

COMMON APPLICATION FORM
OFFER OF UNITS OF FACE VALUE OF RS. 10/- EACH

11, Scindia House
Connaught Place, New Delhi - 110001
Trustee : Escorts Investment Trust Limited

Name and AMFI Reg. No. (ARN)	Sub Broker's Code
ARN-97821	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1. EXISTING UNITHOLDER	If you are an existing Unit holder of the Fund, please state your folio Number If yes, you need not fill in unitholder information (2) below.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2. UNITHOLDER INFORMATION (Leave one box between the first, middle and last name, **FILL IN CAPITAL LETTERS**)

Sole/First Applicant Mr./Ms./M/s.	First Name	Middle Name	Last Name
Name of Gaurdian (In case of minor)			
Contact Person (For institutional Investors)			
	Date of Birth(dd/mm/yy) Optional	<input type="text"/>	<input type="text"/>
	Date of Birth (Mandatory) (In case of minor)	<input type="text"/>	<input type="text"/>
Second Applicant			
Third Applicant			
Mailing Address			
Contact Particulars	City	State	Pin Code (Mandatory)
	Ph.: Office	Residence	Mobile
	Fax :	Email:	


PAN/GIR NO.	Sole/First Applicant	Second Applicant	Third Applicant
KYC Compliance Proof Enclosed (Mandatory for Investors investing Rs.50,000/- and above)	Sole/First Applicant [Please Tick (✓)] ()	Second Applicant [Please Tick (✓)] ()	Third Applicant [Please Tick (✓)] ()

BANK ACCOUNT DETAILS (Mandatory as per SEBI Directives)

Name of your Bank	Branch	Bank City
Your Account No.		Bank Pincode (Mandatory)
Account Type [Please tick ()] <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR		

ELECTRONIC CLEARING SERVICES (ECS)	The 9 digit MICR Code	*IFSC Code
You may choose to receive dividend, in your bank account through the Electronic Clearing Service.	<input type="text"/>	<input type="text"/>
<p>(The 9 digit code appears on your cheque next to the cheque number)</p> <p>Important : Please attach a blank "Cancelled" Cheque or a photo copy of the cheque.</p> <p>* For Direct Credit through Electronic Payment under NEFT/RTGS#</p>		
<input type="checkbox"/> I/We authorise Escorts Mutual Fund to credit my/our dividend through ECS. Please (✓)		

3. MODE OF HOLDING [Please tick (✓)]	STATUS (of Sole/First Applicant) [Please tick (✓)]	OCCUPATION (of Sole/First Applicant) [Please tick (✓)]
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone /Survivour <input type="checkbox"/> Either or Survivour	<input type="checkbox"/> Resident Individual <input type="checkbox"/> AOP/BOI <input type="checkbox"/> FIs <input type="checkbox"/> Partnership <input type="checkbox"/> NRI <input type="checkbox"/> OCBs <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> HUF <input type="checkbox"/> On behalf of minor <input type="checkbox"/> Other	<input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Housewife

 ESCORTS MUTUAL FUND	ACKNOWLEDGMENT SLIP (To be filled in by the sole/First Applicant) Escorts Mutual Fund (Cheque / Demand Draft are subject to realisation)	ARN-97821 Date : _____ Time : _____
Recieved from Mr./Ms./M/s. _____ an application for Units as per details below:		
<input type="checkbox"/> ESCORTS INCOME PLAN <input type="checkbox"/> ESCORTS TAX PLAN <input type="checkbox"/> ESCORTS BALANCED FUND <input type="checkbox"/> ESCORTS LIQUID PLAN <input type="checkbox"/> ESCORTS INCOME BOND <input type="checkbox"/> ESCORTS LEADING SECTORS FUND	<input type="checkbox"/> ESCORTS GROWTH PLAN <input type="checkbox"/> ESCORTS GILT PLAN <input type="checkbox"/> ESCORTS OPPORTUNITIES FUND <input type="checkbox"/> ESCORTS FLOATING RATE FUND <input type="checkbox"/> ESCORTS HIGH YIELD EQUITY PLAN <input type="checkbox"/> ESCORTS POWER & ENERGY FUND	Rs. _____ Cheque/DD No. _____ Dated _____ Bank _____ Branch _____
Transaction Date,Time		

Available as alternative where ESC facility is not provided and subject to minimum no. Of cases available with AMC at one location, Investors are advised to provide a cancelled cheque bearing 11 digit IFSC Code to avail NEFT/RTGS facility.

