

MF ACCOUNT OPENING FORM –
1ST TIME / NEW CLIENT

Dear investor/s, Wealth Coaches/ Relationship Managers,

PLEASE BE NOTED THAT ALL RELEVANT DETAILS ALONG SIGNATURE OF INVESTORS HAS TO BE COMPLETED FOR 1ST TIME TO OPEN ACCOUNT WITH MF AND BSE STAR MF PLATFORM.

CLIENT WILL RECEIVE EMAIL OF THE SAME BEFORE AND ON SUBMISSION FORM SAFFOLLYA.INV@GMAIL.COM

CHECK / DRAFT SHOULD BE ISSUED IN FAVOUR OF “INDIAN CLEARING CORPORATION LTD”.

DOCUMENTS SHOULD BE SUBMITTED PHYSICALLY TO US.

CC mail: care@saffollya.com

Whatsapp: 89021 87782

COMPLAIN: 93310 08884

**NOW YOU CAN START
INVESTING ONLINE WITH US@**

SAFFOLLYA INVESTMENTS

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hassle-free experience with our Mobile App**

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List of self attested documents required for opening BSE Star MF Account.

<p>1. In case of Individual</p> <p>1.1 Account opening form 1.2 Cancelled cheque Copy/ bank statement Copy 1.3 Fatca 1.4 Address Proof Copy 1.5 Pan Copy 1.6 KYC acknowledgement.</p>	<p>2. In case of on behalf of Minor</p> <p>2.1 Account opening form 2.2 Birth certificate of the minor/School leaving certificate /another suitable proof evidencing the date of birth of the minor. 2.3 Cancelled cheque Copy/ bank statement Copy 2.4 If the guardian is other than natural guardian (Mother/Father) then the court proof of the appointed guardian and cancelled cheque / bank statement 2.5 Fatca of guardian 2.6 Address Proof Copy of minor 2.7 Pan Copy of guardian 2.8 KYC acknowledgement of guardian.</p>
<p>3. In case of HUF</p> <p>3.1 Account opening form (signed by the KARTA under his seal)</p> <p><i>HUF and KARTA Documents required</i></p> <p>3.2 PAN COPY 3.3 Cancelled cheque/bank statement 3.4 Fatca 3.5 Address Proof Copy 3.6 Pan Copy 3.7 KYC acknowledgement.</p>	<p>4. In case of Company</p> <p>4.1 Account opening form (UCC will be created in Firms Name) signed with stamp 4.2 Board of Resolution 4.3 Authorised Signatory list 4.4 cancelled cheque / bank statement in name of company 4.5 Non-Individual Fatca 4.6 Address Proof Copy 4.7 Pan Copy 4.8 KYC acknowledgement of all signatories</p>
<p>5. In case of AOP (Association of Persons)</p> <p>5.1 Account opening form (UCC will be created in Firms Name) 5.2 Cancelled cheque / bank statement 5.3 Fatca 5.4 Address Proof Copy 5.5 Pan Copy 5.6 KYC acknowledgement.</p>	<p>6. In case of Partnership Firm</p> <p>6.1 Account opening form (UCC to be created in Firms Name) 6.2 PAN copy of Partner Ship Firm 6.3 Partnership Deed 6.4 cancelled cheque / bank statement 6.5 Fatca</p>
<p>7. In case of Trust</p> <p>7.1 Account opening form (UCC to be created in Trust Name) 7.2 PAN copy of Trust 7.3 Board Resolution (BR) 7.4 Authorised Signatory list (ASL) 7.5 Cancelled cheque / bank statement</p>	<p>8. In case of NRO</p> <p>8.1 Account opening form of NRO A/C 8.2 Cancelled cheque / bank statement 8.3 Fatca 8.4 Address Proof Copy 8.5 Pan Copy 8.6 KYC acknowledgement</p>
<p>9. In case of NRI</p> <p>9.1 Account opening form of NRE A/C 9.2 Cancelled cheque / bank statement 9.3 Fatca 9.4 Address Proof Copy 9.5 Pan Copy 9.5 KYC acknowledgement.</p>	<p>10. In case of Proprietorship</p> <p>10.1 Account opening form signed by proprietor 10.2 PAN copy 10.3 Cancelled cheque / bank statement 10.4 Fatca 10.5 Address Proof Copy 10.6 Pan Copy 10.7 KYC acknowledgement.</p>
<p>11. In case of LLP</p> <p>11.1 Account opening form 11.2 Board of Resolution 11.3 PAN copy 11.4 Cancelled cheque / bank statement 11.5 Fatca.</p>	<p>**Note:</p> <p>Document photocopy / scan must be clear and self attested in A4 size only</p>

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

Tick (✓)
☐ CREATE
☐ MODIFY
☐ CANCEL

I/We hereby authorize **ICCL** to debit (tick ✓) ☒ SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number **0 1 2 4 5 6 7 8 9 5 6 8 4**

with Bank **State Bank of India** IFSC **S B I N 0 0 0 x x x x** or MICR **4 x x x x x x 6 7**

an amount of Rupees **Fifteen Lacs Only** ₹ **15,00,000/-**

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 (Mandate Reference No.) _____ Phone No. **xxxxxxx567**

