## **MAIN APPLICATION FORM**





App. No. C

-OPTIMIX-**MULTI MANAGER EQUITY FUND** An Open Ended Diversified Equity Scheme

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DISTRIBUTOR INFORMATION [only for AMF registered empanelled Distributors/Brokers]  DISTRIBUTOR SPARS (AND STAILS)  ARN — 97 8 2.1  APPLICANTS PERSONAL DETAILS  Refer instruction  TITLE  FIRST NAME  MIDDLE NAME  LAST NAME  DATE of Birth  DD MM YYYY MIN  AND PROVIDE SEA SEA (First Applicants is minor)  Formal of a profession of profession (for Institutional Applications) (professional birth profession of the Company of Southern Status of SOLE/FIRST APPLICANT (Please*)  Please provide a cap of profession (STAILS)  Status of SOLE/FIRST APPLICANT (Please*)  Please provide a cap of SOLE/FIRST APPLICANT (Please*)  Please of Sole (First STAILS)  Status of SOLE/FIRST APPLICANT (Please*)  Please of Sole (First STAILS)  Status of SOLE/FIRST APPLICANT (Please*)  Please provide a cap of Sole (First STAILS)  Status of SOLE/FIRST APPLICANT (Please*)    Sole (First STAILS)  STAILS (First STAILS)  STAILS (First STAILS)  STAILS (First STAILS)  STAILS (First STAILS)  Refer Instruction    Sole (First STAILS)  Refer Instruction    Sole (First STAILS)    So									
Distributor*/Broker* Code  ARN - 978 21  APRICANT PERSONAL DETAILS  SOLEPRIST APPLICANT  TITLE  FIRST NAME  MIDDLE NAME  LAST NAME  Date of Birth  D MM  YYYY  MIN  DATE OF DISTRIBLY  FOR SOLEPRIST APPLICANT  DETAIL (S)  SOLEPRIST APPLICANT (Please*)  Please provide proof of address  Refer instruction  OR  Form 60/s1 stached [Please*)  Please provide proof of address  Please provide proof of address  Country  FIRST NAME  Address for Correspondence [In india]  Overneas Address (mandatory in case of NRI/RI)  City  POA holder  Address for Correspondence [In india]  Overneas Address (mandatory in case of NRI/RI)  Status of SOLEPRIST APPLICANT (Please*)  Refer instruction  OR  FIRST NAME  Or POA holder  City  POA holder  City  POA holder  Trust  RegistraryBank Serial No.  Refer instruction  OR  Provide a copy of proof, Refer instructions (in)  OR  Form 60/s1 stached [Please*)  Provide a copy of proof, Refer instructions (in)  OR  Promotive provide provide provide proof of address  City  POA holder  Trust  RegistraryBank Serial No.  Refer instruction  OR  Provide a copy of proof, Refer instructions  Note of NRI/RI)  OR  Provide a copy of proof, Refer instructions  Nationality of NRI/RI)  OR  Provide a copy of proof, Refer instruction  Nationality of Sole Properties  Country  Provide a copy of Protecting Firm  Resident Address from Instruction  Nationality of Sole Prings place in the Nationality of NRI/RI)  Descriptor of NRI/RI)  Or Provide a copy of proof  Resident Annual Income of  SOLE/RIST APPLICANT (Please*)  Descriptor of NRI/RI)  Descriptor of NRI/RI)  Descriptor of NRI/RI  ANDUAL PROVIDENT PROPERTIES  Refer Instruction  Official Collection Centre  First NAME  MODE OF HOLDING (Please*)  Single Anyone or Survivor Joint  Official Collection Centre  Trust on The Registration Centre  Reserved a copy of proof  Rease provide a copy of proof  Rease provide point School of Discress Trust  Reserved a copy of proof  Rease provide point School of Discress Trust  Reserved to the Registration Centre  Official Collection Cent	ease read the instructions before comple	ting this Application F	orm and fill the sec	tions in CAPITALS					
ARN-97821  APPLICANT SPESONAL DETAILS  SOLDFIRST APPLICANT  TITLE  FIRST NAME  Date of Birth  DD  MM  YYYY  MIN  DATE OF BIRTH  DATE OF BIRTH		y for AMFI register							
