

# COMMON APPLICATION FORM

(To be Used / Distributed along with Scheme Information Document)



Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form. Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

Application No.

Please Note: All field marked with asterisk (\*) to be mandatorily filled.

1. DISTRIBUTOR INFORMATION*					
ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -4464	RIA/PMRN -	VIKRAM S. BAGADTHEY	ARN -		E032737

\*\*  By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of YES Mutual Fund. (Please ✓ if applicable)

Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

## 2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY\* (Please ✓ any one of the below) (refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR  I confirm that I am an existing investor in Mutual Funds.

Go Green Initiative

3. FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

Opt-in – Physical  
 Opt-out – Email  
Refer instruction no. 13

4. MODE OF HOLDING  Single  Joint  Anyone or Survivor (Default option joint)

## 5. DEMAT ACCOUNT DETAILS\* Kindly fill the below details for allotment of units in demat

National Securities Depository Limited			Central Depository Services (India) Limited		
Depository Participant Name			Depository Participant Name		
DP ID	IN	Beneficiary A/c No.	DP ID	IN	Beneficiary A/c No.

## 6. SOLE / FIRST APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name\* Mr. Ms. M/s.  Gender\* (please ✓)  Male  Female

Date of Birth / Incorporation\*   Proof of DOB of Minor enclosed (please ✓)  Passport  Birth Certificate  Other  (please specify)

PAN/PEKRN\*  KYC Proof Attached\*  CKYC / KIN

Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name)\*

Relationship with Investor (in case of Minor)

PAN/PEKRN\*  KYC Proof Attached\*  CKYC / KIN

Mailing Address [P. O. Box Address is not sufficient]

City

Pincode\*  State  Country

Phone(Off.) STD-  Phone(Res.)  Fax No.  Mob.No.\*s

Email ID\*s  Please confirm that the email id belongs to  Self OR  Family Member

(\*s)The first/sole holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.)

Overseas Address\*(in case of NRI/ FII applicant, in addition to mailing address)

State  Country  Zip Code\*

State  Country  Zip Code\*

**Status:** (Mandatory, Please ✓)  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  
 Minor through guardian  Company  FIs  PIO  Body Corporate  Society/Club  Sole Proprietorship  
 Non Profit Organisation  Financial Institution  NBFC  Bank  Others (please specify)

**Occupation:** (Mandatory, Please ✓)  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify)

**Gross Annual Income:**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 OR Net worth\* (for Non-Individuals) ₹  as on  (Not older than 1 year)

**For Individuals** [Please ✓]:  I am Politically Exposed Person (PEP)^  I am Related to Politically Exposed Person (RPEP)  Not applicable (^Please refer instruction 6)

Is the individual involved in any of the mentioned services:(Please ✓ as appropriate)

(i) Foreign Exchange / Money Changer Services  Yes  No (ii) Gaming / Gambling / Lottery / Casino Services  Yes  No (iii) Money Lending / Pawning  Yes  No

**For Non-Individuals, Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form**



## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Name	PAN NO.
An Application for scheme	YES
Along with Cheque / DD No. / UTR No.	Dated <input type="text"/>
Drawn on (Bank)	Amount ₹ <input type="text"/>

Signature, Stamp & Date



**8. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque.

Scheme Name: YES \_\_\_\_\_ Plan:  Direct  Regular  Option:  Growth\*  Dividend  
 Dividend Frequency:  Daily\*  Weekly  Fortnightly  Monthly Option:  Payout  Reinvestment\*  Dividend Transfer Plan\* \*Default Option  
 (\$ Default Option, Only Reinvestment available)

Dividend Transfer\* to \_\_\_\_\_ (Target scheme / Plan / Option) (\*Please refer to SID)

Mode of Payment:  Lumpsum Only  Systematic Investment Plan (Mandatory to fill OTM Debit Mandate form / SIP Registration Form)

Payment Type [Please ✓]  Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹) Cheque / DD / Payment Instrument No. & Date Drawn on Bank / Branch

SIP Instalment Amount (₹) in figures \_\_\_\_\_  
 Cheque/DD No. \_\_\_\_\_ Date            
 Drawn on Bank \_\_\_\_\_  
 SIP Date\*     SIP Start       (\*You may select any date from 1st to 28th of the month. In case if no date is selected, 10th would be the default SIP Date).  
 SIP End       OR  Perpetual SIP  
 SIP Frequency  Monthly OR  Quarterly (✓) Applicable  
 If you wish to register SIP Upgrade facility kindly fill Section 2 of the OTM Mandate/ SIP Registration form

**9. FATCA AND CRS INFORMATION\*** (for Individual including Sole Proprietor) (Self Certification) (For Non - Individual separate form to be submitted)

The below information is required for all applicant(s)/ guardian  
 Address Type:  Residential or Business  Residential  Business  Registered Office  
 Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No  
 If Yes, please provide the following information [Mandatory]  
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency*			
Tax Payer Ref. ID No <sup>A</sup>			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			
If TIN is not available, Please tick the reason A, B or C (as defined below)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

To also include USA, where the individual is a citizen/ green card holder of USA. <sup>A</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Number to its residents.  
 Reason B: No TIN required. (Section this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)  
 Reason C: Other, please state the reason therefore \_\_\_\_\_  
**For Non-Individual investors**, please fill in UBO form along with FATCA / CRS annexure.