Reference 2 (Unique Client Code-UCC) _____ Email ID **ashokshahxx@gmail.com**

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From **3 1 0 1 2 0 1 9**
To **3 1 1 2 2 0 9 9**
Or ☐ Until Cancelled

1. **ASHOK SHAH** 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

ONE TIME BANK MANDATE & BENIFITS

In order to ease out operational hassles BSE's Mutual Funds Platform has introduced this facility which enables Investors to register a One Time Bank Mandate (OTBM).
The mandate provided by the investors shall be registered with the Investor's Bank

- Paperless mode of transacting via SMS, BSE Star MF Login, and Mobile Application anytime, anywhere.
- Register for SIP in more than one scheme at a time.
- No Hassle of issuing a cheque every time you wish to purchase.
- Invest without a cheque/ DD/ transfer funds online.
- Ease of placing multiple transactions like purchase & SIP through a single mandate.
- Seamless & faster debits through NACH* platform
- *NACH (National Automated Clearing House) is a funds clearing platform set up by NPCI (National Payments Corporation of India)

This portion is Blank intentionally

Broker/Agent Code ARN: **137947**

SUB-BROKER:

EUIN:

Unit Holder Information**Name of the First Applicant : ASHOK SINGH**PAN Number : **FGSPKXXXXX**

KYC:

Date of Birth : **01.01.1987**Father Name : **RAMESHWAR PRASAD SINGH**Mother Name : **LILAWATI DEVI**

Name of Guardian :

PAN :

Contact Address : 5/2/8 MUKHERJEE PARA ROADCity : **KOLKATA**Pincode : **743125**State : **WEST BENGAL**Country : **INDIA**

Tel.(Off) :

Tel.(Res) :

Email : **ashoksin87XX@gmail.com**

Fax (Off) :

Fax (Res) :

Mobile : **897XXXX147**Income Tax Slab/Networth : **3-5 Lacs**Occupation Details **Service/ Buisness etc**Place of Birth : **Kolkata**Country of Tax Residence : **INDIA**

Tax Id No. :

Politically exposed person / Related to Politically exposed person etc.?

Yes

No ☒Mode of Holding : **Single/ Joint/ Eighther or Survivor**

Occupation :

Name of Second Applicant : KARISHMA SINGH If opt for Joint or Eighther or SurvivorPAN Number : **As per Record**

KYC:

Date of Birth : **As per Record**Income Tax Slab/Networth : **As per Record**Occupation Details **Service/ Buisness/ Housewife**Place of Birth : **As per Record**Country of Tax Residence : **INDIA**

Tax Id No. :

Politically exposed person / Related to Politically exposed person etc.?

Yes

No ☒**Name of Third Applicant :**

PAN Number :

KYC:

Date of Birth :

Income Tax Slab/Networth :

Occupation Details

Place of Birth :

Country of Tax Residence :

Tax Id No. :

Politically exposed person / Related to Politically exposed person etc.?

Yes

No ☒**Other Details of Sole/ 1st Applicant****Overseas Address :**

(In case of NRI investor)

City :

Pincode :

Country :

Bank Mandate DetailsName of Bank : **SBI BANK**Branch : **NEXX MARKET**A/C No. : **104852XXXXX**A/c Type : **SAVINGS**IFSC Code : **SBINXXXXX****Bank Address : Ground Floor, Raja Bazaar**City : **Kolkata**Pincode : **743127**State : **West Bengal**Country : **India****Nomination Details**Nominee Name : **LILAWATI DEVI**

Relationship :

Guardian Name (If Nominee is Minor) :

Nominee Address : 5/2/8 MUKHERJEE PARA ROADCity : **KOLKATA**Pincode : **743125**State : **WEST BENGAL****Declaration and Signature**

I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.

Date : **XX.XX.2023**Place : **KOLKATA**



1st applicant Signature :

2nd applicant Signature :

3rd applicant Signature :

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
 B. Tick " " wherever applicable.
 C. Please fill the form in English and BLOCK letters.
 D. Please fill the date in DD-MM-YY format.
 E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
 G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 H. List of two character ISO 3166 country codes is available at the end.
 I. KYC number of applicant is mandatory for update application.
 J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☒ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)☐ 1. Personal Details (Please refer instruction A at the end)

☐ Name* (Same as ID proof) Prefix First Name Middle Name Last Name

Maiden Name

Father / Spouse Name*

Mother Name

Date of Birth* - -

Gender* ☒ M- Male ☐ F- Female ☐ T- Transgender

PAN*

Marital Status* ☒ Married ☐ Unmarried ☐ Others

Citizenship* ☒ IN- Indian ☐ Others - Country Country Code

Residential Status* ☒ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number Passport Expiry Date - -
- ☒ B-Voter ID Card
- ☒ C-Driving Licence Driving Licence Expiry Date - -
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



Address [For other than resident Individual, please mention Overseas Address]

Line 1*

Line 2

Line 3

District* Pin/Post Code* City/Town/Village* State/U.T Code* SO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A-Passport Number
- ☒ B-Voter ID Card
- ☒ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address - Document Type code

Address

Line 1*

Line 2

Line 3

Pin/Post Code* City/Town/Village* State code ISO 3166 Country Code*

☐ 4. Contact Details (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile 8 9 7 X X X X 1 4 7

Email ID ASHOKSIN87XX@GMAIL.COM

*mandatory and subject to validation, hence provide the valid information in legible manner

☐ 5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address..
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with CKYCR, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.