SPECIAL SPESONAL DETAILS  SOLEPIST APPLICANT  TITLE  FIRST NAME  Date of Birth  DD  MM  YYYY  MN  Bale (nandatory is purchase birs. 50,0001- or more)  Please provide proof of good proof. Pefer instructions (1)   Gardana (in case Sole Pirst Applicant is mison)  or Onact person (for institutional Applications)  FIRST NAME  Overseas Address (mandatory in case of NRI/FII)  Address for Correspondence (In India)  Overseas Address (mandatory in case of NRI/FII)  Address for Correspondence (In India)  Overseas Address (mandatory in case of NRI/FII)  Address for Correspondence (In India)  Overseas Address (mandatory in case of NRI/FII)  Address of SOLEPIRST APPLICANT  Clay  For STD/ISD  Nobile  Fax STD/ISD  Satus of SOLEPIRST APPLICANT  Clay  For StD/ISD  Nobile  Fax STD/ISD  Nobile  Nobile  Nobile  Fax STD/ISD  Nobile  Fax STD/ISD  Nobile  Nobile	7.5.11 (W. 1.30.1) (W. 1.5.11) (W. 1.5.11)		Sub-Br	oker's Code		, F	Registrars	s/Bank Serial No.	
Date of Birth DD MM YYYY MIN OR   FRST NAME   LAST NAME   DRIVERS   Please provide proof of address   Please provide proof of proof, left print print   DRIVERS   DRIV	ARN-97821								
Date of Birth DD MM YYYY MIN OR   Form 60/61 attached   Please   Please   Provide e copy of prod,   Refer instruction   First NAME   Overseas Address (mandatory in case of NBI/Fil)    City   Pin   City   Portal Code    City   Portal Code   Prod,   Refer instruction   Pin   Please   Provide   Pro	APPLICANT'S PERSONAL DETAIL	<u>.s</u>						Refer Instruc	tion 1
Date of Birth DD MM YYYY MIN  BBM (mandatory if purchase is Rs. \$0,000/- or more)  Provide a copy of proof. [Reper instructions (ii)]  Gardian (in case Sole/First Applicant is minor)  Grothat of present (in India)  Overseas Address (mandatory in case of NRI/Tii)  City Postal Code/  DA Holders MIN  Address for Correspondence (in India)  Overseas Address (mandatory in case of NRI/Tii)  City Postal Code/  Battle of SOLE/First Applicant or minor)  Tel. (i) STD/ISD  Mobile  Fax STD/ISD  Satus of SOLE/First APPLICANT (Please V)  Resident Individual On behelf of minor   HUF   Company   AOP/BO    Partnership Firm   Body Corporation   Sole Proprietorst   NRI-Non Repatrishie									
Post Application   Post Name   Post Nam	TITLE FIRS	TNAME		MIDDLE NAME			E	AST NAME	
Guardan (in case so der Pirst Applicant is minor) or Contact person (For Institutional Applications) FIRST NAME  MIDDLE NAME  Address for Correspondence [in India]  Overseas Address (mandatory in case of NRI/Fil)  City Pha  City Postal Code  State Country Fet. (i0) STD/ISD  Tet. (i0) STD/ISD  Tet. (i0) STD/ISD  Tet. (i0) STD/ISD  Tet. (iii) STD			MIN			<u> </u>			4
or Contact person (For Institutional Applications)  FIRST NAME  Address for Correspondence [In India]  City	PAN (mandatory if purchase is Rs. 50,0 Provide a copy of proof. [Refer instru	00/- or more) ctions 1(i)]				OR	□ Form Please	60/61 attached [Please▼] e provide proof of address	I,
POA Holders MIN   Address for Correspondence [In India]	or Contact person (For Institutional Ap		FIRST NAME	MIDDLE N	IAME			LAST NAME	
City									
State	Address for Correspondence [In India]		<del></del>	Overseas Address (manda	atory in o	ase of N	RI/FII)		
State									
State   Postal Code							1	710/	
Tel. (0) STD/ISD Tel. (R) STD/ISD Mobile Fax STD/ISD  Status of SOLE/FIRST APPLICANT (Please / ) Status of SOLE/FIRST APPLICANT (Please / ) Status of SOLE/FIRST APPLICANT   Others   NRI · Non Repatriable   NRI · Repatriable		Pin					Postal		
Status of SOLE/FIRST APPLICANT (Please / )				7			. 10		_
Resident Individual   On behalf of minor	Was a second sec		ISD	Mobile		j	Fax	STD/ISD	
SECOND APPLICANTS   DETAILS	Annual Income of SOLE/FIRST APPLICANT (Please       Less than 2 Lakhs 2-4 Lakhs  4-7 Lakhs 8-12 Lakhs	Politician  Bureaucrat  Money Service  Dealers in Hig  Commodities Bullion, Jewel	☐ PSU/G Emplo Bureau ☐ Militar ☐ Relativ Adviso (Arms,	overnment   Indian Private yee		□ Info □ Tele □ Ban Inst	rmation communi king / Fir itution	Technology  Student ication  Retired nancial Other Busine Other Service	e
