

Please read Terms & Conditions overleaf 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
ARN- 0032			
Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.			

1 APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1)

Application Form No. _____ OR Folio No. _____
(For New Applicants) _____ (For Existing Unit holders) _____

Sole/First Applicant/Unit holder _____
First Name _____ Middle Name _____ Last Name _____

E-mail ID _____ For receiving Statements over E-mail instead of Post

2 PAN AND KYC DETAILS (See Note 2)

Please note that for Lumpsum investment of any amount or SIP investment of Rs 50,000 or above (ie. aggregate of installments in a year), it is mandatory to furnish PAN together with an attested copy of PAN card for all applicants/unit holder. If the amount you propose to invest is Rs. 50,000 or more, you need to also enclose a KYC Acknowledgement letter issued by CDSL Ventures Limited for each applicant/unit holder.

PAN	First Applicant	Second Applicant	Third Applicant
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enclosed (Please ✓)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter

3 DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.) (See Note 3)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Fidelity Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. 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 is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred below through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I/We will also inform FIL Fund Management Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date DD / MM / YYYY

X Sole/First Unit Holder X Second Unit Holder X Third Unit Holder

4 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (See Note 4)

The Manager
Name of Bank _____ Branch _____ City _____

I/We authorize Fidelity Mutual Fund, acting through their service providers, to debit my account through ECS (Debit) clearing/Direct debit (Standing Instructions) as per the details given here:

A. Folio No./Application No. _____ B. Account Number <input type="text"/> C. Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) <input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Scheme/(Plan)/Option</th> <td></td> </tr> <tr> <th>SIP Auto Debit Date</th> <td><input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th</td> </tr> <tr> <th>Frequency (Please ✓)</th> <td><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</td> </tr> <tr> <th>SIP Installment Amount</th> <td>Rs. (Min. 500)</td> </tr> <tr> <th>SIP Auto Debit Period</th> <td>From MM / YYYY To* MM / YYYY</td> </tr> </table>	Scheme/(Plan)/Option		SIP Auto Debit Date	<input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th	Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Installment Amount	Rs. (Min. 500)	SIP Auto Debit Period	From MM / YYYY To* MM / YYYY
Scheme/(Plan)/Option											
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Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										
SIP Installment Amount	Rs. (Min. 500)										
SIP Auto Debit Period	From MM / YYYY To* MM / YYYY										

*Please fill in the 'To' date only if 'No. of Installments' have been specified in the Common Application Form or Micro SIP Form, otherwise leave blank.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. Mandate verification charges if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s)	Sole/1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
Signature(s) of Bank Account Holder(s)	XX _____	XX _____	XX _____
Date DD / MM / YYYY (To be signed by all holders if mode of operation of Bank Account is 'Joint')			

ATTESTATION BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft/Pay Order) I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.	Signature and Stamp of the Authorised Official from Bank <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">Bank Stamp & Date</div>
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FOR OFFICE USE ONLY (not to be filled in by investor)	We confirm that we have taken the above ECS/Auto Debit instructions on our records.
Recorded on DD / MM / YYYY	Stamp of Bank Branch Manager
Recorded by _____	Signature _____
Credit A/c. No. _____	Name _____

GENERAL INSTRUCTIONS

- New applicants need to fill in this form together with the Common Application Form or Micro SIP Form depending upon the investment amount in a year, for the purpose of availing the facility of Systematic Investments through Auto Debit (ECS/Direct Debit).
- This form should be used only for Registration of new SIP through Auto Debit (ECS/Direct Debit). A separate form is available for modification in existing SIP Details/Change in Bank Account Details for Auto Debit (ECS/Direct Debit).
- Please read the terms and conditions for SIP in Note 5(d) on Page 11 of this Key Information Memorandum.
- Please furnish all information marked as 'MANDATORY' in the form. In the absence of any mandatory information, your application for investment would be rejected.
- Please refer the 'GUIDANCE NOTES FOR FILLING UP THE AUTO DEBIT FACILITY FORM' below. This should help you fill in the necessary details in the form correctly and completely.
- SIGNATURES:** This form needs to be signed at two places marked X and XX. Please sign the forms as per instructions below:

a. X	To be signed by Applicants for SIP investment in the same order in which the Common Application Form or Micro SIP Form is signed.
b. XX	To be signed by Bank Account Holders in the order in which the Bank Account is held and the manner in which their signatures appear on Bank records.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- Our SIP Auto Debit(ECS/Direct Debit) Facility is offered to you using Reserve Bank of India's (RBI) Electronic Clearing Service (Debit Clearing Facility). By opting for this facility you agree to abide by the terms and conditions subject to which this facility is offered by RBI.
- The SIP Auto Debit (ECS/Direct Debit) Facility is offered only to investors having Bank Accounts in select cities listed below:

Agra	Bhopal	Cuttack	Hyderabad	Kakinada	Mysore	Raipur	Tirupati
Ahmedabad	Bhubaneswar	Dehradun	Indore	Kanpur	Nagpur	Rajkot	Tirupur
Allahabad	Bijapur	Dhanbad	Jabalpur	Kolhapur	Nasik	Ranchi	Trichur
Amritsar	Burdwan	Durgapur	Jaipur	Kolkata	Nellore	Salem	Trichy
Asansol	Calicut	Erode	Jalandhar	Lucknow	New Delhi	Shimla	Trivandrum
Aurangabad	Chandigarh	Goa	Jammu	Ludhiana	Panjim	Shimoga	Udaipur
Bangalore	Chennai	Guwahati	Jamshedpur	Madurai	Patna	Siliguri	Udupi
Baroda	Cochin	Gwalior	Jamshedpur	Mangalore	Pondicherry	Solapur	Varanasi
Bhilwara	Coimbatore	Hubli	Jodhpur	Mumbai	Pune	Surat	Vizag

