

Name and AMFI Reg. No. (ARN)	Sub Broker's Code	REGISTRAR's SERIAL NO.
<b>ARN</b>		

<b>1. EXISTING UNITHOLDER</b>	If you are an existing Unit holder of the Fund, please state your <b>FOLIO NUMBER</b> If yes, you need not fill in unitholder information (2) below.	
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**2. UNITHOLDER INFORMATION** (Leave one box between the first, middle and last name **FILL IN CAPITAL LETTERS**)

Sole/First Applicant Mr./Ms./M/s.	First Name										Middle Name										Last Name									
											Date of Birth (dd/mm/yy) Optional																			
											Date of Birth Mandatory (in case of minor)																			
Contact Person (for Institutional Investors)																														
Second Applicant																														
Third Applicant																														
Mailing Address																														
Contact Particulars	City										State										Pin Code									
	Phone : Office										Residence										Mobile									
	Fax :												E-Mail :																	

<b>PAN / GIR No.</b> (Mandatory if amount invested is Rs. 50,000/- or more) Photocopy of PAN	Sole / First Applicant	Second Applicant	Third Applicant
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**BANK ACCOUNT DETAILS** (Mandatory as per SEBI Directives)

[illegible]

Account Type [Please tick (✓)] ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ NRSR

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>ELECTRONIC CLEARING SERVICES (ECS)</b> </div> <p>You may choose to receive dividend, if declared, in your bank account through the Electronic Clearing Service.</p> <p><input type="checkbox"/> I/We authorise Escorts Mutual Fund to credit my / our dividend through ECS. Please (✓)</p>	<p>The 9 digit MICR Code number of my / our Bank &amp; Branch is :</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table> <p>(The 9 digit code appears on your cheque next to the cheque number)</p> <p>Important : Please attach a blank <b>"Cancelled"</b> Cheque or a clear photo copy of the cheque.</p>									

3. MODE OF HOLDING [ Please tick (✓) ]	STATUS (of Sole/First Applicant) [ Please tick (✓) ]	OCCUPATION (of Sole/First Applicant) [ Please tick (✓) ]
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone/Survivor <input type="checkbox"/> Either or Survivor	<div> <input type="checkbox"/> Resident Individual           <input type="checkbox"/> AOP/BOI           <input type="checkbox"/> Fils         </div> <div> <input type="checkbox"/> Partnership           <input type="checkbox"/> NRI           <input type="checkbox"/> OCBs         </div> <div> <input type="checkbox"/> Society           <input type="checkbox"/> Trust           <input type="checkbox"/> Company / Body corporate         </div> <div> <input type="checkbox"/> HUF           <input type="checkbox"/> On behalf of minor           <input type="checkbox"/> Other _____         </div>	<div> <input type="checkbox"/> Service           <input type="checkbox"/> Retired         </div> <div> <input type="checkbox"/> Professional           <input type="checkbox"/> Student         </div> <div> <input type="checkbox"/> Business           <input type="checkbox"/> Other (Specify) _____         </div> <div> <input type="checkbox"/> Housewife         </div>

 <div style="text-align: center;"> <b>ESCORTS</b>  <b>MUTUAL FUND</b> </div>	<b>ACKNOWLEDGMENT SLIP</b> (To be filled in by the Sole/First Applicant) <b>Escorts Mutual Fund</b> 11, Scindia House, Connaught Place, New Delhi - 110001 Ph.: 23321654, 41514100 (Cheques / Demand Draft are subject to realisation)	Date : _____ Time : _____
Recieved from Mr./Ms./M/s _____ an application for Units as per details below:		
<input type="checkbox"/> <b>ESCORTS INCOME PLAN</b> <input type="checkbox"/> <b>ESCORTS TAX PLAN</b> <input type="checkbox"/> <b>ESCORTS BALANCED FUND</b> <input type="checkbox"/> <b>ESCORTS LIQUID PLAN</b>	<input type="checkbox"/> <b>ESCORTS GROWTH PLAN</b> <input type="checkbox"/> <b>ESCORTS GILT PLAN</b> <input type="checkbox"/> <b>ESCORTS OPPORTUNITIES FUND</b> <input type="checkbox"/> <b>ESCORTS FLOATING RATE FUND</b>	Rs. _____ Cheque/DD No. _____ Dated _____ Drawn on _____ Bank _____ Branch _____
		Transaction Date, Time & Signature