FIRST NAME  Date of Birth  DD  MM  YYYY  PAN  Please provide a copy of proof  FIRST NAME  Date of Birth  DD  MM  YYYY  PAN  Please provide a copy of proof  Please provide proof of address  Please provide a copy of proof  Please provide a copy of proof  MIN  OR  Attach Form 60/61 (Please ✓  Please provide proof of address  Please provide a copy of proof  MODE OF HOLDING (Please ✓)  Single Anyone or Survivor Joint (Default option will be Joint)  ACK NOWLEDGMENT SLIP  To be filled by the applicant  Growth Option Amount Cheque/DD No.  OR  Dividend Option(Payout)  OR  Dividend Option(Reinvestment)  Official Collection Centra Acceptance Point  Acceptance Point								Refer Instruct	tion
Date of Birth DD MM YYYY PAN Please provide a copy of proof Please provide proof of address Please provide a copy of proof Please Povide proof of address Please provide a copy of proof Please provide proof of address Plea	SECOND APPLICANT [Joint Holder#1]							700000000000000000000000000000000000000	
THIRD APPLICANT [Joint Holder#2]  FIRST NAME  MIDDLE NAME  MIN  Date of Birth  DD  MM  YYYY  PAN  Please provide a copy of proof  Please provide a copy of proof  MODE OF HOLDING (Please ✓)  Single Anyone or Survivor Joint (Default option will be Joint)  A C K N O W L E D G M E N T S L I P  To be filled by the applicant  TI MANAGER EQUITY FUND  To be filled by the applicant  Growth Option Amount Cheque/DD No.  OR  Dividend Option(Payout)  Date  Bank & Branch Details  Dividend Option(Reinvestment)  Dividend Option(Reinvestment)  Official Collection Central Acceptance Point  Acceptance Point	FIRST NAME	MIDDLE NA	ME	LAST NAME	MIN				
THIRD APPLICANT [Joint Holder#2]  FIRST NAME  MIDDLE NAME  MIDDLE NAME  Date of Birth  DD  MM  YYYY  PAN  Please provide a copy of proof  Please provide proof of address  App. No. C  To be filled by the applicant  TI MANAGER EQUITY FUND  OR  Dividend Option(Payout) □  OR  Date  Bank & Branch Details  Official Collection Centre  Acceptance Point  Acceptance Point	Date of Birth	MM YYYY	PAN						
Date of Birth DD MM YYYY PAN Please provide a copy of proof    Please provide a copy of proof	THIRD APPLICANT [Joint Holder#2]		Plea	se provide a copy of proof				Please provide proof of add	dress
Please provide a copy of proof    Please provide a copy of proof	FIRST NAME	MIDDLE NA	AME	LAST NAME	MIN				
Please provide a copy of proof  MODE OF HOLDING (Please ✓)	Date of Birth DD	MM YYYY	PAN				OR 🗆	Attach Form 60/61 (Pleas	e √)
To be filled by the applicant  TI MANAGER EQUITY FUND  Seen Ended Diversified Equity Scheme  OR  Dividend Option(Payout)  OR  Date  Bank & Branch Details  OFficial Collection Centrations sales  Official Collection Centration sales  OFFICIAL COLLECTION CENTRATION CONTROL CONTROL COLLECTION CENTRATION CONTROL COLLECTION CENTRATION CONTROL COLLECTION CENTRATION CONTROL COLLECTION CENTRATION COLLECTION CENTRATION CENTR	MODE OF HOLDING (Please   ✓)	☐ Single ☐ Anyo			l be Join	nt)		rtease provide proof of add	11635
TI MANAGER EQUITY FUND  Growth Option Amount Cheque/DD No.  OR  Dividend Option(Payout) Date Bank & Branch Details  is available for tors on the commencement  Growth Option Date Official Collection Central Acceptance Point	-OPTIMIX-	ACKN	OWLE	DGMENTS	LIP	<u> </u>		App. No. C	#
pen Ended Diversified Equity Scheme  OR  Dividend Option(Payout)  OR  Date  Bank & Branch Details  is available for tors on the commencement  Gring sale  Perceived from  Perceived from  Description of the commencement  Gring sale  Official Collection Central Acceptance Point		J	and the second second		Cheg	je/DD No			
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is available for Dividend Option(Reinvestment)  tors on the commencement  going sale  Received from  Dividend Option(Reinvestment)  Acceptance Point		Divide		Date B	ank & B	ranch De	tails		
Acceptance Point	is available for	Dividend Opt						Official Collection Co	entre
I STATIO & STATE OF THE STATE O		Received from							nt