- The cities listed above may be modified/removed at any time purely at the discretion of Fidelity Mutual Fund without assigning any reason or prior notice.
- Applications for SIP Auto Debit (ECS/Direct Debit) Facility would be accepted only if the Bank Branch listed in Section 4 of this form participates in local MICR/ECS Clearing. In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. Fidelity Mutual Fund, its Investment Manager-FIL Fund Management Private Limited, its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
 - There has to be a minimum gap of 30 days between the date of your first SIP (through cheque) and your second SIPs (through Auto Debit). While mentioning the SIP Auto Debit period (from) in this form, please take this into account and indicate the correct SIP Auto Debit commencement date. Please refer Note 4 below to understand this requirement better.
 - For cancellation of the Auto Debit (ECS/Direct Debit) Facility, you need to give a notice 30 days in advance.
 - If you are an existing investor with us and are availing SIP through Auto Debit (ECS/Direct Debit) Facility, please note the following with respect to this systematic investment that you propose to make in the folio:

Your proposed SIP investments should be from the same bank account from which your existing SIP investments are being made. We will not be able to process the SIP if the bank mandate is different from the bank mandate provided for the existing SIP investments.
 - You will not hold Fidelity Mutual Fund (FMF)/FIL Fund Management Private Limited (FFMPL)/Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of RBI's ECS/local holidays.
 - FMF/FFMPL reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
 - FMF/FFMPL/Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred/suffered by you as a result of use of this facility.

GUIDANCE NOTES FOR FILLING UP THE AUTO DEBIT FACILITY FORM

Note 1 - APPLICANTS' PERSONAL DETAILS

Please furnish the name of all applicants as they appear in the Common Application Form and the Application Number (if this is your first investment in Fidelity Mutual Fund) or Existing Folio (if you hold an existing folio with us).

Note 2 - PAN AND KYC DETAILS

Please note that for Lumpsum investment of any amount or SIP investment of Rs 50,000 or above (i.e. aggregate of all installments in a rolling 12 month period), it is mandatory to furnish PAN together with an attested copy of PAN card for all applicants/unit holder.

Note 3 - DECLARATION AND SIGNATURES

This section needs to be signed by the applicants at the places marked "X" in the same order and manner in which they have signed the Common Application Form/Micro SIP Form.

Note 4 - AUTHORIZATION OF BANK ACCOUNT HOLDER(S)

- Please indicate Folio/Application Number.
- Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first account holder in bank records need not necessarily be the sole/first applicant in the "Applicants' Personal Details" section on this form. If your bank is part of the Core Banking Solution (CBS), then the full Core Bank Account Number should be provided.
- Please indicate the Bank Account Type.
- It is mandatory to furnish the 9 Digit MICR Code of your Bank in this section.** This is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. **In the absence of this information, your SIP Application would be rejected.**
- Please furnish the following details with respect to your systematic investment:
 - Scheme - Plan - Option.
 - SIP Frequency (Monthly/Quarterly) & SIP Date (1st/10th/15th/25th). You now also have a choice to have SIP installments on all four dates by ticking the appropriate box).
 - SIP installment Amount
 - SIP Auto Debit Period (Auto Debit commencement date and end date). Please refer note (f)
- In order to save you from the hassle of sending us renewal instructions each time your SIP expires, Fidelity offers you two ways to invest. If you know how long you wish to invest for, specify your Start Date and End Date. Alternatively, you can choose the open option - where you specify just your Start Date - and can discontinue your SIP by writing to us.
- Please note that your **Auto Debit would commence from your second SIP installment.** E.g., if you are applying for a SIP from 1st January, 2010 till 1st December, 2010, your first SIP installment of 1st January, 2010 would be through a cheque. Your SIP Auto Debit period, therefore would be from 1st February, 2010 to 1st December, 2010.

- If you have not indicated any preferences for your SIP investment in the Common Application Form and this Form, the same would be assumed to be as indicated in the second column below:

SIP Auto Debit Period	Six Months
SIP Date	10th of the month (commencing 30 days after the first SIP installment date)
SIP Frequency	Monthly

