



MONEY MARKET ACCOUNT

Web App

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

Plan Option (Please refer to instruction 11) Please tick (✓) whichever is applicable Please use separate application form for each option	<input type="checkbox"/> Regular Account Min. Investment Amount Rs 5,000 (Rs.25,000 for SWP)	<input type="checkbox"/> Cheque Writing Account Min. Investment Amount Rs.10,000

(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)

Mode of Holding	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Either or Survivor(s)
Occupation	<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
Status	<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		

FOR CHEQUE WRITING ACCOUNT ONLY

No. of cheque leaves required _____
 Maximum value of each cheque leaf _____
 (Multiples of Rs.1,000)

SYSTEMATIC WITHDRAWAL PLAN (SWP)

Amount to be redeemed every month _____

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

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

Date of Birth

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

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

APPLICANT BANK DETAILS (Where Dividend/Redemption cheques are to be credited - Compulsory as per SEBI regulations)

Bank Account Number	_____	Bank Name	_____
Bank Account Type <i>(Savings A/c, Current A/c etc)</i>	_____	Branch	_____

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 _____

ELECTRONIC CLEARING SERVICE (ECS) (Compulsory for Systematic Withdrawal Plan - Refer to instruction 12)

* Only for payments made through DD

I authorise Kothari Pioneer Mutual Fund to credit my dividend through ECS

9-Digit Code No. of Your Bank & Branch : _____

This number appears on every leaf of your cheque book after your cheque number.
 Important : Please attach a blank 'cancelled' Cheque or a clear photocopy of a Cheque issued by your bank for verification of the Code No.

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 Money Market Account and hereby apply for Money Market Account units. I/We agree to abide by the terms and conditions of the fund and any amendments thereof. Date: _____ Place: _____	Signatures First Applicant _____ Second Applicant _____ Third Applicant _____
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