3	INVESTMENT DETAILS [PI	lease√choice of Option]				Refer Instruction 3							
	100	end Option Investment Amou	nt Min.	Amount Rs. 5000/-	Cheque/DD No.								
	Payout □ OR □ O	Reinvestment OR   DD Charg	es		Dated [								
	Mode of Payment ☐ Cheq		nt		Drawn on [	Bank and Branch							
	□ DD	Account Type [Ple	ease 🗸 ]	☐ Savings ☐ Current	☐ NRE	□ NRO □ FCNR □ Other							
	Cheques / Demand Drafts should be crossed "A/c Payee only" and drawn in favour of "OptiMix Multi-Manager Equity Fund".												
	I/We undertake that the detail of the payment instrument mentioned above pertain to my/our own bank account in my/our name and is not a third party cheque except guardian incase of minor. The AMC reserves the right to reject the application in case of third party cheque.												
4	BANK ACCOUNT DETAILS	[Mandatory for existing and nev	w applican	ts as per SEBI guidelines]		Refer Instruction 4							
	Bank Name			Account No.									
	Branch Name & Address			<del></del>	City	CLEARING CIRCLE							
	MICR Code		IFSC	Code for NEFT									
		Number next to your Cheque Number)				from your bank branch)							
	Account type (Please   ✓) □  Pay my dividends electronica	Savings   Current  ally if available (provide a copy of can	cel cheque		] NRO () (Please ✔) □	☐ FCNR ☐ Others							
	Note: IIM (India) OptiMix divis	sion, ING Vysya Mutual Fund reserves th ia) OptiMix division, ING Vysya Mutual F	ne right to us	e any other mode of payment a	as deemed appropri	ate.							
	because of incomplete or inco		und shall noi	be responsible in transaction t	.nrough EC3 / EF1 /	NEFT could not be carried out							
5	NOMINATION DETAILS					Refer Instruction 5							
		e undermentioned Nominee to receive			y/our death. I/We a	also understand that all payments and							
	settlements made to such No Name and Address of Nomine	ominee shall be a valid discharge by AA	MC/Mutual F	und/Trustee.									
		Addr	ress										
		2 W 1929 H				· · · · · · · · · · · · · · · · · · ·							
	Date of Birth												
	*Name of the Guardian:	<u>,                                      </u>		Address of the Guardian:	:								
	Relationship with the Minor:	, <del></del>		Signature of the Guardi	an:	<u>'</u>							
6	SERVICES					Refer Instruction 6							
- E.	I/We wish to receive the follo	owing documents via email in lieu of ph	ysical docun	nent. [Please√]	Please me	ention your email id							
	☐ Account Statement	All other statutory communications		rketing updates									
		*											
7	DOCUMENTS ENCLOSED (	( Please ✓ )				Refer Instruction 7							
	☐ Memorandum & Articles of	Association Resolution	/ Authorisa	tion to Invest	Cheque / Demand D	raft PAN Copy Form 60 / 61							
	☐ Trust Deed ☐ Bye-Laws	☐ Partnership Deed ☐ List of Aut	horised Signa	atures with Specimen Signature	e(s) Power of A	ttorney							
8	DECLARATION AND SIGNAT	TURES				Refer Instruction 8							
		od the contents of the offer document				A STATE OF THE STA							
	"OptiMix Multi-Manager Equity Fund", as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant scheme.  I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.												
	I/We hereby declare that I/We am/are authorised to make this investment in the above mentioned Scheme and that the amount invested in Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention and evasion of any Act, Rules, Regulations, Notifications or Directions issued												
	by any regulatory authority in India.												
	Applications other than Indiv		of the Com	nany Rylaws Trust Dood or Da	rtnershin Deed and	resolutions passed by the							
	I/We certify that as per the Memorandum and Articles of Association of the Company, By laws, Trust Deed or Partnership Deed and resolutions passed by the Company/Firm/Trust. I/We authorise to enter into this transactions for and on behalf of the Company/Firm/Trust.												
	Applicable to NRIs only:  I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR/NRSR Account.												
	Please ✓ □Yes □No			riation basis	Date	D D M M Y Y Y							
	SIGNATURES												
	First/Sole		Second	ار ا	Third								
	Applicant	t   <b>X</b>	Applicant	X	Applicant	X							

## CHECK LIST:

Please ensure that:

- MIN & PAN of all Applicants is mentioned and copy of MIN allotment letter & PAN card copy are enclosed, if the investment amount is Rs. 50000/- or more.
- In case any person does not have a PAN, he should submit Form No. 60/61 alongwith address proof (such as bank name, branch name, mentioned account type).
- Bank details are mentioned completely.
- Application Form is signed by all applicants.
- Cheques / Demand Drafts are drawn in favour of "OptiMix Multi-Manager Equity Fund" dated and signed.