4. SCHEMES ((PLEASE ✓))

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Escorts Income Plan | <input type="checkbox"/> Escorts Gift Plan | <input type="checkbox"/> Escorts Opportunities Fund | <input type="checkbox"/> Escorts Growth Plan |
| <input type="checkbox"/> Escorts Liquid Plan | <input type="checkbox"/> Escorts Floating Rate Fund | <input type="checkbox"/> Escorts Balanced Fund | <input type="checkbox"/> Escorts Tax Plan |
| <input type="checkbox"/> Escorts Leading Sectors Fund | <input type="checkbox"/> Escorts Power & Energy Fund | <input type="checkbox"/> Escorts Income Bond | <input type="checkbox"/> Escorts High Yield Equity Plan |

Minimum application amount is Rs.1000/- for all the schemes except for Tax Plan which is Rs. 500/-

Amount in Figures (Rs.) D.D Charges (Rs.) Net Amount (Rs.)

Cheque/Draft No. Date Amount in Words (Rs.)

Bank Name/Branch

Cheque/Draft payable in favour of *Escorts Income Plan / Escorts Gift Plan/Escorts Opportunities Fund/Escorts Growth Plan/Escorts Liquid Plan/
Escorts Floating Rate Fund/Escorts Balanced Fund/Escorts Tax Plan/Escorts Leading Sectors Fund/Escorts Power & Energy Fund/Escorts Income
Bond/Escorts High Yield Equity Plan.

- ☐ Growth Plan*
☐ Dividend Plan
☐ Daily ☐ Weekly ☐ Monthly
() Payout () Reinvestment
☐ Bonus Option (Please ✓)

* Default Option growth

5. SYSTEMATIC INVESTMENT PLAN (SIP) (For Auto Debit Please use SIP Auto Debit Form)

Frequency ☐ Monthly ☐ Quarterly ☐ Enrolment Period From..... (dd/mm/yy) To..... (dd/mm/yy)

Please find enclosed my/our Cheque of Rs.* Each for Months/quarters. The Cheque date should be either 1st or 10th or 25th every month/quarter.

*Minimum Rs.1000/- (Monthly)

* Minimum Rs. 1500/- (Quarterly)

SIP Date ☐ 1st ☐ 10th ☐ 25th

Cheque Nos. From To

Drawn on Bank Branch

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) ((Please Tick ✓))

Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly SWP Date ☐ 1st ☐ 10th

Scheme

Fixed Amount (Rs.) # OR Capital Appreciation ☐

#Minimum Rs.1000/- Period from: M/Y M/Y.....

* In case of Application Withdrawal Option Please note that first withdrawal would be effected after a month/quarter from the start date.

7. SYSTEMATIC TRANSFER PLAN (STP)

Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly

From ELP/EFRR to ☐ Fixed amount (Rs.) (Min Rs.1000/-)

(Minimum balance should be Rs.1 Lakh) ☐ Capital Appreciation (Min. Rs.500/-)

No. Of installments (Min. 6 installments)

Transfer Date ☐ 1st of every month/beginning of quarter ☐ 15th of every month/beginning of quarter

8. NOMINATION

Name of the Nominee Name of the Guardian

Address: (If the Nominee is minor)

Relationship (If applicable)

I/We hereby nominate the above person to receive all the amounts to my credit in the event of my/our death. Payment to the nominee of the redemption amount shall discharge the Mutual Fund of all liability towards the estate of the deceased Unit holder(s) and his/her/their successor(s) legal heir(s).

9. E-MAIL COMMUNICATION (Optional)

I/We wish to receive via e-mail ☐ Account Statement ☐ Quarterly Review & Annual Report ☐ Change Of Address ☐ Transaction Confirmation

10. DECLARATION

The Trustee
Escorts Mutual Fund,

I/We have read and understood the offer document(s) of Escorts Mutual Fund. I/We apply for the units of the scheme(s) and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the term & conditions. Its investment objectives, investment pattern, fundamental objectives and risk factors applicable to the respective Fund(s). I/We agree to abide by the terms, conditions, rule and regulations of the plans(s). I/We understood the details of the scheme and I/We have not received not been induced by any rebater gifts, directly or indirectly, in making this 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.

