



☐ I/We hereby confirm that the EUIN 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

[illegible]

2. UNITHOLDING OPTION ☐ Demat Mode ☐ Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Central Depository Securities Limited (CDSL)

[illegible]

MODE OF HOLDING : [Please tick(✓)] ☐ Single ☐ Joint ☐ Any one or Survivor (Default)

NAME	Mr. Ms. M/s.	DOB	D	D	M	M	Y	Y	Y	Y
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[illegible]

Date of Birth

Proof of Date of Birth and Guardian's Relationship with Minor

(Mandatory in case of Minor)

STATUS*	<input type="radio"/> Resident Individual	<input type="radio"/> NRI	<input type="radio"/> AOP/BOI	<input type="radio"/> Minor through Guardian	<input type="radio"/> Trust /Charities / NGOs	<input type="radio"/> HUF	<input type="radio"/> Defence Establishment
	<input type="radio"/> Private Limited Company	<input type="radio"/> FI	<input type="radio"/> PSU	<input type="radio"/> Body Corporate	<input type="radio"/> Sole Proprietor	<input type="radio"/> Society	<input type="radio"/> Bank
	<input type="radio"/> Public Limited Company	<input type="radio"/> PIO	<input type="radio"/> FPI*** (****as and when applicable)	<input type="radio"/> Government Body	<input type="radio"/> Partnership Firm	<input type="radio"/> Others	(please specify)

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. **In case First Applicant is Minor then details of Guardian will be required.
'Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Groww Mutual Fund.

Mobile No. provided pertains to
☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID: (CAPITAL Letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS



To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s: _____

Scheme /Plan/ Option:

APP No.: _____
Time Stamp & Date
of receiving office

Payment Details: Instrument No. Date: Drawn on Bank:

5. SECOND APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)

NAME

Mr. Ms. M/s.

STATUS': ☐ Resident Individual ☐ NRI

DOB

D

D

M

M

Y

Y

Y

Y

PAN / PEKRN

CKYC Id

Mobile No.

(For Receiving Transaction Alerts Via SMS)

Email ID (CAPITAL letters only)

(For Receiving Transaction Alerts Via Email)

Mobile No. provided pertains to

☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to

☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

6. THIRD APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)

NAME

Mr. Ms. M/s.

STATUS : ☐ Resident Individual ☐ NRI

DOB

D

D

M

M

Y

Y

Y

Y

PAN / PEKRN

CKYC Id

Mobile No.

(For Receiving Transaction Alerts Via SMS)

Email ID (CAPITAL letters only)

(For Receiving Transaction Alerts Via Email)

Mobile No. provided pertains to

☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to

☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

7. CONTACT DETAILS OF SOLE / FIRST APPLICANT

Correspondence Address^{***} (P.O. Box is not sufficient)
^{***} Please note that your address details will be updated as per your KYC records with CKYC / KRA

Overseas Address (Mandatory for NRI / FPI Applicants)

House/Flat No.

House/Flat No.

Street Address

Street Address

Street Address

Street Address

City/ Town

State

City/ Town

State

Country

Pin Code

Country

Pin Code

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No. & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

8. INVESTMENT DETAILS (Please fill Multiple purchase form for single cheque and multiple schemes.)

Scheme

Plan

(For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

[Please tick (☒) the appropriate boxes only if applicable to the scheme in which you plan to invest]

Option

☐ Growth^{^^} ☐ IDCW-Reinvestment ☐ IDCW -Pay-out

9. PAYMENT DETAILS (Multiple cheques not permitted with single application form)

Mode of Payment : ☐ Cheque ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT

LEI No.

Valid Upto:

D

D

M

M

Y

Y

Y

Y

Investment Amount (₹)

Net Amount~ (₹)

Instrument No/UTR No.

Date

Drawn on Bank

Bank Branch

City

I

I minus II

DD MM YYYY

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Groww Mutual Fund LEI number is 335800GC3CL7LMG58F67. **OTM:** One Time Bank Mandate

(^{^^} Default option if not selected)

Reason for Investment: ☐ House ☐ Children's education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others

Common Application Form / 07th November 2025 / Version No. 2.2

10. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any																			
Account No.	M A N D A T O R Y										A/c. Type (✓) <input type="radio"/> SB <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR								
Name of Bank	M A N D A T O R Y										Bank Branch								
Branch City				PIN				IFSC Code	For Credit via RTGS			MICR Code	9 Digit For Credit via NEFT						
Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.																			

11. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form								
# Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.								
Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country****	Tax Payer Ref. ID No ⁵	Identification Type	Country****	Tax Payer Ref. ID No ⁵	Identification Type	Country****	Tax Payer Ref. ID No ⁵	Identification Type
Country of Birth***			Country of Birth***			Country of Birth***		
Country of Nationality***			Country of Nationality***			Country of Nationality***		
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. ⁵ In case Tax Identification Number is not available, kindly provide its functional equivalent								

12. DECLARATION OF NPO (For Trusts / Society)
<p><input type="radio"/> We are falling under "Non-Profit Organization" (NRO)-which has been constituted for religious or charitable purposes referred to in clause (15) Of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="radio"/>Yes <input type="radio"/>No</p> <p><input type="radio"/> If yes, please quote Registration No. of Darpan portal of Niti Aayog. <input style="width: 150px;" type="text"/></p>
If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

13. ADDITIONAL KYC DETAILS												
OCCUPATION*	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector		Business	Forex Dealer	Student	Private Sector Service	Others	
1st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	
GROSS ANNUAL INCOME DETAILS*			Below 1Lac	1-5 Lacs	5-10 Lacs	10- 25 Lacs	25 Lacs - 1Crore	>1Crore	NET-WORTH** in ₹			Date
1st Applicant			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Net worth should			D D M M Y Y Y Y
2nd Applicant			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older			D D M M Y Y Y Y
3rd Applicant			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)			D D M M Y Y Y Y
Guardian			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				D D M M Y Y Y Y
PEP DETAILS***				1st Applicant			2nd Applicant		3rd Applicant		Guardian	
Are you a Politically Exposed Person (PEP) ***				Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>	
Are you related to a Politically Exposed Person (PEP) ***				Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>	

14. POWER OF ATTORNEY (POA) HOLDER DETAILS		PAN								
1st Applicant POA Name	Mr. Ms. M/s.									
2nd Applicant POA Name	Mr. Ms. M/s.									
3rd Applicant POA Name	Mr. Ms. M/s.									

15. NOMINATION DETAILS				
(Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register /modify any of the nomination details, Registration /Cancellation of Nominee form shall be provided separately)				
Mandatory Details	DETAILS	NOMINEE 1	NOMINEE 2	NOMINEE 3
	Nominee Name			
	Share of Nominee (%)**			
	Relationship with Investor			
	Postal Address Please tick (✓) Other Address (Please mention complete address in the box)	<input type="checkbox"/> Same As First Applicant	<input type="checkbox"/> Same As First Applicant	<input type="checkbox"/> Same As First Applicant
	Mobile Number / Telephone No. of Nominee (s)/ Guardian* In Case of Minor			
	Email ID of Nominee (s)/ Guardian* In Case of Minor			
	Nominee/ Guardian (in case of Minor) Identification Number [Please ✓ any one and provide only number]***	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> Passport Number _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> Passport Number _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> Passport Number _____

Additional Details****	Nominee DOB	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
	Guardian			
<p>** if % is not specified, then the assets shall be distributed equally amongst all the nominees *** Provide only number: PAN or Driving Licence or Aadhaar (last 4). However, in case of NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required. **** to be furnished only in following conditions / circumstances:</p> <p>I Date of Birth (DoB): please provide, only if the nominee is minor. Guardian: It is optional for you to provide, if the nominee is minor.</p>				
<p>a. I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of nominee(s) <input type="checkbox"/> Nomination: Yes/No</p>				
<p>b. I hereby authorize _____ (nominee number) _____to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to _____ of assets in the account / folio or Rs. _____ (strike off portions that are not relevant. If both % of assets and amount selected, than the amount shall be considered.)</p>				
<p>c. Should be signed by all unit holders including joint holders, irrespective of mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.</p>				
Holder(s) details	Signature / Thumb Impression of Holder(s)	Witness Name	Witness Address	Witness Signature*
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				
FOR NOMINATION OPT-OUT: <input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)				
<p>I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.</p>				
16. DECLARATION AND SIGNATURE				
<p>I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Groww Asset Management Limited (Groww Mutual Fund) liability. I understand that the Groww Mutual Fund may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree Groww Mutual Fund can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.</p>				
SIGN HERE	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input checked="" type="checkbox"/> Second Applicant / Authorised Signatory	<input checked="" type="checkbox"/> ThirdApplicant / Authorised Signatory	