPLICANT'S INFORMATION**

**Name of First / Sole Applicant / Non-Individual Investor**

Mr./Mrs./Ms./M/s. \_\_\_\_\_

Date of Birth \_\_\_\_\_ (D D M M Y Y Y Y)

PAN\* \_\_\_\_\_ KYC Compliant# Please (✓)  Yes  No (If yes kindly attach proof)

**Name of the Second Applicant**

Mr./Mrs./Ms. \_\_\_\_\_

PAN\* \_\_\_\_\_ KYC Compliant# Please (✓)  Yes  No (If yes kindly attach proof)

**Name of the Third Applicant**

Mr./Mrs./Ms. \_\_\_\_\_

PAN\* \_\_\_\_\_ KYC Compliant# Please (✓)  Yes  No (If yes kindly attach proof)

**Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact person with designation (in case of non-individual Investors)**

Mr./Mrs./Ms. \_\_\_\_\_

Designation \_\_\_\_\_ PAN\* \_\_\_\_\_ KYC Compliant# Please (✓)  Yes  No

Address Of First / Sole Applicant / Non-Individual Investor (Only P. O. Box Address is not sufficient) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

Overseas Address (Mandatory for NRIs /FIIs)(Only P.O. Box Address is not sufficient) \_\_\_\_\_

**Contact details of First / Sole Applicant / Non-Individual investor (Please mention the STD/ISD Codes)**

Office Tel. \_\_\_\_\_ Residence Tel. \_\_\_\_\_

Fax. \_\_\_\_\_ Mobile. \_\_\_\_\_ Email. \_\_\_\_\_

\*KYC Mandatory for investment of Rs.50,000 and above. \*PAN is not applicable for Micro SIP/VIP investments. Refer to the instruction point no. 1 (iv).

**3. MODE OF OPERATION (Please tick (✓)) refer instructions no. 2. (ii)**

Joint  Single  Anyone or Survivor

**4. STATUS (of First / Sole Applicant) (Please tick (✓))**

Resident Individual  Company  Body Corporate  Proprietor  FII  Trust  NRI  HUF  PIO  Minor through Guardian  
 Partnership Firm  Society  Bank  AOP/BOI  Others (please specify) \_\_\_\_\_

**5. OCCUPATION (of First / Sole Applicant) (Please tick (✓))**

Service  Professional  Business  Housewife  Retired  Student  Politically exposed person  Others (please specify) \_\_\_\_\_

**6. BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)**

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Branch Address \_\_\_\_\_ Account No. \_\_\_\_\_

Bank City \_\_\_\_\_ State \_\_\_\_\_ 9 Digit MICR Code \_\_\_\_\_

11 Digit IFSC Code \_\_\_\_\_ Account Type (Please tick(✓))  Savings  Current  NRE  NRO  FCNR  Others (please specify) \_\_\_\_\_

**7. INVESTMENT DETAILS**

Scheme: **Benchmark Short Term Fund**; Investment Details: Option:  Growth  Dividend; For Dividend Option:  Daily Reinvestment  Weekly Reinvestment

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

SR.No. \_\_\_\_\_



Registered Office: 405, Raheja Chambers, Free Press Journal Marg,  
213, Nariman Point, Mumbai - 400021

Date \_\_\_\_\_

Received from Mr./Ms./M/s./Mrs. \_\_\_\_\_ an

application for subscription of units of  Benchmark Short Term Fund;  Growth Option  Dividend Option with

Daily Reinvestment  Weekly Reinvestment / DD No. \_\_\_\_\_ Cheque / DD Date. \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_ Drawn on \_\_\_\_\_ Branch \_\_\_\_\_

Acknowledgement  
Stamp

All purchases are subject to realisation of Cheque / Demand Draft

