



COMMON APPLICATION FORM

FOR LUMP SUM/SYSTEMATIC INVESTMENTS

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black/dark coloured ink and in BLOCK CAPITALS.

App. No.

6670841

Distributor's Code SACHIN S. PAREKH ARN-18941	Sub-Broker's Code	Branch Code	For Official Use
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1 EXISTING UNIT HOLDER(S) DETAILS (See Note 1)

If you have, at any time, invested in any scheme of Fidelity Mutual Fund and wish to hold your present investment in the same folio, please furnish the Name of Sole/First Unitholder & Folio Number below and proceed to Section 3.

Name of Sole/1st Holder: First Name _____ Middle Name _____ Last Name _____ Folio No. _____

2 APPLICANTS' PERSONAL DETAILS (See Note 2)

Sole/First Applicant: First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

Guardian (in case Sole/First Applicant is a minor) _____ Contact Person (in case of Non individual applicants) _____

Second Applicant: First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

Third Applicant: First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

MODE OF HOLDING (Please ✓) Single OR Anyone or Survivor OR Joint

STATUS OF SOLE/FIRST APPLICANT (Please ✓)

Resident Indian Individual | Non-Resident Indian Individual | PIO | Mutual Fund | FI | Bank | Trust | Government Body | Defence Establishment

Company/Body Corporate | Partnership Firm | HUF | AOP/BOI | FII | Society | NGO | Others (please specify) _____

Address for Correspondence (P.O. Box Address is not sufficient) _____

Overseas Address (Mandatory for NRI/FII Applicants) _____

City/Town _____ State _____

State _____ PIN _____ Country _____ Postal Code _____

Tel. (Office) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) _____

Email ID _____ Fax (ISD) (STD) _____

I/We would like to receive the following communication over E-mail instead of Post (Please ✓) Account Statement Annual Reports

3 PAN AND KYC DETAILS (See Note 3)

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

4 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 4)

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

Bank Name _____

Branch _____ City _____ (Clearing Circle)

MICR Code _____ (9 Digit No. next to your Cheque Number) IFSC Code _____ (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local Bank Branch)

We can directly credit your dividend/redemption payments into your bank account if your Bank is a part of RBI's NEFT clearance and settlement network. If you, however, wish to receive payments **by cheque only**, please indicate your preference for the same below.

I/We **DO NOT** wish to receive payments directly into my bank account and instead receive the same by Cheque (Please ✓)



ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

App. No.

6670841

Received from _____ Name of First Applicant/Unitholder _____ an application for investment in _____ Scheme _____ Plan _____ Option _____

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lumpsum	Rs. _____	Cheque No. _____ dated DD MM YYYY drawn on _____ Bank _____ Branch _____ City _____
<input type="checkbox"/> SIP		

For Office Use Only

Acknowledgement Stamp & Date

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

5 INVESTMENT & PAYMENT DETAILS (Please Option and then choose Section A or B below) (See Note 5)

Scheme _____ Plan _____
 Option (Please Growth OR Dividend Reinvestment OR Dividend Payout Dividend Frequency _____

(A) LUMPSUM INVESTMENT:

Investment Amount Rs. _____ A

DD Charges (if applicable) Rs. _____ B

Net Amount (Cheque/DD Amount) Rs. _____ A minus B

Mode of Payment Cheque Demand Draft Fund Transfer

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank

_____ Branch

_____ City

(B) SIP INVESTMENT:

Instalment Amount (Rs.) (A) _____ SIP Period See Note 5d(i) _____
 Rs. Minimum Rs. 500 Till you instruct Fidelity to discontinue the SIP OR No. of Instalments (B) _____ Total Amount (C) = (Ax B) (Minimum Rs. 3000 for FTAF Rs. 5000 for other Schemes)

First SIP Instalment Cheque Details:

Cheque No. _____ Dated DD MM YYYY

Drawn on _____ Bank _____ Branch

Second and Subsequent Instalment Details:

SIP Period From MM YYYY To* MM YYYY * Please fill in the 'To' date only if 'No. of Instalments above have been specified, otherwise leave blank.

SIP Date (Please) 1st 10th 15th 25th All four dates i.e. 1st, 10th, 15th & 25th

SIP Frequency (Please) Monthly Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit) See Note 5d(iv)
 Please also fill up the SIP Auto Debit Facility Form.

OR

SIP THROUGH POST-DATED CHEQUES See Note 5d(v)
 Second and subsequent Instalment Cheque Details:

Cheque Nos. From _____ To _____
 Dated From DD MM YYYY To DD MM YYYY

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

6 NOMINATION DETAILS (Please strike out this Section if you do not wish to nominate) (See Note 6)

If you wish to register a single nominee for your investments please fill in the nomination details below. If you wish to register multiple nominees for your investment please strike off the section below and fill in the multiple Nomination Form which is available on our website www.fidelity.co.in or any Fidelity Investor Service Centre.

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of Nominee	To be furnished in case Nominee is a Minor (strike out if not applicable)
Name _____	Name of Guardian _____
Address _____	Address of Guardian _____
Date of Birth (in case Nominee is a minor) DD MM YYYY	Signature of Guardian (Mandatory) <input checked="" type="checkbox"/> _____

7 DECLARATION AND SIGNATURES (See Note 7)

I/We have read and understood the contents of the Offer Document of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

***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) _____ Date DD MM YYYY

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sole/First Applicant	Second Applicant	Third Applicant
If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:		
Name _____ POA Holder for Applicant 1	_____ POA Holder for Applicant 2	_____ POA Holder for Applicant 3
PAN _____	_____	_____

CONTACT US

Phone **1800 2000 400** (toll-free) OR **0124 3915655** (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days.

E-Mail investor.line@fidelity.co.in

Website www.fidelity.co.in



SIP AUTO DEBIT FACILITY FORM
Registration-cum-Mandate Form for ECS/Direct Debit

In case of new applicants this Form needs to accompany the Common Application Form for Registration of SIP through Auto Debit (ECS/Direct Debit).

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 SACHIN S. PAREKH ARN-18941	Sub-Broker's Code	Branch Code	For Official Use
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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 DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.) (See Note 3)

I/We have read and understood the contents of the Offer Document of the Scheme and addenda issued till date. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. I/We hereby declare that the particulars given here 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.

Date: ____ / ____ / ____

②
 Sole/First Unit Holder Second Unit Holder Third Unit Holder

4 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (See Note 4)

The Manager
Name of Bank _____ Branch _____ City _____

I hereby authorise you to debit my account for making payment to Fidelity Mutual Fund through ECS (Debit) clearing/Direct Debit (Standing Instructions) as per the details given here:

A. Folio No./Application No. _____	Scheme/(Plan)/Option
B. Account Number _____	SIP Auto Debit Date <input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th
C. Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) _____	SIP Instalment Amount Rs. _____
	SIP Auto Debit Period From ____ / ____ / ____ To* ____ / ____ / ____

*Please fill in the 'To' date only if 'No. of Instalments' have been specified in the Common Application Form, otherwise leave blank.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible.

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

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

Signature(s) of Bank Account Holder(s) _____
③ Sole/First Unit Holder Second Unit Holder Third Unit Holder

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

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

Recorded on: ____ / ____ / ____

Recorded by: _____

Credit A/c. No. _____

We confirm that we have taken the above ECS/Auto Debit instructions on our records.

Stamp of Bank Branch Manager _____

Signature _____

Name _____