

4. Joint Applicant's Details & Mode of Holding (if not Single)

2nd Applicant	F I R S T	M I D D L E	L A S T	N A M E
Date of Birth	DD / MM / YYYY	PAN No.*	KYC Compliant* (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please ✓) <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
3rd Applicant	F I R S T	M I D D L E	L A S T	N A M E
Date of Birth	DD / MM / YYYY	PAN No.*	KYC Compliant* (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please ✓) <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident

*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

MODE OF HOLDING (Please ✓) Anyone or Survivor Joint (Default, in case of more than one applicant)

5. Type of Investment

Please ✓ **Lumpsum Investment**
Please fill up Section on Lumpsum Investment below

OR **Systematic Investment**
Please fill up the enclosed SIP Auto Debit (ECS) Form and submit it together with Application Form

Please use separate Application Forms for Lumpsum & Systematic Investment

6. Investment Details - Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme

For investments in more than one scheme

Scheme 1

Plan* Option*

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A B Rs. A m i n u s B

Cheque/DD No. Cheque / DD Date DD / MM / YYYY

Drawn on (Bank / Branch Name)

Account Type (Please ✓) Savings Current NRE NRO FCNR Others Please specify

NRI / FI investors please enclose (✓ as applicable) Account Debit Foreign Inward Remittance Certificate Others Please specify

Scheme 2

Plan* Option*

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A B Rs. A m i n u s B

Cheque/DD No. Cheque / DD Date DD / MM / YYYY

Drawn on (Bank / Branch Name)

Account Type (Please ✓) Savings Current NRE NRO FCNR Others Please specify

NRI / FI investors please enclose (✓ as applicable) Account Debit Foreign Inward Remittance Certificate Others Please specify

*Default Option will be applied in case of no information, ambiguity or discrepancy. Please read instructions for the default options. **Cheque / DD to be drawn in favour of "Scheme Name"**

7. Nomination Details

	Nominee	Name of Guardian (in case of Minor)	Percentage of Investment Allocation %
Nominee 1			
Address			
Nominee 2			
Address			
Nominee 3			
Address			

8. Declaration & Signatures

I/We have read and understood the contents of the Offer Document of the above Scheme of AIG Global Investment Group 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 AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group 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.

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)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant # (Please ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

CHECKLIST

Please ensure that:

- Your Application Form is complete in all respects & duly signed by all applicants:
 - Name, Address and Contact Details are mentioned in full.
 - Bank Account Details are entered completely and correctly. 9 digit MICR Code of your bank is mentioned in the Application Form.
 - Permanent Account Number (PAN) of all Applicants is mentioned and necessary documents are enclosed for all investments.
 - KYC Acknowledgement Letter of all applicants is enclosed if investment amount is Rs. 50,000 and above.
 - You attach the proof of identity and address along with the application form. See Instructions for more details.
 - Appropriate Investment Option is selected. If the Dividend Option is chosen, Dividend Payout or Re-investment and Dividend Frequency is indicated.
 - If units are applied for Jointly, Mode of Holding of account is indicated.
- Application Number is mentioned on the reverse of the cheque.
- Relevant documents as listed alongside are submitted with the Application Form.

Documents	Individuals	Companies	Trusts	Societies	Partnership	NRIs	FIs	Investments through POA
Certified PAN Card	✓	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement Letter of all applicants for investments of Rs. 50,000 and above	✓	✓	✓	✓	✓	✓	✓	✓
Resolution / Authorisation to invest		✓	✓	✓	✓		✓	
List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓		✓	✓
Memorandum & Articles of Association		✓						
Trust Deed			✓					
Bye-Laws				✓				
Partnership Deed					✓			
Notarised Power of Attorney								✓
Account Debit / Foreign Inward Remittance Certificate from remitting Bank						✓	✓	

All documents above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public.

COMMON TRANSACTION FORM

This Form is to be used by Existing Investors for the purpose of Additional Purchase Redemption Change of Bank Account Change of Address Switch SIP SWP STP Nomination Change of Contact Details (Please ✓ whichever is applicable) * Mandatory

Existing Unitholders Information

First Unitholder Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

PAN & KYC Details

Sole / First Applicant / Guardian	PAN No.* <input type="text"/>	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	PAN No.* <input type="text"/>	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant	PAN No.* <input type="text"/>	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

Additional Purchase

Scheme Name Plan Option

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A Rs. B Rs. A m i n u s B

Cheque/DD No. Drawn on (Bank / Branch Name)

Cheque / DD Date Account Type Savings Current NRE NRO FCNR Others Please specify

Systematic Investment Plan (SIP) (Through Post Dated Cheques)

Scheme Name Plan Option

Frequency (Please ✓): Monthly Quarterly SIP Date: 1st 7th 14th 21st All four dates Installment Amount Rs.

Enrolment Period From To Cheque No(s). From To No. of Cheques

Drawn on (Bank / Branch Name)

Systematic Transfer Plan (STP)

From Scheme (Transferor)

Plan Option

To Scheme (Transferee)

Plan Option

Please transfer Fixed Amount Rs. OR Capital Appreciation

Frequency: Weekly Monthly Quarterly

STP Date: 1st 7th 14th 21st

Enrolment Period From To

Switch

From Scheme (Transferor)

Plan Option

To Scheme (Transferee)

Plan Option

Please transfer Rs. OR Units OR All Units

STP shall not be executed if amount is less than Rs. 1000/-

Declaration & Signatures

I/We have read and understood the contents of the Offer Document of the above Scheme of AIG Global Investment Group 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 AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group 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.

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)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	<input type="text"/> POA Holder for Applicant 1	<input type="text"/> POA Holder for Applicant 2	<input type="text"/> POA Holder for Applicant 3
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant # (Please ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above (P. T. O.)

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

SIP: Installment Amount (Rs.) Total Cheques Cheque Nos.

Additional Purchase : Amount (Rs.) Cheque No.

Redemption: Amount (Rs.) OR Units

Switch : Amount (Rs.) OR Units

SWP : Fixed Amount (Rs.) OR Capital Appreciation

STP : Fixed Amount (Rs.) OR Capital Appreciation

Change of Bank Account Change of Address Change of Contact Details Nomination Details

Service Centre
Signature & Stamp