Date: 1 5 D - 0 3 - 2 0 2 3 Place: K O L K A T A

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

Declaration for Standalone KYC processing

I, **ASHOK SINGH** having PAN **FGSPKXXXXX** hereby state and confirm that I am planning to invest in **HDFC** AMC Name as per the choice of Investment Mutual Fund scheme(s) or already having investment in Folio No. **650XXXXXXX** If having any previous Investments in Mutual Fund and accordingly as per the stated requirements, I am submitting the KYC application form with applicable supporting documents for completing the KYC investments before transacting in the above mentioned Fund.



Signature

Note: PAN, Name, Signature in this declaration form should match with Signature in KYC application form, else it will be liable to get rejected.

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder **ASHOK SINGH**
Name of 2nd Holder **KARISHMA SINGH** Fill this details if there is any Joint Holder
Name of 3rd Holder

I/We, the above named Unitholders of **SBI** Mention the AMC Name Mutual Fund, do hereby
☒ Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or
☐ Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below (tick whichever is applicable).

Scheme Name	Folio No.
1. SBI EQUITY HYBRID FUND	13305471
2. SBI SMALL CAP FUND	10874125
3. SBI LONG TERM EQUITY FUND	13305471
4.	

Name of the 1 st Nominee AKASH SINGH	% of Allocation 50%
PAN of the Nominee/Guardian*	Date of Birth of Nominee* 10-12-2006 YYY
Name of the Guardian * ASHOK SINGH	if you want to add 2 nominee then it will be 50% or else 100%
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian Tick the relation of yourself with Nominee	
Proof of relationship <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address 5/2/8 MUKHERJEE PARA ROAD	
City KOLKATA	State WEST BENGAL PIN 743125



Name of the 2 nd Nominee ANYA SINGH	% of Allocation 50%
PAN of the Nominee/Guardian*	Date of Birth of Nominee* 31-05-2015 YYY
Name of the Guardian * ASHOK SINGH	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address 5/2/8 MUKHERJEE PARA ROAD	
City KOLKATA	State WEST BENGAL PIN 743125

Name of the 3 rd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

*applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

☐ I/We **DO NOT** wish to make a nomination. (Please tick ☒ if the unitholder does not wish to nominate anyone)

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
		

PAN based Email Id / Mobile No. Updation Form

First / Sole Holder PAN **H Q N P F X X X V**

Investor Name **ASHOK SINGH**

☒ Updation of new contact details ☐ Confirmation of existing contact details / family declaration

☐ **CONFIRMATION / UPDATION OF EMAIL ADDRESS IN AFORESAID FOLIO(S)**

Email Address **ashoksin87XX@gmail.com** If you want to update Mail ID

Email address specified above belongs to self or family, due to investor being (Please tick any one option from below)

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian (for Minor investment) | <input type="checkbox"/> Dependent Children |
| <input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Dependent Siblings |
| <input type="checkbox"/> POA | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Custodian | |

☐ **CONFIRMATION / UPDATION OF MOBILE NUMBER IN AFORESAID FOLIO(S)**

Mobile Number **897XXXX147** If you want to update Mail ID

Mobile number specified above belongs to self or family, due to investor being (Please tick any one option from below)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Self | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian (for Minor investment) | <input type="checkbox"/> Dependent Children |
| <input type="checkbox"/> Dependent Parents | <input type="checkbox"/> Dependent Siblings |
| <input type="checkbox"/> POA | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Custodian | |




☐ Contact Number (Phone - Office) _____

☐ Contact Number (Phone - Residence) _____

☒ Please update KYC Status in all my folios (Please enclose proof of KYC verification)

UNIT HOLDER(S) SIGNATURE(S) & DECLARATION

I / We authorize CAMS to update this Service Request in all the Mutual Funds folio(s) serviced by CAMS, where I am the holder of the mentioned PAN and also the First Holder. This request may kindly be treated as the necessary authorization in this regard.