- If the SIP details indicated in this form materially vary from the SIP Details indicated in the Common Application Form, the SIP application would be rejected. Else, the details contained in the Common Application Form would overrule the details contained in this Form.
- Please provide either a cancelled cheque leaf, a copy of a cheque or the Banker's attestation in Section 4 in case the first SIP Installment is through a DD or a Pay Order. If it is through a cheque, please ensure that the cheque needs to be from the same bank account as the Post-Dated Cheques/Auto Debit for your future SIP Installments. This would help us cross-verify your bank details appearing in the cheque with the details furnished in this form and let you know of discrepancies, if any, for early corrective action. Please note that in the event of a minor mismatch between the Bank Account Number mentioned in the Application Form and as appearing in the cheque leaf submitted by you, your Bank Account Number would be updated based on the cancelled cheque leaf provided your name appears in the cheque leaf.
- Please mention names of all bank account holders. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked XX in the same order and manner in which their signatures appear on bank records.
- Where the payment instrument/advice does not mention the bank account holders' name/s, investor should provide self attested bank pass book copy/bank statement/bank letter to substantiate that the first unit holder is one of the joint holders of the bank account. In case of a mismatch, it will be deemed to be a 3rd party payment and rejected except under the following exceptional circumstances:
 - Payment by Parents/Grand-Parents/Related persons on behalf of a minor (other than the registered guardian) in consideration of natural love and affection or as gift provided the purchase value is less than or equal to Rs. 50,000 and KYC is completed for the registered Guardian and the person making the payment. Additional declaration in the prescribed format signed by the guardian and Parents/Grand-Parents/Related persons is also required along with the application form.
 - Payment by an Employer on behalf of Employee under Systematic Investment Plans through Payroll deductions provided KYC is completed for the employee who is the beneficiary investor and the employer who is making the payment. Additional declaration in the prescribed format signed by and is also required along with the application form.
 - Custodian on behalf of an FII or a Client provided KYC is completed for the Investor and Custodian. Additional declaration in the prescribed format signed by and is also required along with the application form.

AUTO DEBIT FACILITY FORM - CHECKLIST

- | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 | Application Form No. (for new Applicants)/Folio No. (for existing investors) is quoted on the Form.
Name of Sole/First Applicant is furnished in the form. | <input type="checkbox"/> |
| 2 | Scheme - Plan - Option - Dividend Frequency (if applicable) are furnished on the Form.
Systematic Investment Details listed below are furnished:
<input type="checkbox"/> SIP Installment Amount <input type="checkbox"/> No. of SIP Installments <input type="checkbox"/> Preferred SIP Date <input type="checkbox"/> SIP Frequency <input type="checkbox"/> SIP Auto Debit Period | <input type="checkbox"/> |
| 3 | Complete Bank Account Details from which you wish your SIP Auto Debit to happen are completely furnished.
<input type="checkbox"/> Name of Sole/1st Holder of Bank A/c is furnished <input type="checkbox"/> Bank A/c No. is correctly furnished
<input type="checkbox"/> MICR code is furnished <input type="checkbox"/> Cancelled Cheque leaf/Copy of Cheque leaf is attached. | <input type="checkbox"/> |
| 4 | Banker's attestation in Section 4 where the payment for first installment is through a Demand Draft or Pay Order. | <input type="checkbox"/> |
| 5 | All Applicants for the SIP Investment have signed the Form at the places marked "X" in the same order and manner in which they have signed the Common Application Form or Micro SIP Form. | <input type="checkbox"/> |
| 6 | All Bank Account Holders have signed the Form at the places marked "XX" in the same order and manner in which their signatures appear on Bank Records. | <input type="checkbox"/> |



**REQUEST TO REGISTER
MULTIPLE BANK MANDATE FORM**

Folio No.
(For Existing Unit Holders) _____

Name of Sole/First Unit Holder _____
First Name Middle Name Last Name

Please register the following Bank account as the default account into which any redemption/dividend proceeds will be paid. Enclosed is a cancelled cheque leaf/copy of cheque leaf for the following account to enable you to verify the bank details

Account No. _____	Account Type: <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> ONRO <input type="radio"/> FCNR										
Bank _____											
Branch _____											
City _____	MICR Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Please register the following Bank accounts as additional accounts for my folio. I/we understand that I/we can choose to receive any payment proceeds in these accounts, by making a specific request in my redemption request. Enclosed are cancelled cheque leaves/copies of cheque leaves for each of the following account(s)

Account No. _____	Account Type: <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> ONRO <input type="radio"/> FCNR										
Bank _____											
Branch _____											
City _____	MICR Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Account No. _____	Account Type: <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> ONRO <input type="radio"/> FCNR										
Bank _____											
Branch _____											
City _____	MICR Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Account No. _____	Account Type: <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> ONRO <input type="radio"/> FCNR										
Bank _____											
Branch _____											
City _____	MICR Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Account No. _____	Account Type: <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> ONRO <input type="radio"/> FCNR										
Bank _____											
Branch _____											
City _____	MICR Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

SIGNATURES

Sole/1st Unit Holder 2nd Unit Holder 3rd Unit Holder

(To be signed by **ALL UNIT HOLDERS** if Mode of Operation is indicated above as "Joint")

CANCELLED CHEQUE FROM BANK ACCOUNT TO BE MANDATORILY ATTACHED

INSTRUCTIONS AND TERMS & CONDITIONS

1. This facility allows an investor to register multiple bank account details for all your investments held in the specified folio. You can register upto 5 different bank accounts by using this form. In case you wish to register more accounts, please use extra copies of this form.
2. Please enclose a cancelled cheque leaf/copy of cheque leaf for each of such banks accounts. This will help us verify the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf/copy of cheque leaf is provided. Accounts not matching with such cheque leaf/copy thereof will not be registered.
3. The Bank Account chosen by you as your default bank account will be used for all Redemption/Dividend payouts. At any time, you can instruct us to change your default bank account by choosing one of the additional accounts already registered with us. If you wish to have a different account, you will need to send a cancelled cheque leaf/copy of cancelled cheque leaf, along with the request for adding such account as a default bank account.
4. We would send you a written confirmation of registration of the additional bank account details within 7 working days of receipt of your request.
5. Redemption proceeds shall be paid into the default bank account if the request does not clearly specify the bank account details where the proceeds are desired to be paid into.
6. If any of your accounts are closed/altered, please intimate us in writing of such change with instruction to delete/alter it from of our records.
7. With a view to safeguard your investments from fraudulent encashment, the following steps are being taken by us
 - If you make a redemption request together with a change of bank account, the payment will be made as per normal payment timelines only if it is one of the bank accounts registered with us.
 - If it is a new bank account, the Redemption proceeds shall be paid only after the expiry of 8 calendar days from the date of redemption request

