COMMON APPLICATION FORM
(For Lumpsum/Systematic Investment)

Morgan Stanley

App. No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No.	Sub-Broker/Branch Code	Date of receipt	For office use
ARN-29333			

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

1 EXISTING UNIT HOLDER'S INFORMATION (Please mention the details below and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.)

Folio No.

Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

PAN No. Sole/First Unit holder/Guardian/PoA | Second Unit holder | Third Unit holder (If PAN is already validated, please don't attach any proof.)

2a NEW APPLICANT'S INFORMATION

NAME OF THE SOLE/FIRST APPLICANT

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name Date of Birth DD MM YYYY Sex ☐ Male ☐ Female

PAN (Mandatory) Enclosed (Please ✓) ☐ PAN Proof (Refer Instruction 9) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

LEGAL STATUS OF SOLE/FIRST APPLICANT (Please ✓)

☐ Individual ☐ HUF ☐ Company/Body Corporate ☐ Trust ☐ Partnership ☐ FII ☐ Bank/FI ☐ AoP/BoI
☐ Club/Society ☐ NRI/PIO ☐ Minor ☐ NGO ☐ Defence Establishment ☐ Others (please specify)

OCCUPATION OF SOLE/FIRST APPLICANT (Please ✓)

☐ Service ☐ Business ☐ Professional ☐ Student ☐ Retired ☐ Housewife ☐ Agriculture ☐ Others (please specify)

GUARDIAN (if sole/first applicant is minor)/**CONTACT PERSON** (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person)

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

PAN (Mandatory) Enclosed (Please ✓) ☐ PAN Proof (Refer Instruction 9) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

NAME OF THE SECOND APPLICANT Date of Birth DD MM YYYY

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

PAN (Mandatory) Enclosed (Please ✓) ☐ PAN Proof (Refer Instruction 9) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

NAME OF THE THIRD APPLICANT Date of Birth DD MM YYYY

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

PAN (Mandatory) Enclosed (Please ✓) ☐ PAN Proof (Refer Instruction 9) Please ✓ ☐ KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

Mode of Operation (Please ✓) ☐ Single ☐ Joint ☐ Anyone or Survivor

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) **PAN** (Mandatory - Please attach Proof)

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

2b CONTACT DETAILS OF SOLE/FIRST APPLICANT

Address for Correspondence (P.O. Box Address is not sufficient)

City/Town

State PIN

Overseas Address (Mandatory for NRI/FII Applicants)

City/Town State

Country Postal Code

Tel. (Office) (ISD) (STD) Tel. (Res.) (ISD) (STD) Mobile (ISD)

Fax (ISD) (STD) email

3 BANK ACCOUNT DETAILS (MANDATORY)

Account No. Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

Bank Name Branch

City MICR Code (This is a nine digit number next to your Cheque Number)

IFSC Code (This is an eleven digit alpha numeric number on your cheque)

Morgan Stanley

ACKNOWLEDGEMENT SLIP
(To be filled in by the Applicant/Authorised Signatory)

App. No.

Received from
(Mr./Ms./Mrs./M/s/Others)

towards application for units of **Plan** (Please ✓) ☐ Growth ☐ Dividend

Option (Please ✓) ☐ Dividend Payout ☐ Dividend Reinvestment

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
☐ Lumpsum ☐ SIP	Rs.	Cheque No. dated drawn on Bank Branch City

Collection centre/ISC stamp, date & signature

All purchases are subject to realisation of Cheque/DD. This acknowledgement slip is for unit holders reference only. Information provided in the form will be considered as final.

4 INVESTMENT DETAILS

Scheme _____ **Plan** _____

Option ☐ Growth or ☐ Dividend Reinvestment or ☐ Dividend Payout **Dividend Frequency** _____

5 PAYMENT DETAILS (Please choose section A or B below) (Refer Instruction 13)

(A) LUMPSUM INVESTMENT:

Investment Amount Rs. _____ + DD Charges (if applicable) Rs. _____ = Net Amount in Figures Rs. _____

Net Amount in Words _____

_____ Cheque/DD No. _____ Dated DD MM YYYY

Drawn on Bank _____ Branch _____ City _____

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

(B) SIP INVESTMENT

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed _____ (Refer Instruction 6 on page 12)

Investment Amount Rs. _____ (Minimum Rs. 1000) x No. of Instalments _____ (Minimum 6) = Total Amount Rs. _____

SIP Period From MM YYYY To MM YYYY

The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

First payment by Cheque only

First SIP Instalment Cheque Details:

Cheque No. _____ Dated DD MM YYYY

SIP Date (Please ✓) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Frequency (Please ✓) ☐ Monthly or ☐ Quarterly

Drawn on Bank _____ Cheque favoring name of the scheme

Branch _____ City _____

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

☐ **SIP THROUGH AUTO DEBIT (ECS)**
Please also fill up the SIP Auto Debit (ECS) Facility Form

OR

☐ **SIP THROUGH POST-DATED CHEQUES*** (* Cheques for all Months/Quarters should be of same date)
Second and subsequent Instalment Cheque Details:
Cheque Nos. From _____ To _____
Dated From DD MM YYYY To DD MM YYYY

6 COMMUNICATION/INFORMATION

The AMC will by default send the Account Statement, Annual Report and Other Statutory Information by email, if provided. However, you may request for physical copies by ticking the following options (Please ✓) ☐ **Account Statement** ☐ **Annual Report** ☐ **Other Statutory Information**

I/We wish to avail facilities/information through (Please ✓) ☐ **Phone** ☐ **Internet and request to send us the necessary form.**

7 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) (Refer Instruction 15)

I/We do hereby nominate the person more particularly described hereunder/and cancel the nomination made by me/us earlier.

Sr. No.	Name and Address of Nominee(s)*	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion^ (%)
		(to be furnished in case the Nominee is a minor)			
1.	Nominee 1				
2.	Nominee 2				
3.	Nominee 3				

***Maximum three nominees will be allowed** **^Should aggregate to 100%. Would be allocated in equal proportion if left blank**

8 DECLARATION AND SIGNATURES

The Trustees, Morgan Stanley Mutual Fund

I/We have read and understood the contents of the Scheme Information Document of the scheme(s) of Morgan Stanley Mutual Fund including the sections on "who cannot invest" and "important note on Anti Money Laundering, Know Your Customer (KYC) 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 am/we are authorised to make this investment and the amount invested in the scheme is through legitimate sources only and does not involve and is not designated 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 Morgan Stanley Mutual Fund, its Investment Manager and its agent to disclose details of my investment to my bank(s)/Morgan Stanley 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. I/We understand that AMC reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information produced by me/us.

Applicable for NRIs/Person of Indian Origin/FIIs: 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.

I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We confirm that I/we do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only.)

Date DD MM YYYY

SIGNATURES (ALL APPLICANTS must sign here)

Sole/First Applicant/ Guardian/PoA

Second Applicant

Third Applicant