



NEW FUND OFFER APPLICATION FORM

FOR LUMP SUM/SYSTEMATIC INVESTMENTS



App. No. _____

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 |
|---|-------------------|-------------|------------------|
| U.R. FINANCIAL ARN - 1821 | | | |
| Upfront 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 EXISTING UNIT HOLDER(S) DETAILS (See Note 1)

If you have, at any time, invested in any scheme of Fidelity Mutual Fund and wish to hold your present investment in the same folio, please furnish the Name of Sole/First Unit holder & Folio Number below and proceed to Section 3.

Name of Sole/1st Holder _____ First Name _____ Middle Name _____ Last Name _____ Folio No. _____

2 APPLICANTS' PERSONAL DETAILS (See Note 2)

Sole/First Applicant _____ First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

Guardian (in case Sole/First Applicant is a minor) _____ Contact Person (in case of Non Individual applicants) _____

Second Applicant _____ First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

Third Applicant _____ First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

MODE OF HOLDING (Please ✓) Single OR Anyone or Survivor OR Joint

STATUS OF SOLE/FIRST APPLICANT (Please ✓)
 Resident Indian Individual | Non-Resident Indian Individual | PIO | Mutual Fund | FI | Bank | Trust | Government Body | Defence Establishment
 Company/Body Corporate | Partnership Firm | HUF | AOP/BOI | FII | Society | NGO | Others (please specify) _____

Address for Correspondence (P.O. Box Address is not sufficient) _____
City/Town _____ State _____
State _____ PIN _____
Tel. (Office) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) _____
Email ID _____ Fax (ISD) (STD) _____

Overseas Address (Mandatory for NRI/FII Applicants)

City/Town _____ State _____
Country _____ Postal Code _____

I/We would like to receive the Account Statement and Annual Report over E-mail instead of Post. (Please ✓)

3 PAN AND KYC/PROOF OF IDENTITY DETAILS (See Note 3)

| | | | |
|--|---|---|---|
| PAN | First Applicant | Second Applicant | Third Applicant |
| Other Proof of Identity (for Micro SIP only) | First Applicant | Second Applicant | Third Applicant |
| Identification No. (if any) | First Applicant | Second Applicant | Third Applicant |
| Enclosed (Please ✓) | <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter <input type="checkbox"/> Other Proof | <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter <input type="checkbox"/> Other Proof | <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter <input type="checkbox"/> Other Proof |

4 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 4)

Account No. _____ Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify) _____
Bank Name _____
Branch _____ City _____ (Clearing Circle)
MICR Code _____ (9 Digit No. next to your Cheque Number) IFSC Code _____ (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local Bank Branch)

We can directly credit your dividend/redemption payments into your bank account if your Bank is a part of RBI's NEFT clearance and settlement network. If you, however, wish to receive payments **by cheque only**, please indicate your preference for the same below.
I/We **DO NOT** wish to receive payments directly into my bank account and instead receive the same by Cheque (Please ✓)



ACKNOWLEDGEMENT SLIP

(To be filled in by the Applicant)

App. No. _____

Received from _____ Name of First Applicant/Unit holder _____ an application for investment in **Fidelity India Value Fund** Option _____

| Investment Type (✓) | Investment/SIP Instalment | Investment Cheque/First SIP Cheque Details |
|----------------------------------|---------------------------|---|
| <input type="checkbox"/> Lumpsum | Rs. _____ | Cheque No. _____ dated DD MM YYYY drawn on _____ Bank _____ Branch _____ City _____ |
| <input type="checkbox"/> SIP | | |

For Office Use Only
Acknowledgement Stamp & Date

Subject to realisation of cheque and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

5 INVESTMENT & PAYMENT DETAILS (Please ✓ Option and then choose Section A or B below) (See Note 5)

Scheme Fidelity India Value Fund Option (Please ✓) Growth OR Dividend Reinvestment OR Dividend Payout

(A) LUMP SUM INVESTMENT:

Investment Amount Rs. A

DD Charges (if applicable) Rs. B

Net Amount (Cheque/DD Amount) Rs. A minus B

Mode of Payment (✓) Cheque Demand Draft Fund Transfer

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank _____ Branch _____ City _____

(B) SIP INVESTMENT:

Instalment Amount (Rs.) (A) _____ SIP Period See Note 5d(i) _____

Rs. Minimum Rs. 500 Till you instruct Fidelity to discontinue the SIP OR No. of Instalments (B) Minimum 6 Total Amount (C) = (AxB) Rs. (Minimum Rs. 5000)

First SIP Instalment Details:

Mode of Payment (✓) Cheque Demand Draft Pay Order

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank _____ Branch _____

Second and Subsequent Instalment Details: * Please fill in the 'To' date only if 'No. of Instalments above have been specified, otherwise leave blank.