Bankers Certificate in case of Demand Draft/Pay Order/Any Other pre-funded instrument

To whomsoever it may concern:

We hereby confirm the following details regarding the instrument issued by us:

INSTRUMENT DETAILS

Mode of Payment	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order			
Instrument Number		Dated	D D	M M	Y Y Y Y
Instrument Amount (in Rs.)					
In Favour of/Favouring					

DETAILS OF BANK ACCOUNT DEBITED FOR ISSUING THE INSTRUMENT

Bank Account Number		Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	
Serial Number	Bank Account Holder Name	Income Tax PAN			
1.					
2.					
3.					

If the issuing bank branch is outside India:

We further declare that we are registered as a Bank/branch as mentioned below,

Under the Regulator	Name of Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer due diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws in our country.

Branch Manager/Declarant(s)

Signature _____

Name _____

Address _____

City _____ State _____

Postal Code _____ Country _____

Bank & Branch Seal
(mandatory)

Important Note: The bankers certificate format given above is recommendatory in nature. Any existing Bank Letters/Certificates/Declarations, which conform to the spirit of the requirements, containing the above details can also be accepted.

Third Party Payment Declaration

(Should be enclosed with each payment/SIP Application)

Payments by : **Parent/Grand-Parents/Related Persons Other than the Registered Guardian**

Payments to : To a Minor Folio only; In consideration of: Natural love and affection or as gift only

Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)

APPLICATION AND PAYMENT DETAILS (All details below are mandatory, including relationship, PAN and KYC)

Folio No.		Application Form No.	
Beneficial Minor's Name			
Investment Amount (Rs.)			
Payment Cheque No.		Dated	DD MM YYYY
Cheque Drawn on Bank			
Cheque Drawn on A/c No.			

DECLARATION AND SIGNATURES

	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the folio
Name		
Relationship with Minor		
IT PAN		
KYC Acknowledgement	<input type="checkbox"/> Attached Mandatory for any amount	<input type="checkbox"/> Attached Mandatory for any amount
Declaration	I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.
Signature/s		
Contact Number		

**Know Your Client (KYC)
Application Form**

Application
No.:

(For Individuals Only)

Please fill this form in ENGLISH and in BLOCK LETTERS (All Information as applicable in Sections A, B and C below is mandatory)
This information is sought under the Prevention of Money Laundering Act, 2002, the rules notified thereunder and SEBI's guidelines on Anti Money Laundering.
For existing Mutual Fund investors, the address(es) furnished herein will be replaced in the records of the Mutual Fund/Authorised Agent. (Refer Notes/Guidelines overleaf)

A. Identity Details (Please see guidelines A1 to A5 overleaf)

1. Name of Applicant (As appearing in supporting identification document) Title Mr. Ms. Others Gender Male Female

Name

Father's Name

2. Date of Birth

3. Nationality Indian Others

4. Status Please tick (✓) Resident Individual Non-Resident (Passport copy and overseas address proof is mandatory in case of NRIs)

5. Permanent Account Number (PAN) (MANDATORY)

Please tick (✓) Copy of PAN Card attached

Please affix
most recent
colour photograph

30mm x 40 mm
Sign across the photograph

B. Address Details (Please see guidelines B1 to B4 overleaf)

1. Address for Correspondence

City/Town/Village Postal Code

State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Latest Telephone Bill Latest Electricity Bill Passport Driving License Latest Bank Passbook Latest Bank Account Statement
 Latest Demat Account statement Voter Identity Card Ration Card Registered Lease/Sale Agreement of residence Any other proof of address document (as listed overleaf)

4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/Village Postal Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Latest Telephone Bill Latest Electricity Bill Passport Driving License Latest Bank Passbook Latest Bank Account Statement
 Latest Demat Account statement Voter Identity Card Ration Card Registered Lease/Sale Agreement of residence For NRIs - Any other document attested by local authority.

C. Other Details (Please see guidelines C1 and C2 overleaf)

1. Gross Annual Income Details Please tick (✓)

Upto Rs. 5,00,000 Rs. 5,00,001 to Rs. 25,00,000 Rs. 25,00,001 to Rs. 1,00,00,000 Rs. 1,00,00,001 to Rs. 5,00,00,000 Rs. 5,00,00,001 and above.