SIGNATURE(S)			
	Signature of Sole / First Unit-holder	Signature of Second Unit-holder	Signature of Third Unit-holder

(To be signed by All Unit-holders if Mode of Holding is Joint)

Acknowledgement Slip

Received from: **ASHOK SINGH**

PAN: **HQNPFXXXV**

Updation of ☒ Email id: **ashoksin87XX@gmail.com**

☒ Mobile No. **897XXXX147** ☐ Home / Office Phone No. _____ ☐ KYC status

Official
Collection
Center / Point
of Acceptance
seal & sign

Email id / Mobile number updation Form

Mutual Fund Name

SBI Specify the AMC Name

First / Sole Holder PAN

H Q N P F X X X V

Folio Number(s)

1047896541 Enter the Folio name given at Statement

☐

Confirmation of existing contact details / family declaration

☒

Updation of new contact details

First Holder Name

ASHOK SINGH

Joint Holder 1 Name

KARISHMA SINGH Fill this details if there is any Joint Holder

Joint Holder 2 Name

CONFIRMATION / UPDATION OF EMAIL ADDRESS IN AFORESAID FOLIO(S)

Email Address

ashoksin87XX@gmail.com If you want to update Mail ID

Email address specified above belongs to ☐ Self or family, due to investor being (Please tick any one option from below)

- ☐ Spouse
- ☐ Guardian (for Minor investment)
- ☐ Dependent Children
- ☐ Dependent Parents
- ☐ Dependent Siblings

CONFIRMATION / UPDATION OF MOBILE NUMBER IN AFORESAID FOLIO(S)

Mobile Number

897XXXX147 If you want to update Mail ID

Mobile number specified above belongs to ☐ Self or family, due to investor being (Please tick any one option from below)

- ☐ Spouse
- ☐ Guardian (for Minor investment)
- ☐ Dependent Children
- ☐ Dependent Parents
- ☐ Dependent Siblings

UNIT HOLDER(S) SIGNATURE(S) & DECLARATION

I / We authorize KFINTECH to update the following Service Request in all folios across all Mutual Funds serviced by KFINTECH, where I am the holder of below PAN and also the first holder. This letter may kindly be treated as the necessary authorization in this regard.

SIGNATURE(S)



Signature of Sole / First Unit-holder



Signature of Second Unit-holder

Signature of Third Unit-holder

(To be signed by All Unit-holders if Mode of Holding is Joint)

Investor Details



1st Holder : **ASHOK SINGH**

Mother's Name : **LILAWATI DEVI**

2nd Holder : **KARISHMA SINGH** If opt for Joint or Eighth or Survivor

Mother's Name : **SITA DEVI**

3rd Holder :

Mother's Name :

Mode of Holding : Single ☐ Eighth or Survivor ☐ Joint ☐ Choose any one as per your need

Nominee Name with Relation : **LILAWATI DEVI (Mother)** Nomination is Mandatory in MF

Mobile No. : 1) **897XXXX147** 2)

Email ID : **ashoksin87XX@gmail.com**

Profession : **Service** Annual Income : **3-5 Lacs**

Marital Status : Married ☐ Single ☐

Mandate Type : Physical ☐ E-Mandate ☐ E-mandate is faster, safe, Online / net banking / debit card based with lower rejection rate than physical. (No CVV required)

Mandate Amount / Limit : **₹ 10 Lacs/ ₹ 15 lacs**

Investment Details

Scheme Name & Option **SCHEME NAME**

Mode	Lumpsum	SIP	SWP	STP	Date
Amount					
Tenure					

Suggest your References ** : ****FILL THE INVESTMENT DETAILS YOU NEED TO START AS**

Name	Contact No.	Profession
•		
•		
•		

Wealth Coach Notes:

Contact Details must be different of Each Holder (or Family Declaration required) and will be registered for Future Transactions through Online and OTP

Investor Signature

Wealth Coach Signature

Get the App (Safollya Investment) and Invest hassle free with Us

EQUITY

MARKET CAPITAL BASED LARGE C. MID C. SMALL C.

LARGE CAP	80%		
LARGE CAP & MID CAP	35%	35%	
MID CAP		65%	
SMALL CAP			65%
MULTI CAP	25%	25%	25%
FLEXI CAP		65%	

RISK CATEGORY	IDEAL TIME HORIZON	EXIT LOAD	EXPECTED IRR
High	5 Years	10%	10%
High	6 Years	10%	12%
High	7 Years	10%	12%
Very High	8 Years	10%	14%
High	6 Years	10%	13%
High	6 Years	10%	13%

DIVIDEND YIELD	65%	Dividend Yielding
VALUE	65%	Value Investing
CONTRA	65%	Contrarian Investing
FOCUSED FUNDS	65%	Max 30 Companies
SECTOR/ THEMATIC	80%	Particular Sector/Theme
ELSS	80%	3 yrs Holding

High	5 Years	10%	10%
Very High	7 Years	10%	11%
Very High	7 Years	10%	12%
High	6 Years	10%	12%
V. Very High	3 Yrs. Positional	10%	20%
High	6 Years	10%	12%

DEBT

MATURITY BASED MINIMUM MAXIMUM

OVERNIGHT		1 Days
LIQUID		91 Days
ULTRA SHORT DURATION	3 Months	6 Months
LOW DURATION	6 Months	12 Months
MONEY MARKET		1 Years
SHORT DURATION	1 Year	3 Years
MEDIUM DURATION	3 Years	4 Years
MEDIUM TO LONG DURATION	4 Years	7 Years
LONG DURATION	7 Years	

"TIME HAS THE POWER TO REDUCE RISK IN INVESTMENT & TO CREATE WEALTH"

