

## Morgan Stanley

App.  
No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No.	Sub-Broker/Branch Code	Distributor Unique Identification Number	Date of receipt	For office use
ARN-97821				

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

**TRANSACTION CHARGES** (Please tick (✓) any one of the below. Refer Instruction no. 13)

<input type="checkbox"/> I am a first time investor in Mutual Funds	or	<input type="checkbox"/> I am an existing investor in Mutual Funds
Rs. 150 will be deducted as transaction charges for transaction of Rs. 10,000 and more		Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more

# 1 EXISTING UNIT HOLDER'S INFORMATION (Please mention the details below and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.)

<b>Folio No.</b>	<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"/>	<input type="text"/>	Please <input checked="" type="checkbox"/> KYC (Mandatory - Please attach proof) (Refer instruction 5B)
<b>PAN No.</b>	<input type="text"/>						<input type="text"/>		<input type="text"/>		(If PAN is already validated, please don't attach any proof.)	

## 2a NEW APPLICANT'S INFORMATION

NAME OF THE SOLE/FIRST APPLICANT										Date of Birth			Sex		
(Mr./Ms./Mrs./M/s/Others)		First Name		Middle Name		Last Name		DD		MM		YYYY		<input type="checkbox"/> Male <input type="checkbox"/> Female	
PAN (Mandatory)				Please <input checked="" type="checkbox"/> KYC (Mandatory - Please attach proof) (Refer instruction 5B)											

**LEGAL STATUS OF SOLE/FIRST APPLICANT** (Please ✓)

☐ Individual    ☐ HUF    ☐ Company/Body Corporate    ☐ Trust    ☐ Partnership    ☐ FII    ☐ Bank/FI    ☐ AoP/Bol    ☐ LLP  
☐ Club/Society    ☐ PIO    ☐ Minor through Guardian    ☐ NRI Repatriable    ☐ NRI Non Repatriable    ☐ NGO    ☐ Defence Establishment    ☐ Others (please specify) \_\_\_\_\_

OCCUPATION OF SOLE/FIRST APPLICANT (Please ✓)

☐ Service ☐ Business ☐ Professional ☐ Student ☐ Retired ☐ Housewife ☐ Agriculture ☐ Others (please specify) \_\_\_\_\_

**GUARDIAN** (if sole/first applicant is minor)/**CONTACT PERSON** (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person)

(Mr /Ms /Mrs /M/s/Orhore)	First Name	Middle Name	Last Name

PAN (Mandatory)										Please <input checked="" type="checkbox"/> KYC (Mandatory - Please attach proof) (Refer instruction 5B)									
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NAME OF THE SECOND APPLICANT				Date of Birth		
(Mr./Ms./Mrs./M/s/Others)	First Name	Middle Name	Last Name	DD	MM	YYYY

NAME OF THE THIRD APPLICANT										Date of Birth		
(Mr /Ms /Mrs /M/s/Others)												
First Name			Middle Name			Last Name				DD MM YYYY		

PAN (Mandatory)										Please <input checked="" type="checkbox"/> KYC (Mandatory - Please attach proof) (Refer instruction 5B)									
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**Mode of Operation** (Please ☒) ☐ Single ☐ Joint ☐ Anyone or Survivor

<b>POA HOLDER DETAILS</b> (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)						<b>PAN (Mandatory)</b>	Please <input checked="" type="checkbox"/> KYC (Mandatory - Please attach proof) (Refer instruction SBI)
(Mr./Ms./Mrs./M/s/Others)	First Name	Middle Name	Last Name				

**2b CONTACT DETAILS OF SOLE/FIRST APPLICANT**

Address for Correspondence (Please fill complete address. Indian address in case of NRI/FII applicants)				Overseas Address (Mandatory for NRI/FII applicants)			
City/Town _____				City/Town _____ State _____			
State _____		PIN [ ][ ][ ][ ][ ][ ][ ]					
Tel. (Office) (ISD) [ ] (STD) [ ]		Tel. (Res.) (ISD) [ ] (STD) [ ]		Country _____		Postal Code _____	
Fax (ISD) [ ] (STD) [ ]		e-mail _____		Mobile (ISD) [ ]			

The AMC will by default send the Account Statement, Annual Report and Other Statutory Information by e-mail, if provided. However, you may request for physical copies by ticking the following options (Please ☒ ☐ Account Statement ☐ Annual Report ☐ Other Statutory Information  
I/We would like to apply for a PIN (this would enable to access your account via internet and phone) (Please ☒ ☐

### 3. DEFAULT BANK ACCOUNT DETAILS (MANDATORY) FOR RECEIVING REDEMPTION PAYMENTS AND DIVIDEND PAYOUTS

To register multiple bank accounts, please use separate Multiple Bank Accounts Registration Form.

