

Mutual Fund Application Form

TO BE FILLED IN CAPITAL LETTERS. Pl. use one box for each letter, leaving one box blank between two words.

EXISTING UNIT HOLDER INFORMATION

BM FOLIO NO

MSM FOLIO NO
(Optional)

APPLICANT INFORMATION

OCCUPATION				ENTITY/ STATUS			
<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Individual	<input type="checkbox"/> Mutual fund	<input type="checkbox"/> Others _____	
<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Others _____		<input type="checkbox"/> Pension fund	<input type="checkbox"/> Company / LLC		
Name of the applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/> HH <input type="checkbox"/> HE						Date of Birth *	
<input type="text"/>						D D M M Y Y Y Y	
Name of Parent/ Guardian (In case of Minor)						Relation with Minor	
<input type="text"/>						<input type="text"/>	

PROOF OF IDENTITY

<input type="checkbox"/> Passport No	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> ID Card	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>
<input type="checkbox"/> CR No	<input type="text"/>	Issue Date	<input type="text"/>	Expiry Date	<input type="text"/>

CONTACT DETAILS OF APPLICANT

P.O. Box Add1

Add2

POSTAL CODE City Country

Tel. No. Country Code Office Residence Fax

Mobile No. E-mail Id.

E-MAIL COMMUNICATION

I / We wish to receive account statement by e-mail at the above mentioned e-mail address



BANK ACCOUNT TYPE

A/c. Type Account No.

Bank Branch

Branch PC

Address

	<input type="checkbox"/>		<input type="checkbox"/>
Amount (OMR)	<input type="text"/>	Amount (OMR)	<input type="text"/>
In Words	<input type="text"/>	In Words	<input type="text"/>
Fees (%)	<input type="text"/>	Fees (%)	<input type="text"/>
Total Amount (OMR)	<input type="text"/>	Total Amount (OMR)	<input type="text"/>
In Words	<input type="text"/>	In Words	<input type="text"/>
Systematic Investment Plan - Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To _____		Systematic Investment Plan - Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To _____	
Amount (OMR)	<input type="text"/>	Amount (OMR)	<input type="text"/>
Fees (%)	<input type="text"/>	Fees (%)	<input type="text"/>

PAYMENT MODE

Cheque Wire Transfer (Any Charges will be debited to the account of Unit holder)



Applicant/ Guardian/ Authorised Signatory

For Bank Use Only

Name & Broker Code	Sub Broker / Sub Agent Code	Date and Time of Receipt	Bank / Registrar Serial No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACKNOWLEDGMENT SLIP (To be filled in by Investor)

Received from _____ an application for allotment of

	<input type="checkbox"/>		<input type="checkbox"/>
Amount (OMR)	<input type="text"/>	Amount (OMR)	<input type="text"/>
In Words	<input type="text"/>	In Words	<input type="text"/>
Fees (%)	<input type="text"/>	Fees (%)	<input type="text"/>
Total Amount (OMR)	<input type="text"/>	Total Amount (OMR)	<input type="text"/>
In Words	<input type="text"/>	In Words	<input type="text"/>
Systematic Investment Plan - Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To _____		Systematic Investment Plan - Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Period From: _____ To _____	
Amount (OMR)	<input type="text"/>	Amount (OMR)	<input type="text"/>
Fees (%)	<input type="text"/>	Fees (%)	<input type="text"/>

Signature, Date & Stamp