-ARABINDA KUNDA

Very Low	7 Days	0%	3%
Very Low	60 Days	1%	4%
Low	180 Days	1%	5%
Low-Medium	2 Years	5%	5.5%
Very Low	60 Days	1%	4%
Low-Medium	2 Years	2%	6%
Medium	4 Years	5%	7%
Medium	5 Years	5%	7%
Medium	6 Years	5%	7%

OTHERS

DYNAMIC BOND	Across Durations
CORPORATE BOND	Min 80% in high Rated CB
CREDIT RISK	Min 65% in Corp Bonds,<Highrated
GILT	Min 80% in Gsec
GILT WITH 10 YRS DURATION	Min 80% in Gsec, MD = 10 yrs
FLOTTER	Min 65% in Floating Rate
BANKING & PSU	Min 80% in Debt of Bank,PSU, Public FLs

Medium	3 Years	5%	7%
Low	90 Days	1%	7%
Low-Medium	3 Years	5%	6.5%
Very High	5 Years	10%	7.5%
Very High	7 Years	10%	7.5%
Very Low	90 Days	0.5%	5.5%
Low	180 Days	1%	6%

HYBRID

EQUITY-DEBT MIX BASED EQUITY DEBT

CONSERVATIVE	10-25%	75-90%
BALANCED	40-60%	40-60%
AGGRESSIVE	65-80%	20-35%
ARBITRAGE	Min 65%	Balance
EQUITY SAVINGS	Min 65%	Min 10%

Medium	3 Years	5%	9%
Medium-High	5 Years	10%	10%
Medium-High	5 Years	10%	11%
Low	1 Year	1%	5%
Medium	4 Years	5%	8%

OTHERS

DYNAMIC AST.ALLOCATION	Dynamically Managed
MULTI ASSET ALLOCATION	Min 3 Class (Eq/Gold /commodity /debt),Min 10 % in each

Medium-High	5 Years	10%	10%
Medium-High	5 Years	10%	10%

OTHERS

INDEX ETF	Min 95% in Securities of Index
FUND OF FUNDS	Pooled Investment - Overseas+Domestic

High	7 Years	10%	As Index
------	---------	-----	----------

SOLUTION ORIENTED LOCK-IN OR EARLIER IF

RETIREMENT FUND	5 Years	Retirement
CHILDREN'S FUND	5 Years	Child Attaining Major

Medium-High	5y or 55 age	10%	11%
Medium-High	18 Yrs Child	10%	11%

****Disclaimer : Past Performances does not guarantee Future Returns. Risk & Return on investment with Mutual Funds schemes are for Investor's. **Date as on 01 May 2021.**

Wealth Coach **Signature**

Investor Client's **Signature**

Dear clients OR wealth coaches OR Relationship Managers,

Please save this single Contact No (SAMADHAN DIL SE):

MUTUAL FUND

- FINANCIAL TRANSACTION
- NON-FINANCIAL TRANSACTION
- KYC / BANK MANDATE STATUS
- MOBILE APP OR LOGIN CREDENTIALS
- All KYC or Mandate Documents (Soft copy)
- Any Kind of reports.

HEALTH INSURANCE

- CLAIM INTIMATION
- RENEWAL
- PORTABILITY
- MOBILE APP OR LOGIN CREDENTIALS
- NO-CLAIM HEALTH CHECK UP
- All KYC other Documents (Soft copy)

89021 87782

(SMS / Whatsapp only) - No Call

mail: care@saffollya.com

LIFE INSURANCE

- CLAIM INTIMATION
- RENEWAL
- LOAN / SURRENDER
- LIC LOGIN CREDENTIALS
- IT REPORT
- All KYC or Other Documents (Soft copy)

OTHER PRODUCTS

- NPS, CO. DEPOSIT, CAPITAL GAINS BONDS.
- All documentation or any service required.

Note:

1. Any & All request will be entertained through posting request from Clients or respective Wealth Coaches form their regd mobile no of mail id only.
2. Respective RM (Relationship Manager) are requested to assist clients or respective Wealth coaches to post [all request or query](#).
3. [Method of posting](#) : TEXT, IMAGE, PDF OR RECORDED VOICE.

For any Complain on Non-Satisfactory service:

1st level Escalation: 89618 66009

2nd level Escalation: 93310 08884

Regards: Team Saffollya O Samriddhi

www.saffollya.com

Dated: 01.03.23

SGL POINT ORDERS NO: 89021 87782
(SMS OR Whatsapp only) - *No Call*
 Mail: care@saffollya.com

TAT(Turn Around Time): (Other than Holiday and Sunday)
BEFORE 2.30 PM > SAME DAY, AFTER 2.30 PM > NEXT WORKING DAY.

