

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EIJN)	RIA Code**
ARN- (ARN stamp here)	ARN-			

*Please sign alongside in case the EIUN is left blank/not provided. I/We hereby confirm that the EIUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

New Registration Cancellation

2. NEW / EXISTING UNIT HOLDER INFORMATION

Folio/Application No. PAN / PEKRN

Name of the Sole/1st Applicant: Mr. / Ms. / M/s. FIRST MIDDLE LAST

3. SCHEME DETAILS (Please ✓) Choice of Scheme / Option / Facility

Scheme
 Option
 Facility

4. FREQUENCY DETAILS (Please ✓)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="checkbox"/> 5th, 21st OR <input type="checkbox"/> 7th & 25th	<input type="checkbox"/> 5th OR <input type="checkbox"/> 21st OR	<input type="checkbox"/> 7th OR <input type="checkbox"/> 25th OR <input type="checkbox"/> 15th OR <input type="checkbox"/> 28th

5. SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (Please ✓)

Regular SIP Change in Bank Mandate for existing SIP Micro SIP (MSIP)

Enrollment Details

No of Installments: Amount Per Installment:

Amount (in words)

1st Installment Cheque Details

Cheque/DD Date Amount (Rs.)

Drawn on Bank & Branch

Photo Identification proof and Residential Proof number in case of Micro SIP of 1st Applicant

2nd Applicant 3rd Applicant

Cheque Nos From To #Only monthly & quarterly SIP frequencies are available for Groww Liquid Fund.

6. SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Please ✓) 10 business days to register STP

To Scheme

Plan Option

No of Installments:

Amount Per Installment: Amount (in words)

7. SYSTEMATIC TRANSFER PLAN (SWP) DETAILS (Please ✓) 10 business days to register SWP

Amount Per Installment: Amount (in words)

No of Installments:

8. CONTACT DETAILS

Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)

	Mobile No.	Mobile No. provided pertains to	Email ID	Email ID provided pertains to
FIRST APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
SECOND APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
THIRD APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor

9. DECLARATION AND SIGNATURE

I/We have read and understood the terms and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the scheme(s), I/We hereby apply to the Trustees of Groww Mutual Fund for units of scheme(s) of Groww Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s). I/We hereby declare that the amount invested in the scheme(s) 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 of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For Micro SIP investors - I/we hereby declare that the I/we do not have any existing Micro SIP's which together with current application will result in aggregate investments exceeding ₹50,000 in a financial year.

For NRIs/Flis only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR/NRNR account/NRO/NRSR Account. (Including amount of transactions made in future)

	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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