Account No. \_\_\_\_\_ Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others \_\_\_\_\_ (please specify)

(Please ✓)

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ MICR Code \_\_\_\_\_ (This is a nine digit number next to your Cheque Number)

IFSC Code \_\_\_\_\_ (This is an eleven digit alpha numeric number on your cheque)

Morgan Stanley

**ACKNOWLEDGEMENT SLIP**  
(To be filled in by the Applicant/Authorised Signatory)

App.  
No.

ARN-97821

Received from \_\_\_\_\_ (To be filled in by the Applicant/Authorised Signatory)  
(Mr./Ms./Mrs./M/s/Others) \_\_\_\_\_  
towards application for units of \_\_\_\_\_ **Plan** \_\_\_\_\_  
**Option** (Please ✓) ☐ Growth or ☐ Dividend Payout or ☐ Dividend Reinvestment **Dividend Frequency** \_\_\_\_\_

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details		
<input type="checkbox"/> Lump Sum <input type="checkbox"/> SIP	Rs. _____	Cheque No. _____	dated _____	drawn on _____
		Bank _____	Branch _____	City _____

All purchases are subject to realisation of Cheque/DD. This acknowledgement slip is for unit holders reference only. Information provided in the form will be considered as final.

Collection centre/ISC stamp, date &amp; signature

**4 DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT / GUARDIAN - (Refer Instruction 12)**

Depository Name (Please ✓) ☐ National Securities Depository Limited ☐ Central Depository Services (India) Limited

Depository Participant Name \_\_\_\_\_

DP ID \_\_\_\_\_ Client ID \_\_\_\_\_

Please attach a copy of the DP statement/Client Master Form to enable us to verify the demat account details.

**5 INVESTMENT DETAILS**

Scheme \_\_\_\_\_

Option ☐ Growth or ☐ Dividend Reinvestment or ☐ Dividend Payout

Plan \_\_\_\_\_

Dividend  
Frequency \_\_\_\_\_

**6 PAYMENT DETAILS (Please choose section A or B below) (Refer Instruction 3)****(A) LUMP SUM INVESTMENT:** ☐ Non Third Party ☐ Third Party Payment (attach third party declaration form)

Investment Amount

Rs. \_\_\_\_\_ DD Charges (if applicable) Rs. \_\_\_\_\_ = Net Amount in Figures Rs. \_\_\_\_\_

Net Amount in Words \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Dated DD MM YYYY

Drawn on \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify) \_\_\_\_\_

**(B) SIP INVESTMENT**

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed \_\_\_\_\_ (Refer Instruction 5A on page 7)

SIP Amount (One or more SIP dates can be chosen)

Rs. \_\_\_\_\_ (Minimum Rs. 1000) SIP Date (Please ✓) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th SIP Frequency (Please ✓) ☐ Monthly or ☐ Quarterly

☐ Perpetual enrolment (Only for ECS facility) \_\_\_\_\_ to Dec. 2099 OR SIP Period From MM YYYY To MM YYYY

**First SIP Instalment Cheque Details:**

Cheque No. \_\_\_\_\_ Dated DD MM YYYY The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

Drawn on \_\_\_\_\_ Cheque favoring name of the scheme \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify) \_\_\_\_\_

☐ **SIP THROUGH AUTO DEBIT (ECS)**

Please also fill up the SIP Auto Debit (ECS) Facility Form

OR

☐ **SIP THROUGH POST-DATED CHEQUES\***

(\* Cheques for all Months/Quarters should be of same date)

Second and subsequent Instalment Cheque Details:

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Dated From DD MM YYYY To DD MM YYYY

**7 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) (Refer Instruction 11)**

I/We do hereby nominate the person more particularly described hereunder/and cancel the nomination made by me/us earlier. ☐ Nomination not required

Sr. No.	Name and Address of Nominee(s)*	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion <sup>^</sup> (%)
			(to be furnished in case the Nominee is a minor)		
1.	Nominee 1				
2.	Nominee 2				
3.	Nominee 3				

\*Maximum three nominees will be allowed

<sup>^</sup>Should aggregate to 100%. Would be allocated in equal proportion if left blank

**8 DECLARATION AND SIGNATURES**

The Trustees, Morgan Stanley Mutual Fund

I/We have read and understood the contents of the Scheme Information Document of the scheme(s) of Morgan Stanley Mutual Fund including the sections on "who cannot invest" and "important note on Anti Money Laundering, Know Your Customer (KYC) 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 am/We are authorised to make this investment and the amount invested in the scheme is through legitimate sources only and does not involve and is not designated 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 Morgan Stanley Mutual Fund, its Investment Manager and its agent to disclose details of my investment to my bank(s)/Morgan Stanley Mutual Fund's bank(s) and/or distributor/broker/investment advisor. 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. I/We understand that AMC reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information produced by me/us.

I/We confirm that 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 confirm that I/We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only.)

**Applicable for NRIs/Person of Indian Origin/HIs:** 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.

Date DD MM YYYY

SIGNATURES  
(ALL APPLICANTS must sign here)

Sole/First  
Applicant/  
Guardian/PoA

Second  
Applicant

Third  
Applicant