**10. NOMINATION DETAILS\*** (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat)

I/We do not wish to nominate OR  I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Nominee Details*	Nominee 1	Nominee 2	Nominee 3
Name			
Address			
PAN			
Date of Birth			
Relationship			
Proportion (%)*			
Name and Address of Guardian (to be furnished in case the nominee is minor)			
Signature of Guardian / Nominee			

\* (%) by which the units will be shared by each nominee (% to aggregate to 100%)

**11. DECLARATION AND SIGNATURES\***

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of YES Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of YES Mutual Fund for allotment of units of the respective Scheme(s) of YES Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/YES Mutual Fund, I/We hereby authorise the AMC/YES Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that YES Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify YES Asset Management (India) Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account / FCNR Account(s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓ the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature(s)

1 <sup>st</sup> Applicant Signature / Guardian Signature	2 <sup>nd</sup> Applicant Signature	3 <sup>rd</sup> Applicant Signature	POA Signature
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Date Place **12. CHECKLIST**

- Application Form is complete in all respect. Name, address & contact details are mentioned in full and signed by all applicants.
- Bank account details stated are complete and correct. In case investment cheque is from a different bank account, original cancelled cheque copy is attached.
- Permanent Account Number (PAN) for all applicants as applicable is mentioned.
- Preferred investment option i.e. whether Growth or Dividend Payout or Dividend Re-investment is mentioned clearly.
- The cheque / demand draft should be drawn favouring the name of the scheme & crossed as "Account Payee Only", dated and duly signed.
- Application Number / Folio Number and applicant's name and / or PAN is mentioned on the reverse of each cheque.
- OTM Debit Mandate/ SIP Registration Form is filled and attached incase of SIP Investments.
- Demat/A/c details are filled correctly in the form. Please provide self attested Client Master list Copy (where applicable).
- Details of applicants provided matches exactly with those in the Depository.
- FATCA Declaration

Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor
Resolution / Authorisation to invest		✓	✓	✓		✓		✓		
Trust Deed						✓				
Bye - Laws			✓							
Partnership Deed				✓						
SEBI Registration / Designated Depository Participant Registration Certificate								✓		
Proof of Date of birth										✓
Notarised Power of Attorney					✓					
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓			
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory.
2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided.
3. In case Units are applied in Electronic (Demat) mode.

## OTM DEBIT MANDATE FORM / SIP REGISTRATION FORM

YES MUTUAL FUND

ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA/PMRN-		ARN -		

\*\*  By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of YES Mutual Fund. (Please  if applicable)

Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

Please Note: All field marked with asterisk (\*) to be mandatorily filled.

## 1. UNIT HOLDER INFORMATION

Existing Folio Number		Existing UMRN	
Name	FIRST NAME	MIDDLE NAME	LAST NAME

## 2. SYSTEMATIC INVESTMENT PLAN DETAILS [Refer Instruction 7 (e)]

Scheme Name	YES	Plan:	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	Option:	<input type="checkbox"/> Growth# <input type="checkbox"/> Dividend	#Default Option
SIP Frequency	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly	Dividend Frequency:	<input type="checkbox"/> Daily <sup>s</sup> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Option:	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment#	#Default Option
SIP Date*	D D SIP Start M M Y Y Y Y	SIP End	M M Y Y Y Y	OR	<input type="checkbox"/> Perpetual SIP	(*You may select any date from 1st to 28th of the month. Incase if no date is selected, 10th would be the default SIP Date).
SIP Amount (₹ in figures)		(₹ in words)				
<input type="checkbox"/> SIP Upgrade Facility (Optional) (✓ to avail facility)	<input type="checkbox"/> Fixed# OR <input type="checkbox"/> Variable <sup>s</sup> (Pls fill the applicable section below)	SIP Upgrade Frequency	<input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly			

In case of Quarterly SIP, only Yearly frequency is available under SIP Upgrade facility.

#Fixed Upgrade Amount: ₹  OR <sup>s</sup>Variable Upgrade Percentage:  10%  15%  20%  Others \_\_\_\_\_ (Multiple of 5% only)

\*Upgrade amount has to be in multiple of ₹ 1000/- only

SIP Upgrade Cap Amount\*: ₹  OR SIP Upgrade Cap Month M M Y Y Y Y (Investor has to choose only one option either CAP amount or CAP month - year)

## 3. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

YES MUTUAL FUND	UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
Sponsor Bank Code	CITI000PIGW	Utility Code	CITI00002000000037	
Tick (✓)	I/We hereby authorize	YES Mutual Fund	to debit tick (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
CREATE <input checked="" type="checkbox"/>	Bank A/c number			
MODIFY <input checked="" type="checkbox"/>				
CANCEL <input checked="" type="checkbox"/>				
with Bank	IFSC		or MICR	
an amount of Rupees			₹	
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
PAN / Application No.		Mobile No.	+91	
Reference		Email ID		
PERIOD	I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.			
From	D D M M Y Y Y Y	Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
To	D D M M Y Y Y Y			
Or <input type="checkbox"/> Until Cancelled	1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records			

• This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.

• I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.