***MF Order Format:* (Common part in all message)**

<p><u>Starting part of message:</u></p> <p>Client Name : PAN: WC or MFD Name:</p> <p><u>Last part of message:</u> (Please CONFIRM THROUGH OTP OR ONLINE FORM CLIENT.)</p>	<p><u>*To client from WC*</u> <u>(for prior intimation)</u></p> <p>Send the same order message to client &</p> <p>Above Instructions given to execution team of our office. Pl accommodate with them on phone call. For any further more clarification Pl inform me.</p>
---	---

<p>1. *SIP*</p> <p>SCHEME - OPTION – GR OR DIV Folio: Existing OR New AMOUNT - , MODE – MLY OR QLY, Debit Date: TENURE: PERPETUAL OR yrs, First Order Today (FOT) - WITH FOT OR NOT FOT),</p>	<p>2. *Lump sum investment*:</p> <p>SCHEME - OPTION – GR OR DIV Folio: Existing OR New AMOUNT - ,</p>
<p>3. *Lump Sum with SIP*:</p> <p>SCHEME - OPTION – GR OR DIV Lump sum amount: Folio: Existing OR New SIP: Mode – MLY, AMOUNT: , PERIOD : PERPETUAL, DEBIT DT :</p>	<p>4. *Lump Sum with SWP*:</p> <p>SCHEME - OPTION – GR OR DIV Lump sum amount: Folio: Existing OR New SWP: Mode – MLY, AMOUNT: , PERIOD : PERPETUAL, SWP DT :</p>

<p>5. *SIP cancellation*:</p> <p>SCHEME - OPTION – GR OR DIV Folio No.: SIP: Mode – MLY, AMOUNT: DEBIT DT :</p> <p>Note**Other than SOS clients Physical cancellation form required.</p>	<p>6. *Additional Purchase*:</p> <p>EXISTING SCHEME- OPTION – GR OR DIV FOLIO NO.: AMOUNT:</p>
<p>7. *SWP Regd. OR Cancellation*</p> <p>SCHEME - OPTION – GR OR DIV Folio No.: SWP: Mode – MLY, AMOUNT: , PERIOD : PERPETUAL, SWP DT :</p>	<p>8. *STP Registration*:</p> <p>SOURCE SCHEME: FOLIO No. TARGET SCHEME: Per Transfer AMOUNT: FREQUENCY: DLY OR WLY OR MLY NO. OF INSTALMENT:</p>
<p>9. *Switch transaction*</p> <p>SOURCE SCHEME: FOLIO No. TARGET SCHEME: AMOUNT:OR UNIT (All / Nos)</p>	<p>10. *Redemption*:</p> <p>SCHEME NAME: FOLIO No. AMOUNT: OR UNIT:/ALL UNIT</p>
<p><u>Complain intimation :</u> To CC / Management of SOS:</p> <p>Complain Type:</p> <p>Transaction – SIP / SWP/ Purchase / Switch Regulatory services: KYC / Mandate / Nominations, Contact details Reports : Brokerage details / File System : logging, mobile app , sos frame In against of (mention name if wish to) Attachment (as proof, not mandatory)</p> <p>Other comment: Complain dated:</p>	



Forms should be printed for 1st time



Client Registration

- 
- ✓ BSE Mandate Form
 - ✓ BSE AOF Form
 - ✓ KYC Form
 - ✓ Declaration of KYC
 - ✓ Nomination Form
 - ✓ PAN Base Request Form
 - ✓ Email/ Mobile Updation
 - ✓ Investor Details Form

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize **ICCL**

to debit (tick ✓)

Bank a/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 (Mandate Reference No.) Phone No.

Reference 2 (Unique Client Code-UCC) Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled						

1. 2. 3.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

Broker/Agent Code ARN: 137947		SUB-BROKER:		EUIN:	
Unit Holder Information					
Name of the First Applicant :					
PAN Number :		KYC:		Date of Birth :	
Father Name :				Mother Name :	
Name of Guardian :				PAN :	
Contact Address :					
City :		Pincode :		State :	
Tel.(Off) :		Tel.(Res) :		Email :	
Fax (Off) :		Fax (Res) :		Mobile :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Mode of Holding :				Occupation :	
Name of Second Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Name of Third Applicant :					
PAN Number :		KYC:		Date of Birth :	
Income Tax Slab/Networth :				Occupation Details	
Place of Birth :		Country of Tax Residence :			
Tax Id No. :					
Politically exposed person / Related to Politically exposed person etc.?				Yes	No
Other Details of Sole/ 1st Applicant					
Overseas Address : (In case of NRI investor)					
City :		Pincode :		Country :	
Bank Mandate Details					
Name of Bank :				Branch :	
A/C No. :		A/c Type :		IFSC Code:	
Bank Address :					
City :		Pincode :		State :	
Nomination Details					
Nominee Name :				Relationship :	
Guardian Name (If Nominee is Minor) :					
Nominee Address :					
City :		Pincode :		State :	
Declaration and Signature					
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.					
Date :				Place :	
1st applicant Signature :		2nd applicant Signature :		3rd applicant Signature :	

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
 B. Tick "I" wherever applicable.
 C. Please fill the form in English and BLOCK letters.
 D. Please fill the date in DD-MM-YY format.
 E. For particular section update, please tick (I) in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
 G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 H. List of two character ISO 3166 country codes is available at the end.
 I. KYC number of applicant is mandatory for update application.
 J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*

Signature /Thumb Impression
across photo without covering
the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
SO 3166 Country Code*	<input type="text"/>

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State code	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

[illegible]

Declaration for Standalone KYC processing

I, _____ having PAN _____ hereby state and confirm that I am planning to invest in _____ Mutual Fund scheme(s) or already having investment in Folio No. _____ in Mutual Fund and accordingly as per the stated requirements, I am submitting the KYC application form with applicable supporting documents for completing the KYC investments before transacting in the above mentioned Fund.