2. a. Occupation Details Please tick (✓) any one

Private Sector Service Public Sector/Government Service Business Professional Agriculturist Retired Housewife
 Student Forex Dealer Others (Please specify)

b. If the following is additionally applicable to you Please tick (✓) one or more as applicable

Civil Servant Bureaucrat Current or Former MP, MLA or MLC Politician Current or Former Head of State

DECLARATION

I hereby confirm that I have read and understood the Instructions mentioned overleaf and apply to CDSL Ventures Limited ('CVL') or other agent of the mutual fund registered under the SEBI (Mutual Funds) Regulations, 1996 for compliance of Know Your Client (KYC) procedure for transacting in units issued by Mutual Funds and I agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable to the respective Mutual Funds. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform CVL/the mutual fund agent of any changes to the information provided hereinabove and agree and accept that CVL, the respective Mutual Funds, their authorised agents and representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating/delay in intimating such changes. I hereby authorize CVL/the mutual fund agent to disclose, share, remit in any form, mode or manner, all any of the information provided by me to the respective Mutual Funds in which I may transact/have transacted and/or to their authorised agents and representatives including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information/documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique KYC application and I have not applied for KYC in the past.

SIGNATURE OF APPLICANT

Place:

Date:

Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant.

For
Office
Use
Only

Stamp of POS
(Name & Location)
& Receiver's Signature

Name and Employee Number of Receiver

- (Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

KYC Ref.

IMPORTANT NOTES - PLEASE READ BEFORE FILLING UP THE FORM

1. This Application Form is meant to enable a person to comply with the client identification programme laid down by the Prevention of Money Laundering Act, 2002 (PMLA) hereinafter referred to as Know Your Client (KYC) requirements. It is for use by **INDIVIDUALS** only. A separate form is provided for non-individual entities such as Hindu Undivided Family (HUF), Corporates, Trusts, Societies, etc.
2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which has subscribed to the services of CDSL Ventures Limited (CVL) for compliance of the KYC procedure. A list of Mutual Funds is available on the website of AMFI at www.amfiindia.com.
3. Subscription to Mutual Fund Units may be made only after obtaining the KYC Acknowledgement at their respective designated Points of Acceptance/Investor Service Centres.
4. Each Unitholders/Investors must attach their KYC Acknowledgement along with the Investment Application Form(s)/Transaction Slip(s) while investing for the first time in every folio. Applications Forms/Transaction Slips not accompanied by KYC Acknowledgement are liable to be rejected by the Mutual Funds.
5. **Joint Holders:** Joint holders need to be individually KYC compliant before they can invest with any Mutual Fund. e.g. in case of three joint holders, all holders need to be KYC compliant and copies of each holder's KYC Acknowledgement must be attached to the investment application form with any Mutual Fund.
6. **Minors:** In case of investments in respect of a Minor, the Guardian should be KYC compliant and attach their KYC Acknowledgement while investing in the name of the minor. The Minor, upon attaining majority, should immediately apply for KYC compliance in his/her own capacity and intimate the concerned Mutual Fund(s), in order to be able to transact further in his/her own capacity.
7. **Power of Attorney (PoA) Holder:** Investors desirous of investing through a PoA must note that the KYC compliance requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should be KYC compliant in their independent capacity and attach their respective KYC Acknowledgements while investing.
8. If an individual becomes a Mutual Fund Investor due to an operation of law, e.g., transmission of units upon death of an investor, the claimant/person(s) entering the Register of Unitholders of the Mutual Fund(s) will be required to be KYC compliant before such transfer can take place.
9. The KYC process requires investors to provide their Proof of identity (PAN card copy only) and Proof of Address (any valid documents listed in section B of the KYC Application Form) to comply with KYC requirements. Mutual Funds reserve the right to seek any additional information/documentation in terms of the PMLA at any point of time.
10. Mutual Funds/CVL will not be liable for any errors or omissions on the part of the applicant/Unit holders in the KYC Application Form. Documents received in support of KYC requirements will be verified at the designated "Points of Service" (PoS), on a best effort basis. However acceptance and processing of the KYC Application Form is subject to independent verification by CVL. In the event of any KYC Application Form being rejected for lack of information/deficiency/insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
11. The Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios/rejection of any application/non-allotment of units or mandatory redemption of units/refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC/Mutual Fund believes that transaction(s) by an applicant/investors is/are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
12. Once the investor is KYC compliant, he will be required to intimate his/her KYC details to all the Mutual Funds with whom he/she has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by him/her (identified by his/her PAN) in the records of the Mutual Fund.
13. In case of NRIs, details of overseas address along with proper proof of the same and passport copy are mandatory documents.

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

General

1. The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS**.
2. Please tick in the appropriate box wherever applicable.
3. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing, and such corrections should be counter-signed by the applicant.
4. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected.
5. Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMFI at www.amfiindia.com, www.cdslindia.com and [Mutual Fund websites](http://www.mutualfund.com).
6. You are required to submit a Proof-of-Identity document (PAN card is the only document which can be submitted) and a Proof-of-Address document for each address filled by you in this form. Documents submitted to support Identity and Address should be:
 - i. **Proof of Identity**
 - Original PAN Card + **Self-attested photocopies** (Originals will be returned over-the-counter after verification)
 - ii. **Proof of Address**
 - Original Documents + **Self-attested photocopies** (Originals will be returned over-the-counter after verification) **OR**
 - True Copies attested by a Notary Public/Gazetted Officer/Manager of a Scheduled Commercial Bank or Multinational Foreign Banks (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document are not acceptable
 - If the above documents including attestation/certifications are in regional language or foreign language then the same has to be translated into English for submission.