## 4. SCHEMES

DEBT		EQUITY	BALANCED
<input type="checkbox"/> Escorts Income Plan ( A / B ) <input type="checkbox"/> Escorts Gilt Plan <input type="checkbox"/> Escorts Opportunities Fund ( A / B ) <input type="checkbox"/> Escorts Liquid Plan <input type="checkbox"/> Escorts Floating Rate Fund		<input type="checkbox"/> Escorts Growth Plan  <input type="checkbox"/> Escorts Tax Plan	<input type="checkbox"/> Escorts Balanced Fund
Default Option : Option A<10000/- (with exit load)                      Default Option : Option B >10000/- (without exit load)			<input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Bonus Option
Minimum application for subscription is Rs. 1000/- for all the schemes except for Tax Plan which is Rs. 500/-			
Amount in Figures (Rs.) _____ D.D. Charges (Rs.) _____ Net Amount (Rs.) _____			
Cheque/Draft No. _____ Date _____			
Amount in Words (Rs.) _____			
Bank Name / Branch _____			
Cheque/Draft payable in favour of "ESCORTS INCOME PLAN", "ESCORTS TAX PLAN", "ESCORTS OPPORTUNITIES FUND", "ESCORTS BALANCED FUND", "ESCORTS GROWTH PLAN" and "ESCORTS GILT PLAN", " ESCORTS LIQUID PLAN", "ESCORTS FLOATING RATE FUND", respectively.			

## 5. SYSTEMATIC INVESTMENT PLAN (SIP)

[illegible]

## 6. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly **SWP Date** ☐ 1st ☐ 10th

Scheme

Fixed Amount (Rs.)# 



 OR Capital Appreciation ☐

# Minimum Rs. 1000/- Period from : M/Y ..... M/Y .....

\*In case of Appreciation Withdrawal Option Please note that first withdrawal would be effected after a month / quarter from the start date.

## 7. SYSTEMATIC TRANSFER PLAN ( STP )

Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly

From ELP / EFRF to \_\_\_\_\_ ☐ Fixed amount (Rs.) \_\_\_\_\_ (Min. Rs. 1000/-)  
(Minimum balance should be Rs. 1 Lakh) ☐ Capital Appreciation (Min. Rs. 500/-)

No. of installments    (Min. 6 installments)

Transfer Date ☐ 1st of every month / beginning of quarter ☐ 15th of every month / beginning of quarter

## 8. NOMINATION

Name of the Nominee _____ (Address : _____ _____	Name of the Guardian _____ (If the Nominee is minor) (Relationship (If applicable) _____
I/We hereby nominate the above person to receive all the amounts to my credit in the event of my/our death. Payment to the nominee of the redemption amounts shall discharge the Mutual Fund of all liability towards the estate of the deceased Unit holder(s) and his/her/their successor(s) legal heir(s).	

## 9. E-MAIL COMMUNICATION (Optional)

I/We wish to receive the following via e-mail

<input type="checkbox"/> Account Statement	<input type="checkbox"/> Quarterly Review & Annual Report	<input type="checkbox"/> Communication on Change of Address, Bank, etc.	<input type="checkbox"/> Transaction Confirmation
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## 10. DECLARATION

**The Trustee**  
**Escorts Mutual Fund,**  
I/We have read and understood the offer documents(s) of Escorts Mutual Fund. I/We apply for fee units of the scheme(s) and I/We agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the terms & conditions. Its investment objectives, investment pattern, fundamental objectives and risk factors applicable to the respective Fund(s). I/We agree to abide by the terms, conditions, rules and regulations of the plans(s). I/We understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investemnt.

**APPLICABLE FOR NRIs/OCBs**  
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 Non-Resident External Account / FCNR Account.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, <input type="checkbox"/> Repatriation	<input type="checkbox"/> Non Repatriation

**11. SIGNATURES ( Please use black ink)**

First / Sole Applicant	
Second Applicant	
Third Applicant	

For Further Enquiries Please call us at :

<b>North :</b>	<b>East :</b>	<b>West :</b>
New Delhi : 011- 23321654, 41514100	Kolkata : 09830261721	Mumbai : 022-24218150 / 51 / 52 09322590339
Chandigarh : 09888828205	Patna : 09835066510, 09334179682	Ahmedabad : 09327050566
Lucknow : 09839220192	Bokaro : 09334171028	Pune : 09890809099
Jaipur : 09314519533	Jamshedpur : 09934569551	Nagpur : 09822942434
Gurgaon : 09312667457		<b>South :</b>
Kanpur : 0512 - 2367927, 09335342818		Banglore : 080-22075106
Allahabad : 09935506749		