Signature

Note: PAN, Name, Signature in this declaration form should match with Signature in KYC application form, else it will be liable to get rejected.

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ Mutual Fund, do hereby

☐ Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

☐ Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below *(tick whichever is applicable).*

Scheme Name	Folio No.
1.	
2.	
3.	
4.	

Name of the 1 st Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

Name of the 2 nd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

Name of the 3 rd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

**applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)*

☐ I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if the unitholder does not wish to nominate anyone)*

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
---------------------------------	---------------------------------	---------------------------------

Instructions

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder **cannot nominate**.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on “Anyone or Survivor” basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee’s share will be distributed equally amongst the surviving nominees.
14. **Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).**
15. **Cancellation of Nomination:** Request for cancellation of Nomination made can be made only by the unitholders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer / transmit the units in favour of the Nominee.
16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

PAN based Email Id / Mobile No. Updation Form



First / Sole Holder PAN

--	--	--	--	--	--	--	--	--	--

Investor Name

☐

Updation of new contact details

☐

Confirmation of existing contact details / family declaration

☐

CONFIRMATION / UPDATION OF EMAIL ADDRESS IN AFORESAID FOLIO(S)

Email Address

Email address specified above belongs to self or family, due to investor being (Please tick any one option from below)

☐

Self

☐

Spouse

☐

Guardian (for Minor investment)

☐

Dependent Children

☐

Dependent Parents

☐

Dependent Siblings

☐

POA

☐

PMS

☐

Custodian

☐

CONFIRMATION / UPDATION OF MOBILE NUMBER IN AFORESAID FOLIO(S)

Mobile Number

Mobile number specified above belongs to self or family, due to investor being (Please tick any one option from below)

☐

Self

☐

Spouse

☐

Guardian (for Minor investment)

☐

Dependent Children

☐

Dependent Parents

☐

Dependent Siblings

☐

POA

☐

PMS

☐

Custodian

☐

Contact Number (Phone - Office)

☐

Contact Number (Phone - Residence)

☐

Please update KYC Status in all my folios (Please enclose proof of KYC verification)

UNIT HOLDER(S) SIGNATURE(S) & DECLARATION

I / We authorize CAMS to update this Service Request in all the Mutual Funds folio(s) serviced by CAMS, where I am the holder of the mentioned PAN and also the First Holder. This request may kindly be treated as the necessary authorization in this regard.

SIGNATURE(S)



Signature of Sole / First Unit-holder



Signature of Second Unit-holder



Signature of Third Unit-holder

(To be signed by All Unit-holders if Mode of Holding is Joint)

Acknowledgement Slip

Received from: _____

PAN: _____

Updation of ☐ Email id: _____

☐

Mobile No. _____

☐

Home / Office Phone No. _____

☐

KYC status

Official
Collection
Center / Point
of Acceptance
seal & sign

Email id / Mobile number updation Form



Mutual Fund Name

First / Sole Holder PAN

--	--	--	--	--	--	--	--	--	--

Folio Number(s)

☐

Confirmation of existing contact details / family declaration

☐

Updation of new contact details

First Holder Name

Joint Holder 1 Name

Joint Holder 2 Name

CONFIRMATION / UPDATION OF EMAIL ADDRESS IN AFORESAID FOLIO(S)

Email Address

Email address specified above belongs to ☐ Self or family, due to investor being (Please tick any one option from below)

- ☐ Spouse
- ☐ Guardian (for Minor investment)
- ☐ Dependent Children
- ☐ Dependent Parents
- ☐ Dependent Siblings

CONFIRMATION / UPDATION OF MOBILE NUMBER IN AFORESAID FOLIO(S)

Mobile Number

Mobile number specified above belongs to ☐ Self or family, due to investor being (Please tick any one option from below)


- ☐ Spouse
- ☐ Guardian (for Minor investment)
- ☐ Dependent Children
- ☐ Dependent Parents
- ☐ Dependent Siblings


UNIT HOLDER(S) SIGNATURE(S) & DECLARATION

I / We authorize KFINTECH to update the following Service Request in all folios across all Mutual Funds serviced by KFINTECH, where I am the holder of below PAN and also the first holder. This letter may kindly be treated as the necessary authorization in this regard.

