



COMMON APPLICATION FORM

Please read the Instructions before completing this Common Application Form

App. No.

DISTRIBUTOR INFORMATION (Not to be filled in by Applicant)

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.

1. EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3 and then proceed to Investment details)

Folio No.	Unitholder's Name
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The details in our records under the Folio No. mentioned above will only be considered for this application.

2. PAN DETAILS (Mandatory, as per SEBI Regulations)

PAN / Form 60 / 61 for an application of or above Rs. 50,000. (See Instruction No. 2b)		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
PAN		

(Please ☒ or ☐ Form 60 / 61 & Proof of Address attached or ☐ Form 60 / 61 & Proof of Address attached or ☐ Form 60 / 61 & Proof of Address attached

3. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations)

A/c. No.	Branch
Bank Name	
Address	
City	Pin Code
A/c. Type (please <input checked="" type="checkbox"/> <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	

All Redemptions / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above.

DIRECT CREDIT FACILITY

We offer a Direct Credit Facility with the following banks for paying out Dividend and / or Redemption Proceeds to you faster.
 • ABN AMRO Bank • Citibank • Deutsche Bank • HDFC Bank • ICICI Bank • IDBI Bank • HSBC • 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.
 If, however, you wish to receive a cheque payout, please tick here ☐

4. APPLICANTS' INFORMATION

Name of Sole / First Applicant (First / Middle / Last Name)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Date of Birth*	
* Required for First holder / Minor	D D M M Y Y Y Y
Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Name of Second Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Name of Third Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Mode of Holding (please <input checked="" type="checkbox"/> <input type="checkbox"/> Single <input type="checkbox"/> Joint* <input type="checkbox"/> Anyone or Survivor	(* Default, in case of more than one applicant and not ticked)
Address of Sole / First Applicant (P.O. Box Address is not sufficient)	
City	Pin Code (Mandatory)
STD Code	Tel. Off.
Mobile	Tel. Resi.
E-Mail	Fax
Occupation (please <input checked="" type="checkbox"/> <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others	
Status (please <input checked="" type="checkbox"/> <input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Bank <input type="checkbox"/> Proprietorship Firm <input type="checkbox"/> Trust	
<input type="checkbox"/> Society/Club <input type="checkbox"/> Partnership <input type="checkbox"/> Body Corporate <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Others (please specify)	
Overseas Address (Required for NRIs/Fils applicants) (P.O. Box Address is not sufficient)	

DEBIT MANDATE (ABN AMRO Bank Account Holders Only) - All applications with Debit Mandate to be submitted to ABN AMRO Bank N.V. Collection Centres Only

I/We	(Name of the account holder)	Debit Mandate No.
authorise ABN AMRO Bank N. V. to debit my/our A/c. No.		
A/c. Type (please <input checked="" type="checkbox"/> <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	with Rs.	
Rs. (words)	and pay (name of Scheme)	
	for purchase of Units	Date :
		Authorised Signature

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from
 Mr./Ms/Ms. _____
 an application for purchase of Units of _____ Scheme _____ Plan _____ Option _____
 along with Cheque / DD No. _____ dated _____
 drawn on _____
 for Rs. _____

All purchases are subject to realisation of Cheques / Demand Drafts.

App. No.

ISC Stamp & Signature

5. INVESTMENT & PAYMENT DETAILS – Separate Cheque / Demand Draft / Fund Transfer instruction required for investment in each Scheme / Plan / Option

Scheme Name	ABN AMRO		Plan	<input checked="" type="checkbox"/> Regular*	<input type="checkbox"/> Institutional	<input type="checkbox"/> Institutional Plus
Option (please <input checked="" type="checkbox"/>)	<input checked="" type="checkbox"/> Growth* <input type="checkbox"/> Dividend <input type="checkbox"/> Daily** Dividend <input type="checkbox"/> Weekly** Dividend <input type="checkbox"/> Monthly Dividend* <input type="checkbox"/> Quarterly Dividend <input type="checkbox"/> Half Yearly Dividend					
Dividend Mode (please <input checked="" type="checkbox"/>)	<input checked="" type="checkbox"/> Reinvest <input type="checkbox"/> Payout*					
Investment Amount (Rs.)		DD Charges, if any (Rs.)		Mode of Payment	Cheque / Demand Draft / Fund Transfer	
Cheque / DD No.				dated		
Drawn on Bank				Branch		

Please mention the Application No. on reverse of the Cheque / DD

Cheques / Demand Drafts to be drawn in favour of the Scheme / Plan applied for.

* Default Plan / Option / Dividend Mode if not ticked. Except in ABN AMRO Flexi Debt Fund where the default Dividend Option is Quarterly Dividend Option. ** With compulsory Dividend Re-investment

6. NOMINATION (To be filled in by Individual(s) applying Singly or Jointly)

Having read and understood the instruction for Nomination, I / We hereby nominate the person more particularly described hereunder in respect of the Units under the Folio held by me/us.

Name and Address of the Nominee

City											Pin Code			State		

Nominee's relationship with the Applicant

																Date of Birth of Nominee							
																	/		/				
																D	D	M	M	Y	Y	Y	Y

If Nominee is a Minor, details of the Guardian required :

Name and Address of the Guardian

City											Pin Code				
State															

Guardian's relationship with the Minor Nominee

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Signature of Guardian															

7. DECLARATION & SIGNATURES

Having read and understood the contents of the Offer Documents of the Scheme(s) of ABN AMRO Mutual Fund, I / We hereby apply to the Trustee of ABN AMRO Mutual Fund for units of the Scheme(s) and agree to abide by terms and conditions, rules and regulation of the Scheme(s). I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person.

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(s) 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.

Applicable to NRIs only :

I / We confirm that I am / We are Non-Resident 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.

If NRI, (please ☒ ☐ Repatriation basis ☐ Non-Repatriation basis

D	D	M	M	Y	Y	Y	Y								

SIGNATURE (S)

First / Sole Applicant / Guardian

Second Applicant / Guardian

Third Applicant / Guardian

**ABN·AMRO Asset Management****ABN AMRO Asset Management (India) Ltd.**101, 10th Floor, Sakhar Bhavan,
Nariman Point, Mumbai 400 021.

Tel. : 91-22 5656 3838

Web : www.assetmanagement.abnamro.co.in**ABN AMRO MUTUAL FUND**

For any further queries / correspondence, please contact :

Computer Age Management Services Pvt. Ltd.

UNIT : ABN AMRO Mutual Fund

Ground Floor, No. 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600 034.

Tel : 044 - 28521596 / 0179

email : enq_m@rayala.camsonline.com