



# KOTHARI PIONEER FMCG FUND PHARMA FUND

Web App

<b>Agent Code / Broker Code</b>	<b>Sub Broker Code</b>	<b>For office use only</b>		
20-01429-5		Application received		
		By:	Date:	Time:

<b>PLAN OPTION</b> [Please refer Instructions 10] I would like to invest in [Please tick (✓) whichever is applicable]	<input type="checkbox"/> <b>FMCG FUND</b>	<input type="checkbox"/> <b>PHARMA FUND</b>
	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant	
Name of Second Applicant	
Name of Third Applicant	
Address	
Pin	
Tel	
E-mail	

(Please (✓) whichever is applicable)

<b>Mode of Holding</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Either or Survivor(s)
<b>Occupation</b>	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Private Sector
	<input type="checkbox"/> Public Sector/ Government	<input type="checkbox"/> Retired	<input type="checkbox"/> Others
<b>Status</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> HUF	<input type="checkbox"/> Company/Body Corporate
	<input type="checkbox"/> Trust	<input type="checkbox"/> Club/Society	<input type="checkbox"/> Minor through Guardian
	<input type="checkbox"/> Others		

### SYSTEMATIC INVESTMENT PLAN (SIP)

Amount for each cheque Rs. \_\_\_\_\_

Drawn on \_\_\_\_\_

No of cheques \_\_\_\_\_

Cheque No. \_\_\_\_\_

PAN/GIR No. (Please refer to Instruction 6)

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Circle/Ward/District (Required if investment is greater than Rs.50,000)

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Date of Birth

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Name of Father/Husband of Applicant/Guardian of Minor (Strike off whichever is not applicable)

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Are you an existing shareholder of Kothari Pioneer Mutual Fund? If yes, please specify \_\_\_\_\_

### APPLICANT BANK DETAILS (Where Dividends/ Redemption cheques are to be credited - please refer to instruction 11)

Bank Account Number		Bank Name	
Bank Account Type		Branch	

(Savings A/c, Current A/c etc.)

### PAYMENT DETAILS

Gross Investment Amount [1]	* DD Charges deducted (2)	Amount Remitted (1-2)	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD
			Cheque/DD No. _____ Date _____
			Bank & Branch Details _____

\* Only for payments made through DD

### DECLARATION

To The Board of Trustees, Kothari Pioneer Mutual Fund, 112 N H Road, Chennai 34. Dear Sirs, I/We had read and understood the Offer Letter and instructions of Kothari Pioneer FMCG Fund/Kothari Pioneer Pharma Fund (please strike off whichever is not applicable) and hereby apply for Kothari Pioneer FMCG Fund/Kothari Pioneer Pharma Fund units. I/We agree to abide by the terms and conditions of the fund and any amendments thereof. Date: _____ Place: _____	<b>Signatures</b> First Applicant _____ Second Applicant _____ Third Applicant _____
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### SECTION 54EA/EB [Only for those availing Sec.54EA/EB Exemption] (Please tick the relevant section under which application is being made)

I/We understand and agree that these units are purchased by me/us to avail the exemption under  SEC 54 EA /  SEC 54EB of the Income Tax Act, 1961 and are not repurchasable earlier than 3/7 years from the date of investment respectively. I/We agree that this undertaking is irrevocable.

Signatures: First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

## ACKNOWLEDGMENT

<b>Kothari Pioneer FMCG Fund/ Kothari Pioneer Pharma Fund</b>	<b>Received from Mr./Mrs.</b> _____ _____ <b>Pincode</b> _____	<b>Amount Paid</b>	<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Cheque/Demand Draft No.</b>	
	<b>Options : Please tick (✓)</b>		<b>Kothari Pioneer FMCG Fund</b> <input type="checkbox"/> <b>Growth Plan</b> <input type="checkbox"/> <b>Dividend Plan</b> <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout  <b>Kothari Pioneer Pharma Fund</b> <input type="checkbox"/> <b>Growth Plan</b> <input type="checkbox"/> <b>Dividend Plan</b> <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	<b>Date</b>

