

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) LUMP SUM INVESTMENT:

Investment Amount _____ DD Charges (if applicable) _____ Net Amount in Figures _____
 Rs. _____ + Rs. _____ = 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 10)

Investment Amount _____ No. of Instalments _____ Total Amount _____ SIP Period From MM YYYY To MM YYYY
 Rs. _____ (Minimum Rs.1000) x _____ (Minimum 6) = Rs. _____

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

First SIP Instalment Cheque Details: SIP Frequency (Please Monthly or Quarterly

Cheque No. _____ Dated DD MM YYYY Cheque favoring name of the scheme _____

Drawn on Bank _____ 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 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 ^A (%) |
|---------|---------------------------------|---------------|------------------------------|-----------------------|-----------------------------|
| | | | | | |
| 1. | Nominee 1 | | | | |
| 2. | Nominee 2 | | | | |
| 3. | Nominee 3 | | | | |

*Maximum three nominees will be allowed

^AShould aggregate to 100%. Would be allocated in equal proportion if left blank

7 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.

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