A. Identity Details

1. Name: Please state your name as Title (Mr/Mrs/Ms/Dr/Commander/etc.), First, Middle and Last Name in the space provided. **This should match with the name as mentioned in the PAN card failing which the application is liable to be rejected. If the PAN card has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name change.**
2. Date of Birth: Please ensure that this matches with the Date of Birth as indicated in the PAN card.
3. Nationality: Foreign Nationals are not allowed to apply, unless they are Non-Resident Indians (NRIs) or Persons of Indian Origin (PIO).
4. Status: Please tick your current residential status.
5. PAN: PAN is mandatory to be KYC compliant. Please read instruction given in 6(i) above carefully.
6. Please affix most recent colour photograph and sign across the photograph.

B. Address Details

1. Address for Communication: Please provide here the address where you wish to receive all communications sent by the Mutual Funds with whom you invest. **The address you give here will supercede existing information in the records of the Mutual Fund/Registrars and Transfer Agent to the Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.**
2. Contact Details: Please provide your Telephone/Email contact details. The contact details given by you here **will not supercede** existing information in the records of the Mutual Fund/Registrars and Transfer Agent to the Mutual Fund. You will have to independently communicate the same to them in case of any change(s).

3. Proof of Address Documents: Please note that **each** of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your or your spouse/parent's (documents to establish relationship also to be submitted) name as supporting documents. Please tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission):

• Latest* Telephone Bill • Latest* Electricity Bill • Passport • Driving License • Latest* Bank Passbook • Latest* Bank Account Statement • Voter Identity Card • Ration Card • Latest* Demat Account Statement • Registered Lease/Sale Agreement of residence • Proof of Address issued by Bank Managers of Scheduled Commercial Banks/Multinational Foreign Banks/Gazetted Officer/Notary Public/Elected Representatives to the Legislative Assembly/Parliament/Document issued by any Government or Statutory Authority
* These documents should not be more than three months old as on the date of submission of this form.

4. Permanent Address/Overseas Address: If you are a Resident Indian, and your Permanent address is different from the one mentioned in the Address for Correspondence, please state it here. If you are a Non-Resident Indian or a Person of Indian Origin, it is mandatory for you to state your Overseas Address here.

C. Other details

1. Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
2. Occupation details: Please indicate your current occupation by ticking the one most applicable to you. You are required to fill up the next section, if it additionally applies to you.

After you have completed filling up the KYC Application Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purpose, which you can retain for your records. Other important notes, after the KYC Acknowledgement is issued to you:

1. Please preserve the document from CVL which confirms your KYC compliance. You will need to attach photocopies of this document when you invest for the first time in every folio, in any Mutual Fund.
2. If you observe any error in the details captured by CVL, you are requested to approach your nearest designated PoS.
3. If you are already holding investments in any Mutual Funds, please provide a copy of your KYC acknowledgement, giving details of your folio/account numbers to such Funds or their Registrars. Please note that your signature on the KYC Application Form should match with that on the records of the Mutual Funds.
4. In respect of new investors, signature on the Application Form for investing/transacting in Mutual Fund should match with that on this KYC Application Form.
5. After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change form. **It should be noted that only after such registration will the change be reflected in the Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from Mutual Funds to reach them at their new address.** Original/Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. **For any other investment related information or changes thereto, the applicant should approach the Mutual Funds or their Registrars.**

CHECKLIST

(Before submitting this form, please go through the following checklist)

1. Please ensure that the form is completed in all respects and signed by you.
2. Please affix your recent photograph and sign across the photograph.
3. Please attach a copy of your PAN card as proof of Identity Document. This should be a photocopy plus original for verification.
4. Please attach a Proof of Address Document (one for each distinct address). These should be either original + photocopies or attested/notarised photocopies.
5. If you are an NRI, you must mention your overseas address in B(4) and also submit your passport copy.
6. Please submit a photocopy of the duly completed KYC Application Form.

For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.

IMPORTANT NOTES – PLEASE READ BEFORE FILLING UP THE FORM

1. This KYC Application Form is for use by **NON-INDIVIDUALS** only. A separate form is provided for **INDIVIDUALS**.
2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which is a Participating Mutual Fund for the purpose of the KYC compliance. Participating Mutual Fund means any SEBI registered Mutual Fund which has subscribed to the services of CDSL Ventures Limited (CVL) for compliance of the KYC procedure. A list of Participating Mutual Funds is available on the website of AMFI at www.amfiindia.com.
3. Subscription to Participating Mutual Fund Units may be made only after obtaining the KYC Acknowledgement at their respective designated Points of Acceptance / Investor Service Centres.
4. Investors must attach their KYC Acknowledgement along with the Investment Application Form(s) / Transaction Slip(s) while investing for the first time in every folio. Applications Forms / Transaction Slips not accompanied by KYC Acknowledgement are liable to be rejected by the Participating Mutual Funds.
5. **Power of Attorney (PoA) Holder:** Investors desirous of investing through a PoA must note that the KYC requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should obtain KYC compliance in their independent capacity and quote them while investing.
6. Participating Mutual Funds require investors to provide their identity and address information, supported by documentary evidence for the "Know

Your Client" requirements laid down by the Prevention of Money Laundering Act, 2002 (PMLA). They reserve the right to seek any additional information / documentation in terms of the PMLA at any point of time.