For any application related queries please write to : Kothari Pioneer Mutual Fund, El Dorado Basement, 112 N.H. Road, Chennai 600 034.  
Email : services@kotharipioneer.com

### Instructions

Please read the Offer Letter containing the terms of offer. All applications are deemed to have accepted the terms subject to which the offer is being made and bind themselves to the terms upon signing the Application Form and tendering the payment

- Application Forms must be completed in BLOCK LETTERS in ENGLISH. A separate account application is required for each investment
- The applicant's name and address must be given in full [P.O. Box Number alone is not sufficient]. NRI investors should give their local address and bank details in the relevant column
- Signatures should be in English or in any of the Indian languages. Thumb impressions must be attested by a Magistrate/Notary Public under his/her official seal. In case of HUF, the Karta will sign on behalf of the HUF
- Mode of payment:-
  - For Resident Investors
    - by cash/local cheque deposited with any Kothari Pioneer Mutual Fund Branch
    - Applicants from places where there is no Kothari Pioneer Mutual Fund Branch can deduct DD charges [as per prevailing applicable IBA rates] from the application amount provided these drafts are payable at **Chennai** only. Applicants may send their applications alongwith separate bank drafts for each application, to the following address:- Customer Services Department, Kothari Pioneer Mutual Fund, El Dorado, 112 N H Road, Chennai 600 034
    - Investors are advised NOT to make cash payments to Agents and District Representatives**
    - Cheques should be drawn in favour of "**Kothari Pioneer FMCG - Growth Plan**," "**Kothari Pioneer FMCG - Dividend Plan** ", "**Kothari Pioneer Pharma Fund - Growth Plan**", "**Kothari Pioneer Pharma Fund - Dividend Plan**" as the case may be. A separate cheque must accompany each application form
  - For Non-Resident Investors:
    - In the case of NRIs, Persons of Indian Origin residing abroad and Overseas Corporate Bodies payment may be made by Indian Rupee Drafts purchased abroad or by cheque drawn on Non-Resident [External] Account/FCNR Account maintained with the banks authorised to deal in Foreign Exchange in India. In case of investment on non-repatriation basis, payment may also be made by cheque drawn on Non-Resident Ordinary Account and payable at Chennai. The application form alongwith the cheque/draft and Foreign Inward Remittance Certificate [FIRC] issued by their bank should be sent to the following addresses:- *Customer Services Department*, Kothari Pioneer Mutual Fund, El Dorado, 112 N H Road, Chennai 600 034
    - Application without the FIRC are liable to be rejected.
    - Foreign Institutional Investors and International Multilateral Agencies shall pay their subscription by direct remittance from abroad or out of their special Non Resident Account, maintained with a designated bank in India.
- All communication will be addressed and payments, if any, will be made payable to the applicant whose name appears first on the Application Form at the addresses given by him/her. In case of HUF, all communication will be addressed to Karta at the address given by him
- Applicant's PAN/GIR Number and I.T. Circle/Ward/District [if available] are to be mentioned if the amount invested is Rs.50,000 or more
- In case of an application form under a Power of Attorney or by a limited company or a body corporate or a registered society, or a Trust, the relevant Power of Attorney or the relevant resolution or authority to make the application, as the case may be, or a duly certified copy thereof, alongwith a certified copy of the Memorandum and Articles of Association [where applicable] and/or bye law must be duly attested by a notary public
- Applications incomplete in any respect are liable to be rejected and the application money returned to the first/ sole applicant without any interest
- Bank Details:** As per SEBI guidelines, applicants should compulsorily provide the name of the bank, branch address, account type and account number in whose favour redemption or income distribution cheque is to be drawn. In the absence of such information redemption requests will not be processed.
- The investor must clearly indicate the plan [Dividend Plan or Growth Plan] in the relevant space provided for in the Application Form. In the absence of such instruction, it will be assumed that the investor has opted for Dividend Plan (Reinvestment option).

The investor may switchover from one plan to the other plan by informing the fund in writing. The fund on receipt of such requests in writing will switchover the investment at the respective NAVs of Growth Plan and Dividend Plan.