

Use this Form for SIP investment. For SIP through Auto Debit (ECS), you also need to fill Registration cum Mandate Form for ECS
Please read the instructions carefully, before filling up the application. (All columns marked * are mandatory)

Existing Folio Number, if any	<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<p>If you are making a purchase in an existing folio, please mention the folio number and the Applicant information (Point no. 1). Please note that the applicant details and mode of holding will be as per the existing folio.</p>
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Name of Sole / First Applicant																										Date of Birth*					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																										D D M M Y Y Y Y					
Name of Parent / Guardian in case of Minor / or Contact Person for Non-Individual applicants																										Relation with Minor/Designation					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																															
Name of 2nd applicant																										Date of Birth*					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																										D D M M Y Y Y Y					
Name of 3rd applicant																										Date of Birth*					
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																										D D M M Y Y Y Y					

2. MODE OF HOLDING (Please ✓)		OCCUPATION (Please ✓)		STATUS/CATEGORY (Please ✓)		
<input type="checkbox"/> Single	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> NRI	
<input type="checkbox"/> Joint	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> On behalf of minor	<input type="checkbox"/> Proprietorship Firm	<input type="checkbox"/> FII	
<input type="checkbox"/> Any one or survivor(s)	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> HUF	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Others (pl. specify) _____	
(Default Anyone or Survivor)	<input type="checkbox"/> Politically Exposed Person		<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank / FI	
	<input type="checkbox"/> PSU / Govt. Employee		<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Society		
	<input type="checkbox"/> Others _____ (pl. specify)					

Mailing Address* [Please provide complete address. P.O. Box alone may not be adequate]																																																	
City															State										Pin																								
Overseas Address* (Mandatory for NRI / FII Applicants)															Address for Correspondence (for NRI Applicants only)										<input type="checkbox"/> Indian <input type="checkbox"/> Overseas																								
City															Country										Zip																								
*Document Proof of Foreign Address to be provided. Self Certified Copy of Bank Account Statement / Passbook will serve as Proof of Address. In case the documents are in foreign language, the same to be translated to English and certified by Govt. Authority in country of residence or the Indian Embassy.																																																	
Tel. STD Code					<input type="text"/>					Off.					<input type="text"/>					Res.					<input type="text"/>					Fax					<input type="text"/>					Mob.					<input type="text"/>				

Email Address _____

☒ I/We wish to receive the following on email ☐ Account statement ☐ Annual Report ☐ Other information.

☐ I would like to receive a PIN form to view this account on the internet (Please ☒ ☐

5. Mandatory for Investment of Rs. 50,000 & Above	PAN (Refer Instruction No. 2)				Know Your Customer (KYC) (Refer Instruction No. 11)			
					Applicant		POA Holder / Guardian	
1st applicant/Minor					Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	
2nd applicant					Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	
3rd applicant					Attached: <input type="checkbox"/> PAN Proof <input type="checkbox"/> Form 60/61	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	KYC compliant <input type="checkbox"/> Proof attached <input type="checkbox"/>	

Income earned per annum (indicate the summation of all the applicants if applying jointly or as any one/survivor)

☐ Less than Rs. 50,000
 ☐ Rs. 50,000 to Rs. 2 lacs
 ☐ Above Rs. 2 lacs to Rs. 5 lacs
 ☐ Above Rs. 5 lacs to Rs. 10 lacs
 ☐ Above Rs. 10 lacs

ACKNOWLEDGEMENT	Received from :		Amount Paid (Rs.)	Cheque/DD details	Counter Sign
	Mr./Ms. _____	Scheme Name _____	Rs. (in Figures) _____	Cheque/DD No. _____	
	_____	Plan _____	Rs. (in Words) _____	Dated _____	
	_____	_____	_____	Bank & Branch _____	
	_____ Pin Code _____	Option _____	_____	_____	

7. BANK ACCOUNT DETAILS (Refer Instruction No.3) *

Account No.																A/c. Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Please enclose cancelled/Photocopy of a cheque for the above bank account																					
Bank																Branch					
Branch Address																					
Branch City											PIN			9 Digit MICR Code*							
(*Mandatory : Please enter the 9 digit number that appears after your cheque number)																					

DIRECT CREDIT FACILITY We offer a Direct Credit Facility with the following banks for paying out Dividend and Redemption Proceeds to you faster.

• **ABN AMRO Bank • Centurion Bank of Punjab • Citibank • Deutsche Bank • HDFC Bank • HSBC • ICICI Bank • IDBI Bank • Kotak Mahindra Bank • Standard Chartered Bank • UTI Bank.** If your bank account is with any of these banks, we will directly credit your dividend / redemption proceeds into the same.

☐ I/We hereby request that the redemption payment due to me/us may be sent by physical cheque/warrant by Post or courier to my mailing address.

8. SIP PAYMENT DETAILS ☐ **Option 1 : POST DATED CHEQUE** (Refer Terms & Condition on Page No. 18)

Scheme Name										Plan										Option																			
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										Dates Offered <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 20th of the Month										SIP Amount										No. of Installments									
First Installment Details (Current Dated Cheque)																																							
Cheque No.						Dated						Drawn on Bank										Amount (Rs.)																	
						D D M M Y Y Y Y																																	
Subsequent Installment Details (* Post Dated Cheques)																																							
From Cheque No.										To Cheque No.										Start Date						End Date													
																				D D M M Y Y Y Y						D D M M Y Y Y Y													
<input type="checkbox"/> Option 2 : AUTO DEBIT THROUGH ECS (You only need to tick this box & fill SIP Auto Debit Registration Cum Mandate Form on Page 17)																																							

9. NOMINATION (Refer Instruction No. 10)

Nominee's Name : Mr. / Mrs. / Miss / Master																					
Date of Birth*																					
D D M M Y Y Y Y																					
Name of Parent / Guardian (In case of Minor) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																					
Address of Nominee / Guardian																					
City										Pin										Specimen Signature of Nominee/Minor Nominee's Guardian	

10. DOCUMENTS ENCLOSED Please (✓) (Refer Instruction No. 14)

<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> PAN Proof	<input type="checkbox"/> Form 60/61 & Address Proof	<input type="checkbox"/> FIRC	<input type="checkbox"/> KYC Confirmation

11. DECLARATION

I/We have read and understood the contents of the Offer Document of the Scheme of Lotus India Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering and Know-Your-Customer". I / We hereby apply for allotment / purchase of Units in the Scheme indicated above 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 in the above-mentioned Scheme 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 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 to NRI

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

Date: _____

SIGNATURE(S)

Sole/1st applicant/
Guardian / Authorised
Signatory2nd applicant/
Authorised Signatory3rd applicant /
Authorised Signatory

Regd. Off.:
6th Floor, Chandermukhi,
Nariman Point, Mumbai-400 021.