APPLICABLE FOR NRIs/OCBs

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 Non-Resident External Account / FCNR

Account. ☐ Yes ☐ No.
If Yes, ☐ Repatriation ☐ Non Repatriation

11. SIGNATURES (Please use black ink)

First Applicant

Second Applicant

Third Applicant

BRANCH NETWORK

Agra: 9837891777, 9897072526, **Ahmedabad:** 602, 6th Floor Sakar 5 Behind Natraj Cinema Ashram Road Ahmedabad-380014 Tel- 9327050566, 9879134342, 079-26582036, **Allahabad:** 132 B/28, Anant Raj Plaza Complex, Shop-6, MG Rd. Allahabad, Pin:211001 Tel-9838037901, 0532-2424108, **Bangalore:** Unit No-401 4th Floor No 12 Richmond Tower Richmond Road Bangalore- 560025 Tel- 080-41145216, **Bhopal:** Mob.: 9303460739, **Bhuvaneshwar:** Anihant Plaza, Shop No.6 Ground Floor, B-50, Shaheed Nagar, Bhuvaneshwar (Orissa)-7511007 Tel- 9861090234, 0674-2540106, **Bokaro:** Sector 1C Or No 178 Bokaro Steel City Jharkhand-827001 Tel-9334171028, 9835772583 **Chandigarh:** SCO-50-51, 1st Floor Sector-17A Chandigarh-160017, Tel-0172-5078628, **Delhi:** 11 Scindia House Connaught Place K G Marg, New Delhi-110001 Tel-9350004359, 9971811169, 43587420, 43587415 **Dehradun:** Shop No. 23, 1st Floor, Rohini Plaza, 11-E, Rajpur Road, Dehradun-248001 Tel.-9927700144, 0135-2650142, **Faridabad:** Post Office, Escorts Nagar, Building, 1st Floor, Near Escorts Plant-1, Main Mathura road, Faridabad, Pin: 121005, Tel- 9873180688, **Gurgaon:** 9873180688, 9899431879, **Ghaziabad:** 9873180688, 9718316562 **Jaipur:** 2nd floor, Kataria Bhawan, M I Road, Jaipur-302001, Tel-9314519533, **Jamshedpur:** Kamani Centre Shop No-119 Third Floor Bistupur Jamshedpur-831001 Tel-9709169223, 0657-2321909, **Jodhpur:** Exchange Building Shop No 17-B 18 Mezzanine First Floor First Chopasani Road Jodhpur Tel-9829212716, 0291-2652716, **Kanpur:** Office No-311 Third Floor Kan Chambers 14/113 Civil Lines Kanpur-208001 Tel-9838427271, 0512-2367927 **Karnal** - SCO 98, 2nd floor, Mugal Kanal Market Tel - 09255734734, **Kolkata:** Crescent tower First Floor 229 AJC Bose Road Kolkata-700020 Tel.033-40036013, **Lucknow:** Chitrahra Second Floor 3 Nawal Kishore Road Lucknow-226001 Tel 9839107801, 9918101099, 0522-3261208, **Mumbai:** Room No 1B -1 Mezzanine Level 20 Raja Bahadur Mansion Ambalal Doshi Marg Hamam Street Behind BSE Fort Mumbai-400023 Tel-022-22626595, **Nagpur:** PMR Business Centre, Office-203, 2nd Floor, Laxmi Bhuvan square, Dhamapeth, Nagpur, Pin: 440010, Tel-9881122258, **Noida:** Shop No.76, 1st Floor, Ansal Fortune Arcade, Sector 18, Noida, Pin: 201301 Tel- 9899431879, 9873180688, **Patna:** 114-B Ashoka Place Exhibition Road Patna-800001 Tel-9835066510, 9334179682, 9308398877, 0612-2500340, **Pune:** Global Trade Centre, Office No.8, 1/1, Rambaug Colony, LBS road, Navi Peth Pune-411030, Tel-9890809099, 9890571038, 020-24335460, **Siliguri:** Tel-9933049191, 9832007082, **Vadodra:** Siddharth Complex, Office No. 215, 2nd Floor, RC Dutta Road, Vadodra Pin: 390007, Tel-9327050566, 9974144904, 0265-3249118, **Varanasi:** B-21/2A, Chinatown Complex, Kamaksha, Nr. Rathayatra Crossing, Varanasi, Pin: 221010 Tel: 9839125720, 0542-2400954.