SIP Period From MM YYYY To MM YYYY

SIP Date (Please ✓) 1st 10th 15th 25th All four dates i.e. 1st, 10th, 15th & 25th

SIP Frequency (Please ✓) Monthly Quarterly

Please also fill and attach the SIP Auto Debit Facility Form.

Cheque to be drawn favouring **"Fidelity India Value Fund"**

NRI/FII Investors*, please indicate source of funds for your investment (Please ✓) NRE | NRO | FCNR | Others Please specify

6 NOMINATION DETAILS (Please strike out this Section if you do not wish to nominate) (See Note 6)

If you wish to register a single nominee for your investments please fill in the nomination details below. If you wish to register multiple nominees for your investment please strike off the section below and fill in the multiple Nomination Form which is available on our website www.fidelity.co.in or any Fidelity Investor Service Centre.

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

| | |
|--|--|
| Name and Address of Nominee | To be furnished in case Nominee is a Minor (strike out if not applicable) |
| Name _____ | Name of Guardian _____ |
| Address _____ | Address of Guardian _____ |
| Date of Birth (in case Nominee is a minor) <u>DD MM YYYY</u> | Signature of Guardian (Mandatory) <input checked="" type="checkbox"/> _____ |

7 DECLARATION AND SIGNATURES (See Note 7)

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme 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 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 hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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 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 rolling 12 month period. 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 FOR NRIs:** 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.

SIGNATURE(S) (ALL APPLICANTS must sign here) _____ Date DD MM YYYY

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sole/First Applicant | Second Applicant | Third Applicant |
| If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below: | | |
| Name <u>POA Holder for Applicant 1</u> | Name <u>POA Holder for Applicant 2</u> | Name <u>POA Holder for Applicant 3</u> |
| PAN <input type="text"/> | PAN <input type="text"/> | PAN <input type="text"/> |

CONTACT US

Phone 1800 2000 600 (toll-free) OR 0124 3915659 (at long distance rates)

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

E-Mail investor.line@fidelity.co.in

Website www.fidelity.co.in

In case of new applicants this Form needs to accompany the NFO Application Form for Registration of SIP through Auto Debit (ECS/Direct Debit).

SIP AUTO DEBIT FACILITY FORM

Registration-cum-Mandate Form for ECS/Direct Debit



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 |
|---|-------------------|-------------|------------------|
| U.R. FINANCIAL ARN - 1821 | | | |
| Upfront 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)

| | | |
|--|--|--|
| PAN _____ First Applicant | PAN _____ Second Applicant | PAN _____ Third Applicant |
| Enclosed (Please ✓) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter | Enclosed (Please ✓) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement Letter | Enclosed (Please ✓) <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 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 rolling 12 month period. 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 / /

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 _____ 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) _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">Scheme</th> <th style="font-size: small;">Fidelity India Value Fund</th> <th style="font-size: small;">Option</th> </tr> <tr> <td style="font-size: small;">SIP Auto Debit Date</td> <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> <td></td> </tr> <tr> <td style="font-size: small;">Frequency (Please ✓)</td> <td> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly </td> <td></td> </tr> <tr> <td style="font-size: small;">SIP Instalment Amount</td> <td>Rs. (Min. 500)</td> <td></td> </tr> <tr> <td style="font-size: small;">SIP Auto Debit Period</td> <td>From <u> </u> / <u> </u> / <u> </u> To* <u> </u> / <u> </u> / <u> </u></td> <td></td> </tr> </table> | Scheme | Fidelity India Value Fund | 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 Instalment Amount | Rs. (Min. 500) | | SIP Auto Debit Period | From <u> </u> / <u> </u> / <u> </u> To* <u> </u> / <u> </u> / <u> </u> | |
|---|--|--------|---------------------------|--------|---------------------|---|--|----------------------|---|--|-----------------------|----------------|--|-----------------------|--|--|
| Scheme | Fidelity India Value Fund | 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 Instalment Amount | Rs. (Min. 500) | | | | | | | | | | | | | | | |
| SIP Auto Debit Period | From <u> </u> / <u> </u> / <u> </u> To* <u> </u> / <u> </u> / <u> </u> | | | | | | | | | | | | | | | |

*Please fill in the 'To' date only if 'No. of Instalments' have been specified in the NFO Application 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) _____ | 2nd Bank Account Holder _____ | 3rd Bank Account Holder _____ |
| Signature(s) of Bank Account Holder(s) XX _____ | XX _____ | XX _____ |

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

Date / /

| | |
|---|---|
| ATTESTATION BY THE BANKER (Mandatory, if your First SIP Instalment 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; width: 80%; margin: 0 auto; padding: 5px;"> Bank Stamp & Date </div> |
|---|---|

| | |
|---|--|
| FOR OFFICE USE ONLY (not to be filled in by investor) Recorded on <u> </u> / <u> </u> / <u> </u> Recorded by _____ Credit A/c. No. _____ | We confirm that we have taken the above ECS/Auto Debit instructions on our records. Stamp of Bank Branch Manager _____ Signature _____ Name _____ |
|---|--|