7. Participating Mutual Funds/ CVL will not be liable for any errors or omissions on the part of the applicant / Unit holders in the KYC Application Form. Documents received in support of KYC requirements will be verified at the designated "Points of Service" (PoS) on a best effort basis. However acceptance and processing of the KYC Application Form is subject to independent verification by CVL. In the event of any KYC Application Form being rejected for lack of information / deficiency / insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
8. The Participating Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios / rejection of any application / non-allotment of units or mandatory redemption of units / refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC / Mutual Fund believes that transaction(s) by an applicant / investors is / are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
9. Once the investor is KYC compliant, it will be required to intimate its KYC details to all the Participating Mutual Funds with whom it has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by it (identified by its PAN) in the records of the Participating Mutual Fund.

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

General

1. The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS**.
2. Please tick in the appropriate box wherever applicable.
3. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be countersigned by the applicant.
4. Applications incomplete in any respect and / or not accompanied by required documents are liable to be rejected.
5. Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMFI at www.amfiindia.com, www.cdslindia.com and Mutual Fund websites.

A. Identity Details

1. Name : **This should match exactly with the name as mentioned in the PAN Card and other supporting documents; otherwise the application is liable to be rejected. If the PAN Card and other supporting document has a name by which the applicant has been known differently in the past, than the one provided in this Application Form, then requisite proof should be provided, e.g. Name Change Certificate.**
2. Please mention the date of incorporation or registration of your organisation. If your company is listed on the National Stock Exchange of India Limited, please mention the scrip symbol.
3. Please indicate the Status as applicable.
4. It is **MANDATORY** to mention your PAN in the space provided and attach a self attested photocopy of the PAN Card. Please also submit your original PAN Card which will be returned across the counter after verification.

B. Address Details

1. Address for Communication : Please provide here the address where you wish to receive all communications sent by the Participating Mutual Funds with whom you invest. The address you give here will supercede existing information in the records of the Participating Mutual Fund / Registrars and Transfer Agent to the Participating Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.
2. Contact Details: Please provide the Contact Person's Name / Telephone / E-mail contact details for the Participating Mutual Fund to communicate with you. The contact details given by you here will not supercede existing information in the records of the Participating Mutual Fund / Registrars and Transfer Agent to the Participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).
3. Permanent Address / Registered Address / Overseas Address: FIs / other entities must quote their Permanent Overseas Address supported by required documents duly certified.

C. Other Details

1. Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
2. All documents indicated here are **MANDATORY**. Please ensure that you submit the documents as under:
 - Original Documents + Self-attested photocopies (Originals will be returned over-the-counter after verification) **OR**
 - True Copies attested by Company Secretary / Director / Notary Public / Gazetted Officer / Manager of a Scheduled Commercial Bank (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document or of notarised copies are not acceptable
 - If the above documents including attestation / certifications are in regional language or foreign language then the same must be translated into English for submission.

After you have completed filling up the Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purposes, which you can retain for your records. Other important notes, after the KYC Acknowledgement is issued to you:

1. Please preserve the document from CVL which confirms your KYC compliance. Please attach photocopies of this document when you invest for the first time in every folio, in any Participating Mutual Fund.
2. If you observe any error in the details as captured by CVL, you are requested to approach the nearest designated PoS.
3. If you are already holding investments in any Participating Mutual Fund, please provide a copy of your KYC acknowledgement, giving details of your folio / account numbers to such Funds or their Registrars. Please note that your signature on the KYC Application Form should match with that on the records of the Participating Mutual Fund.
4. In respect of new investors, signature on the Application Form for investing / transacting in Participating Mutual Fund should match with that on this KYC Application Form.
5. After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change form. **It should be noted that only after such registration will the change be reflected in the Participating Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from Participating Mutual Funds to reach them at their new address.** Original / Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. **For any other investment related information or changes thereto, the applicant should approach the participating Mutual Funds or their Registrars.**

CHECKLIST

(Before submitting this Form, please go through the following checklist)

1. Please ensure that the form is completed in all respects and signed by the authorised signatories.
2. Foreign Institutional Investors must mention their overseas address in B(2).
3. Please attach all required documents. These should be either original + photocopies or attested / notarised photocopies.
4. Please submit a photocopy of the duly completed KYC Application Form.

For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.

GUIDANCE NOTES TO HELP YOU FILL THE AUTOSWITCH ENTRY FORM

This form should be used to indicate the BSE Sensex levels at which you wish to AutoSwitch entry from the Debt (source) Scheme to the Equity (target) Scheme.

This form should always be submitted with a form for a Fresh purchase (Common Application Form) or an Additional purchase (Transaction Form/Transaction slip).

