

Please read Terms & Conditions overleaf carefully. All sections to be completed legibly in English, in black/dark-coloured ink and in BLOCK CAPITALS.

Distributor's Code ARN- 0155 / NJ India Invest	Sub-Broker's Code	Branch Code	Relationship Manager
			Name
			Mobile

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

1 APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1)

Application Form No. _____ OR Folio No. _____
(For New Applicants) _____ (For Existing Unit holders) _____

Sole/First Applicant/Unitholder _____
First Name _____ Middle Name _____ Last Name _____

E-mail ID _____ For receiving Statements over E-mail instead of Post

2 PAN AND KYC DETAILS (See Note 2)

Please furnish below PAN of each Applicant. Fulfilment of KYC requirements is mandatory for all investments w.e.f. January 1, 2011.

PAN: _____ First Applicant _____ Second Applicant _____ Third Applicant _____

Please enclose a copy of KYC Acknowledgement Letter issued to yourself and other applicant(s) to evidence fulfilment of KYC requirements.

Other Proof of Photo identity and Address [Allowed only for investments through Systematic Investment Plan (SIP) not exceeding Rs. 50,000 in a year]

Document Provided: _____ First Applicant _____ Second Applicant _____ Third Applicant _____

Identification No.: _____ First Applicant _____ Second Applicant _____ Third Applicant _____

REASON FOR INVESTING IN SIP (Please ✓) Child's Education Child's Marriage Purchase of House Purchase of Car Retirement Others _____

3 DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.) (See Note 3)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Fidelity Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. 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 hereby declare that the particulars given here are correct and express my/our willingness to make payments referred below through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I/We will also inform FIL Fund Management Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date DD / MM / YYYY

X Sole/First Unit Holder X Second Unit Holder X Third Unit Holder

4 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (See Note 4)

The Manager Name of Bank _____ Branch _____ City _____

I/We authorize Fidelity Mutual Fund, acting through their service providers, to debit my account through ECS (Debit) clearing/Direct debit (Standing Instructions) as per the details given here:

A. Folio No./Application No. _____	Scheme/(Plan)/Option
B. Account Number _____	SIP Auto Debit Date <input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th
C. Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) _____	SIP Installment Amount Rs. (Min. 500)
	SIP Auto Debit Period From MM / YYYY To* MM / YYYY

*Please fill in the 'To' date only if 'No. of Installments' have been specified in the Common Application Form or Micro SIP Form, otherwise leave blank.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. Mandate verification charges if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s) _____ Sole/1st Bank Account Holder _____ 2nd Bank Account Holder _____ 3rd Bank Account Holder _____

Signature(s) of Bank Account Holder(s) XX _____ XX _____ XX _____ Sole/1st Bank Account Holder _____ 2nd Bank Account Holder _____ 3rd Bank Account Holder _____

Date DD / MM / YYYY (To be signed by all holders if mode of operation of Bank Account is 'Joint')

ATTESTATION BY THE BANKER
(Mandatory, if your First SIP Installment is through a Demand Draft/Pay Order)
I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

Signature and Stamp of the Authorised Official from Bank
Bank Stamp & Date

FOR OFFICE USE ONLY (not to be filled in by investor)	We confirm that we have taken the above ECS/Auto Debit instructions on our records.
Recorded on DD / MM / YYYY	Stamp of Bank Branch Manager
Recorded by	Signature
Credit A/c. No.	Name

GENERAL INSTRUCTIONS

1. This form needs to be mandatorily filled up for registration of your Systematic Investments in our records and your payment instructions with your Bank.
2. Please read the terms and conditions for SIP in Note 5(d) on Page 17 of this Key Information Memorandum.
3. Please refer the 'GUIDANCE NOTES FOR FILLING UP THE AUTO DEBIT FACILITY FORM' below. This should help you fill in the necessary details in the form correctly and completely.
4. **SIGNATURES:** This form needs to be signed at two places marked X and XX. Please sign the forms as per instructions below:

a.	X	To be signed by Applicants for SIP investment in the same order in which the Common Application Form or Micro SIP Form is signed.
b.	XX	To be signed by Bank Account Holders in the order in which the Bank Account is held and the manner in which their signatures appear on Bank records.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

