

COMMON APPLICATION FORM

FOR LUMPSUM/SYSTEMATIC INVESTMENTS

App. No. FI00148977

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

	Distributor's Code		Sub-Broker's Code			Branch Code		For Official Use	
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Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

INVESTMENT	& PAYME	NT DETAILS (F	Please (•	∕) Option and then	choose Section	on A or B below)	(See Note 5)		
Scheme					Plan				
Option (Please ✓)	☐ Growth OR	☐ Dividend Reinve	stment O	R Dividend Payout	Divider Freque	nd ency ————————————————————————————————————			
(A) LUMPSUM IN	VESTMENT:			(B) SIP INVESTMEN		,			
. ,				Installment Amount (Rs.) (A)	S	IP Period See Note 5d(i)	Total Amount (C) = (AvD)		
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Mode of Payment (✔) ☐ Cheque ☐ Demand Draft ☐ Fund Transfer				Second and Subsequent Installment Details: * Please fill in the 'To' date only if 'No. or Installments above have been specific otherwise leave blank.					
					□ 1st □ 10th	□ 15th □ 25th □ All fou			
Instrument No		Dated DD MM YYYY		SIP Frequency (Please ✓)	☐ Monthly ☐ Qu	arterly 10th,	15th & 25th		
Drown on	Duanin an			☐ SIP THROUGH	AUTO DEBIT (E	CS/Direct Debit)	See Note 5d(iv)		
חומאווטוו	Drawn on Bank				•	Auto Debit Facility Form.			
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NRI/FII Investors*, plea	ase indicate sourc	e of funds for your inve	stment (Plea			□ FCNR □ Others	Please specify		
NOMINATION	DETAILS	(Please strike	out this	s Section if you d	o not wish to	nominate)	(See Note 6		
If you wish to reg	ster a single n	ominee for your inve	estments p	please fill in the nominat	tion details below.	If you wish to register multip our website www.fidelity.co.in or an	ole nominees for your		
Name					uardian				
Date of Birth (in case	Nominee is a mine	or) DD M	M	Signature o	of Mandatory) 💢				
DECLARATIO	N AND SIG	SNATURES					(See Note 7		
above Scheme of Finvestor Protection' hereby declare that involve and is not dauthority in India. If Mutual Fund's bank any other mode), pay I/We have neither mapplication form is completed to the second s	idelity Mutual F '. I/We hereby a: I/We am/are at esigned for the We hereby autl (s) and/or Distri ayable to him fo eceived nor bee orrect, complet R NRIs: I/We o thannels or fron	fund including the seapply for allotment/puthorised to make this purpose of any connorise Fidelity Mutua ibutor/Broker/Investructure different competen induced by any reand truly stated.	ections on urchase of sinvestmetravention if Fund, its ment Adviseting scher bate or gif	"Who cannot invest" and if Units in the Scheme ar ent and that the amount i or evasion of any Act, R investment Manager an ser. The ARN holder has c mes of various Mutual Fu ts, directly or indirectly, in Resident(s) of Indian Nat	"Important Note or d agree to abide to nvested in the Sch kules, Regulations, d its agents to disc disclosed to me/us a inds from amongst n making this inves ionality/Origin and hat all additional pu	nformation and Key Informatin Anti Money Laundering, Know the terms and conditions a seme is through legitimate sou. Notifications or Directions is close details of my investmentall the commissions (in the for which the Scheme is being retiment. I/We declare that the interest of the seme is the interest of the seme	ow-Your-Customer an ipplicable thereto. I/W irces only and does no sued by any regulator it to my bank(s)/Fidelit im of trail commission of ecommended to me/us information given in thi ds from abroad throug		
SIGNATURE(S)	0	•					M M Y Y Y		
X			X			X			
Sole/First Applicant If the ir	nvestment is being	made by a Constituted	Second Ap Attorney pla	•	of Power of Attornev H	Third Applicant Holder (POA) in respect of each ap	plicant below:		
Name	POA Holder for	•	, p	POA Holder for Ap	-	POA Holder for	•		
PAN									
	Pho	ne 1900 200	00 400	CONTACT US		Januar diaka arang ka			
	Pho	ne 1800 20	00 400	(toll-free) OR 0124	3915655 (at	long distance rates)			

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

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