1. Please furnish the name of the sole/first applicant and the folio number (existing investor)/application number (new applicant) in the space provided.
2. Please indicate the source scheme and the target scheme for the AutoSwitch at the desired BSE Sensex levels. The AutoSwitch entry will be available only with respective Retail Plan of the Source Schemes.
 - a. The following schemes are available for AutoSwitch Entry:
Source Schemes (Debt): **Fidelity Cash Fund, Fidelity Flexi Bond Fund, Fidelity Ultra Short Term Debt Fund, Fidelity Flexi Gilt Fund** or any other Debt scheme that may be launched at a later date.
Target Schemes (Equity): **Fidelity Equity Fund, Fidelity India Special Situations Fund, Fidelity Tax Advantage Fund, Fidelity India Growth Fund, Fidelity India Value Fund, Fidelity International Opportunities Fund** or any other Equity scheme that may be launched at a later date.
 - b. A maximum of 4 AutoSwitch entry levels can be chosen by you. These will be the closing BSE Sensex value (in multiples of 100 points). E.g. If at the time of investing, the BSE Sensex is at 16000, you can define AutoSwitch entry levels at 15600, 15200, 15700 and 15500.
 - c. For each level indicated by you, please specify the proportion of units (in percentage terms) to be AutoSwitched. AutoSwitch entry levels will apply to only those units which are allotted against investments made through a Common Application Form/Transaction Form/Transaction Slip, which is submitted along with the AutoSwitch entry form. Please indicate the percentage of investment at each level for AutoSwitch in multiples of 5% with a minimum percentage of 10%. Please ensure that the total percentage adds up to 100%. If the percentage figures are not provided, the AutoSwitches will be effected in equal proportion. (e.g. if two levels are indicated they will be assumed to be 50% each).
 - d. It will take 7 days to register the AutoSwitch entry once this form is accepted; and if the desired level is reached within 7 days, an AutoSwitch will not be triggered.
 - e. Please ensure that this section is completed for your AutoSwitches to be registered. The purchase application may be processed independently.
 - f. If on a particular business day, two or more levels are reached, AutoSwitches will be processed by transferring the cumulative percentage of the amount registered against each of the levels into the Target Scheme.
E.g. if the BSE Sensex level is at 16000 and you have registered the following levels:

BSE Sensex Levels	Instalments (%)
15600	30
15200	15
15700	25
15500	30

After registration, if the closing BSE Sensex level touches 15550, it means two levels are reached (15600 and 15700). In this case, 55% of the units invested will AutoSwitch into the Target scheme on the said date.

- g. If a registered level is not reached within 12 months from the date of registration, you can systematically AutoSwitch the balance units into the target scheme in 6 equal instalments (starting from the thirteenth month) on the 1st business day of every month or remain invested in the source scheme. Please tick your option in the box provided.
3. If during the period of registration, you partially or fully redeem or switch out units from the source scheme, it could result in a shortfall of units to be AutoSwitched at the pre-determined levels. In such a case, the AutoSwitch entry will not be executed and the registration will be cancelled.
 4. Please note that you cannot modify an AutoSwitch registration, but you can cancel it by writing to us.

GUIDANCE NOTES TO HELP YOU FILL THE AUTOSWITCH EXIT FORM

This form should be used to indicate the percentage of appreciation in NAV at which you wish to AutoSwitch exit from the Equity (source) Scheme to the Debt (target) Scheme.

This form should always be submitted with a form for a Fresh purchase (Common Application Form) or an Additional purchase (Transaction Form/Transaction Slip).

1. Please furnish the name of the sole/first applicant and the folio number (existing investor)/application number (new applicant) in the space provided.
2. Please indicate the source scheme and the target scheme for the AutoSwitch at the desired appreciation level in NAV. The AutoSwitch exit will be available only with respective Retail Plan of the Target Schemes.
 - a. The following schemes are available for the AutoSwitch Exit:
Source Schemes (Equity): **Fidelity Equity Fund, Fidelity India Special Situations Fund, Fidelity India Growth Fund, Fidelity India Value Fund, Fidelity International Opportunities Fund** or any other Equity scheme that may be launched at a later date. **Please note that the AutoSwitch Exit is not available for Fidelity Tax Advantage Fund.**
Target Schemes (Debt): **Fidelity Cash Fund, Fidelity Flexi Bond Fund, Fidelity Ultra Short Term Debt Fund, Fidelity Flexi Gilt Fund** or any other Debt scheme that may be launched at a later date.
 - b. Please select from one of the given rates of appreciation or mention your desired rate in the space provided (in multiples of 5%, with a minimum of 10%) at which the AutoSwitch will be triggered.
 - c. For each appreciation level indicated by you, please specify whether you wish to switch just the appreciation on your investment or the entire value of units invested. AutoSwitch exit level will apply to only those units which are allotted against investments made through a Common Application Form/Transaction Form/Transaction Slip, which is submitted along with the AutoSwitch exit form.
 - d. If you choose the 'appreciation' option, the AutoSwitch will be applicable every time the indicated appreciation level in NAV is achieved (i.e. until the unit balance becomes NIL). E.g. If the units invested are at a NAV of Rs. 10, and a AutoSwitch exit of 20% has been chosen, the first switch will be triggered when the NAV crosses 12.000, the second switch will be triggered when NAV crosses 14.400, and so on. There will be no time limit for the AutoSwitch exit level to be achieved.
 - e. It will take 7 days to register the AutoSwitch exit once this form is accepted; and if the desired appreciation level is reached within 7 days, an AutoSwitch will not be triggered.
 - f. Please ensure that this section is completed for your AutoSwitches to be registered. The purchase application may be processed independently.
3. If during the period of registration, you partially or fully redeem or switch out units from the source scheme, it could result in a shortfall of units to be AutoSwitched at the pre-determined levels. In such a case, the AutoSwitch will not be executed and the registration will be cancelled.