1. Our SIP Auto Debit(ECS/Direct Debit) Facility is offered to you using Reserve Bank of India's (RBI) Electronic Clearing Service (Debit Clearing Facility). By opting for this facility you agree to abide by the terms and conditions subject to which this facility is offered by RBI.
2. The SIP Auto Debit (ECS/Direct Debit) Facility is offered to investors having Bank Accounts in any of the cities / towns where ECS Clearing Service (Debit Clearing Facility) is available. There are 86 cities / towns as on 30th November, 2010 where this facility is available. As this list is subject to changes from time to time, please log on to our web-site (www.fidelity.co.in) for an updated list of cities where this facility is available. Fidelity Mutual Fund reserves the right to modify this list without assigning any reason or prior notice. The cities listed on our website may be modified / removed at any time purely at the discretion of Fidelity Mutual Fund without assigning any reason or prior notice.
3. Applications for SIP Auto Debit (ECS/Direct Debit) Facility would be accepted only if the Bank Branch listed in Section 4 of this form participates in local MICR/ECS Clearing. In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. Fidelity Mutual Fund, its Investment Manager - FIL Fund Management Private Limited, its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
4. There has to be a minimum gap of 30 days between the date of your first SIP (through cheque) and your second SIPs (through Auto Debit). While mentioning the SIP Auto Debit period (from) in this form, please take this into account and indicate the correct SIP Auto Debit commencement date. Please refer Note 4 below to understand this requirement better.
5. For cancellation of the Auto Debit (ECS/Direct Debit) Facility, you need to give a notice 30 days in advance.
6. If you are an existing investor with us and are availing SIP through Auto Debit (ECS/Direct Debit) Facility, please note the following with respect to this systematic investment that you propose to make in the folio:
Your proposed SIP investments should be from the same bank account from which your existing SIP investments are being made. We will not be able to process the SIP if the bank mandate is different from the bank mandate provided for the existing SIP investments.
7. You will not hold Fidelity Mutual Fund (FMF)/FIL Fund Management Private Limited (FFMPL)/Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of RBI's ECS/local holidays.
8. FMF/FFMPL reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
9. FMF/FFMPL/Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred/suffered by you as a result of use of this facility.

GUIDANCE NOTES FOR FILLING UP THE AUTO DEBIT FACILITY FORM

Note 1 - APPLICANTS' PERSONAL DETAILS

Please furnish the name of all applicants as they appear in the Common Application Form and the Application Number (if this is your first investment in Fidelity Mutual Fund) or Existing Folio (if you hold an existing folio with us).

Please furnish KYC Acknowledgement letter or Alternate Identity and Address Proof. as indicated in point no. 3 of "GUIDANCE NOTES TO HELP YOU COMPLETE THE COMMON APPLICATION FORM".

Note 2 - SIP 1st INSTALLMENT DETAILS

- a) If you are holding an existing folio with Fidelity Mutual Fund and not filling up the Common Application Form, please fill in your investment details in the appropriate section.
- b) Please indicate the Option where you wish to invest. Also indicate your choice of dividend payout or re-investment. Similarly, if the option is not indicated, units would be allotted in Growth Option. For investment in Fidelity India Children's Plan, also indicate the Fund (Education / Marriage / Savings).

Note 3 - DECLARATION AND SIGNATURES

This section needs to be signed by the applicants at the places marked "X" in the same order and manner in which they have signed the Common Application Form/Micro SIP Form.

