

5 INVESTMENT & PAYMENT DETAILS (Please (✓) Option and then choose Section A or B below) (See Note 5)

Scheme _____ **Plan** _____
 Dividend Frequency _____
Option (Please ✓) Growth OR Dividend Reinvestment OR Dividend Payout

(A) LUMP SUM INVESTMENT:

Investment Amount Rs. _____ A

DD Charges (if applicable) Rs. _____ B

Net Amount (Cheque/DD Amount) Rs. _____ A minus B

Mode of Payment (✓) Cheque Demand Draft Fund Transfer

Instrument No. _____ Dated DD MM YYYY

Drawn on _____ Bank

_____ Branch

_____ City

(B) SIP INVESTMENT:

Instalment Amount (Rs.) (A) _____ SIP Period See Note 5d(i) _____
 Rs. Minimum Rs. 500 Till you instruct Fidelity to discontinue the SIP OR No. of Instalments (B) _____ Total Amount (C) = (AxB) _____
(Minimum Rs. 3000 for FTAF Rs. 5000 for other Schemes)

First SIP Instalment Cheque Details:

Cheque No. _____ Dated DD MM YYYY

Drawn on _____ Bank

_____ Branch

Second and Subsequent Instalment Details:

* Please fill in the 'To' date only if 'No. of Instalments above have been specified, otherwise leave blank.

SIP Period From MM YYYY To* MM YYYY

SIP Date (Please ✓) 1st 10th 15th 25th All four dates i.e. 1st, 10th, 15th & 25th

SIP Frequency (Please ✓) Monthly Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit) See Note 5d(iv)

Please also fill up the SIP Auto Debit Facility Form.

OR

SIP THROUGH POST-DATED CHEQUES See Note 5d(v)

Second and subsequent Instalment Cheque Details:

Cheque Nos. From _____ To _____
 Dated From DD MM YYYY To DD MM YYYY

NRI/FII Investors*, please indicate source of funds for your investment (Please ✓) NRE | NRO | FCNR | Others _____ Please specify _____

6 NOMINATION DETAILS (Please strike out this Section if you do not wish to nominate) (See Note 6)

If you wish to register a single nominee for your investments please fill in the nomination details below. If you wish to register multiple nominees for your investment please strike off the section below and fill in the multiple Nomination Form which is available on our website www.fidelity.co.in or any Fidelity Investor Service Centre.

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of Nominee

Name _____

Address _____

Date of Birth (in case Nominee is a minor) DD MM YYYY

To be furnished in case Nominee is a Minor (strike out if not applicable)

Name of Guardian _____

Address of Guardian _____

Signature of Guardian (Mandatory) X _____

7 DECLARATION AND SIGNATURES (See Note 7)

I/We have read and understood the contents of the Offer Document of the above Scheme of Fidelity Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer 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/We am/are authorised to make this investment and that the amount invested in the Scheme 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 issued by any regulatory authority in India. I/We hereby authorise Fidelity Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Fidelity Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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.

***APPLICABLE FOR NRIs:** 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.

SIGNATURE(S) (ALL APPLICANTS must sign here) _____ Date DD MM YYYY

X _____ X _____ X _____
Sole/First Applicant Second Applicant Third Applicant

If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:

Name POA Holder for Applicant 1 POA Holder for Applicant 2 POA Holder for Applicant 3

PAN []

CONTACT US

Phone 1800 2000 400 (toll-free) OR 0124 3915655 (at long distance rates)

Lines open from 9 a.m. to 6 p.m. on all Business Days.

E-Mail investor.line@fidelity.co.in

Website www.fidelity.co.in