SIGNATURE(S)

 Signature of Sole / First Unit-holder

 Signature of Second Unit-holder

 Signature of Third Unit-holder

(To be signed by All Unit-holders if Mode of Holding is Joint)

Investor Details



1st Holder :

Mother's Name :

2nd Holder :

Mother's Name :

3rd Holder :

Mother's Name :

Mode of Holding : Single ☐ Eighth or Survivor ☐ Joint ☐

Nominee Name with Relation :

Mobile No. : 1) 2)

Email ID :

Profession : Annual Income :

Marital Status : Married ☐ Single ☐

Mandate Type : Physical ☐ E-Mandate ☐

Mandate Amount / Limit :

Investment Details

Scheme Name & Option

Mode	Lumpsum	SIP	SWP	STP	Date
Amount					
Tenure					

Suggest your References ** :

Name	Contact No.	Profession
•		
•		
•		

Wealth Coach Notes:

Investor Signature

Wealth Coach Signature

Get the App (Safollya Investment) and Invest hassle free with Us

EQUITY

MARKET CAPITAL BASED LARGE C. MID C. SMALL C.

LARGE CAP	80%		
LARGE CAP & MID CAP	35%	35%	
MID CAP		65%	
SMALL CAP			65%
MULTI CAP	25%	25%	25%
FLEXI CAP		65%	

RISK CATEGORY	IDEAL TIME HORIZON	EXIT LOAD	EXPECTED IRR
High	5 Years	10%	10%
High	6 Years	10%	12%
High	7 Years	10%	12%
Very High	8 Years	10%	14%
High	6 Years	10%	13%
High	6 Years	10%	13%

DIVIDEND YIELD	65%	Dividend Yielding
VALUE	65%	Value Investing
CONTRA	65%	Contrarian Investing
FOCUSED FUNDS	65%	Max 30 Companies
SECTOR/ THEMATIC	80%	Particular Sector/Theme
ELSS	80%	3 yrs Holding

High	5 Years	10%	10%
Very High	7 Years	10%	11%
Very High	7 Years	10%	12%
High	6 Years	10%	12%
V. Very High	3 Yrs. Positional	10%	20%
High	6 Years	10%	12%

DEBT

MATURITY BASED MINIMUM MAXIMUM

OVERNIGHT		1 Days
LIQUID		91 Days
ULTRA SHORT DURATION	3 Months	6 Months
LOW DURATION	6 Months	12 Months
MONEY MARKET		1 Years
SHORT DURATION	1 Year	3 Years
MEDIUM DURATION	3 Years	4 Years
MEDIUM TO LONG DURATION	4 Years	7 Years
LONG DURATION	7 Years	

"TIME HAS THE POWER TO REDUCE RISK IN INVESTMENT & TO CREATE WEALTH"
-ARABINDA KUNDU

Very Low	7 Days	0%	3%
Very Low	60 Days	1%	4%
Low	180 Days	1%	5%
Low-Medium	2 Years	5%	5.5%
Very Low	60 Days	1%	4%
Low-Medium	2 Years	2%	6%
Medium	4 Years	5%	7%
Medium	5 Years	5%	7%
Medium	6 Years	5%	7%

OTHERS

DYNAMIC BOND	Across Durations
CORPORATE BOND	Min 80% in high Rated CB
CREDIT RISK	Min 65% in Corp Bonds, <Highrated
GILT	Min 80% in Gsec
GILT WITH 10 YRS DURATION	Min 80% in Gsec, MD = 10 yrs
FLOTTER	Min 65% in Floating Rate
BANKING & PSU	Min 80% in Debt of Bank, PSU, Public FLs

Medium	3 Years	5%	7%
Low	90 Days	1%	7%
Low-Medium	3 Years	5%	6.5%
Very High	5 Years	10%	7.5%
Very High	7 Years	10%	7.5%
Very Low	90 Days	0.5%	5.5%
Low	180 Days	1%	6%

HYBRID

EQUITY-DEBT MIX BASED EQUITY DEBT

CONSERVATIVE	10-25%	75-90%
BALANCED	40-60%	40-60%
AGGRESSIVE	65-80%	20-35%
ARBITRAGE	Min 65%	Balance
EQUITY SAVINGS	Min 65%	Min 10%

Medium	3 Years	5%	9%
Medium-High	5 Years	10%	10%
Medium-High	5 Years	10%	11%
Low	1 Year	1%	5%
Medium	4 Years	5%	8%

OTHERS

DYNAMIC AST.ALLOCATION	Dynamically Managed
MULTI ASSET ALLOCATION	Min 3 Class (Eq/Gold /commodity /debt), Min 10 % in each

Medium-High	5 Years	10%	10%
Medium-High	5 Years	10%	10%

OTHERS

INDEX ETF	Min 95% in Securities of Index
FUND OF FUNDS	Pooled Investment - Overseas+Domestic

High	7 Years	10%	As Index
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SOLUTION ORIENTED LOCK-IN OR EARLIER IF

RETIREMENT FUND	5 Years	Retirement
CHILDREN'S FUND	5 Years	Child Attaining Major

Medium-High	5y or 55 age	10%	11%
Medium-High	18 Yrs Child	10%	11%

**Disclaimer : Past Performances does not guarantee Future Returns. Risk & Return on investment with Mutual Funds schemes are for Investor's.

**Date as on 01 May 2021.

Wealth Coach **Signature**

Investor Client's **Signature**