Note 4 - AUTHORISATION OF BANK ACCOUNT HOLDER(S)

- (a) Please furnish your Bank Account details from which the Auto Debit is to be effected.
- (b) **It is mandatory to furnish the 9 Digit MICR Code of your Bank.** This is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. **In the absence of this information, your SIP Application would be rejected.**
- (c) Please furnish the following details with respect to your systematic investment:
 1. Scheme - Plan - Option.
 2. SIP Frequency (Monthly/Quarterly/Semi-Annually/Annually) & SIP Date (1st/10th/15th/25th) You now also have a choice to have SIP installments on all four dates by ticking the appropriate box).
 3. SIP installment Amount (Minimum - Rs. 500)
 4. SIP Auto Debit Period (Auto Debit commencement date and end date). Please refer note (f)

- (d) In order to save you from the hassle of sending us renewal instructions each time your SIP expires, Fidelity offers you two ways to invest. If you know how long you wish to invest for, specify your Start Date and End Date. Alternatively, you can choose the open option - where you specify just your Start Date - and can discontinue your SIP by writing to us.

- (e) Please note that your **Auto Debit would commence from your second SIP installment.**

- (f) If you have not indicated any preferences for your SIP investment in this Form, the same would be assumed to be as indicated below:

SIP Auto Debit Period	Six Months
SIP Date	10th of the month (commencing 30 days after the first SIP installment date)
SIP Frequency	Monthly

- (g) The first SIP Instalment can be paid either through a Cheque, a Demand Draft (DD) or a Pay Order (PO). In case of payment of first Instalment through DD and PO, the Auto Debit Bank details mentioned by you must be attested by the banker in Section 4 of the SIP Investment Form. Additionally, you need to also furnish a declaration from your Banker in the format enclosed (Bankers Certificate)

- (h) Please mention names of all bank account holders. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked XX in the same order and manner in which their signatures appear on bank records.

REASON FOR INVESTING IN SIP:

We offer you a facility to record the reason for investing in a specific scheme (if you are making this investment towards financing a specific goal). Please note that you can only indicate one reason per scheme. If you have already furnished a reason for investment in this scheme and choose a different reason for a subsequent investment in the same scheme within the folio, your earlier reason would be over-written by the latest reason provided. If you wish to keep your investments segregated, you can choose to make the investment in a different folio.

AUTO DEBIT FACILITY FORM - CHECKLIST

- | | | |
|---|--|--------------------------|
| 1 | Application Form No. (for new Applicants)/Folio No. (for existing investors) is quoted on the Form. Name of Sole/First Applicant is furnished in the form. | <input type="checkbox"/> |
| 2 | Scheme - Plan - Option - Dividend Frequency (if applicable) are furnished on the Form. Systematic Investment Details listed below are furnished:
<input type="checkbox"/> SIP Installment Amount <input type="checkbox"/> No. of SIP Installments <input type="checkbox"/> Preferred SIP Date <input type="checkbox"/> SIP Frequency <input type="checkbox"/> SIP Auto Debit Period | <input type="checkbox"/> |
| 3 | Complete Bank Account Details from which you wish your SIP Auto Debit to happen are completely furnished.
<input type="checkbox"/> Name of Sole/1st Holder of Bank A/c is furnished <input type="checkbox"/> Bank A/c No. is correctly furnished
<input type="checkbox"/> MICR code is furnished <input type="checkbox"/> Cancelled Cheque leaf/Copy of Cheque leaf is attached. | <input type="checkbox"/> |
| 4 | Banker's attestation in Section 4 where the payment for first installment is through a Demand Draft or Pay Order. | <input type="checkbox"/> |
| 5 | All Applicants for the SIP Investment have signed the Form at the places marked "X" in the same order and manner in which they have signed the Common Application Form or Micro SIP Form. | <input type="checkbox"/> |
| 6 | All Bank Account Holders have signed the Form at the places marked "XX" in the same order and manner in which their signatures appear on Bank Records. | <input type="checkbox"/> |