

4. SCHEMES [(PLEASE (✓))]

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|---|---|---|---|
| <input type="checkbox"/> Escorts Liquid Plan | <input type="checkbox"/> Escorts Income Plan | <input type="checkbox"/> Escorts Leading Sectors Fund | <input type="checkbox"/> Escorts Growth Plan |
| <input type="checkbox"/> Escorts Gilt Plan | <input type="checkbox"/> Escorts Opportunities Fund | <input type="checkbox"/> Escorts Infrastructure Fund | <input type="checkbox"/> Escorts Tax Plan |
| <input type="checkbox"/> Escorts Short Term Debt Fund | <input type="checkbox"/> Escorts Balanced Fund | <input type="checkbox"/> Escorts Power & Energy Fund | <input type="checkbox"/> Escorts High Yield Equity Plan |

Minimum application amount is Rs.1000/- for all the schemes except for Tax Plan which is Rs. 500/-
 Amount in Figures (Rs.) D.D Charges (Rs.) Net Amount (Rs.)
 Cheque/Draft No. Date Amount in Words (Rs.)
 Bank Name/Branch
 Cheque/Draft payable in favour of "Escorts Income Plan / Escorts Gilt Plan/Escorts Opportunities Fund/Escorts Growth Plan/Escorts Liquid Plan/
 Escorts Short Term Debt Fund/Escorts Balanced Fund/Escorts Tax Plan/Escorts Leading Sectors Fund/Escorts Power & Energy Fund/Escorts Income
 Bond/Escorts High Yield Equity Plan/Escorts Infrastructure Fund.

- Growth Plan*
 Dividend Plan
 Daily Weekly Monthly
 () Payout () Reinvestment
 Bonus Option (Please (✓))
 * Default Option growth

5. SYSTEMATIC INVESTMENT PLAN (SIP) (For Auto Debit Please use SIP Auto Debit Form)

Frequency Monthly Quarterly Enrolment Period From (dd/mm/yy) To (dd/mm/yy)
 Please find enclosed my/our Cheque of Rs.* [] Each for [] Months/quarters. The Cheque date should be either 1st or 10th or 25th every month/quarter.
 *Minimum Rs.1000/- (Monthly) * Minimum Rs. 1500/- (Quarterly) SIP Date 1st 10th 25th
 Cheque Nos. From [] To []
 Drawn on Bank [] Branch []

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) [(Please Tick (✓))]

Frequency Monthly Quarterly Half Yearly SWP Date 1st 10th
 Scheme []
 Fixed Amount (Rs.) # [] OR Capital Appreciation
 #Minimum Rs.1000/- Period from: M/Y M/Y
 * In case of Apprication Withdrawal Option Please note that first withdrawal would be effected after a month/quarter from the start date.

7. SYSTEMATIC TRANSFER PLAN (STP)

Frequency: Monthly (Min. Rs.1000/-)# Quarterly (Min. Rs.1500/-)
 From :/..... (MM/YYYY) To:/..... (MM/YYYY) Date: 1st 10th 25th
 Fixed Amount (Rs.) Capital Appreciation
 From Scheme*: To Scheme:
 *(Minimum balance in parent scheme should be Rs.12,000/- on the date of STP enrollment)
 # Rs.500/- for Escorts Tax Plan

8. NOMINATION

Name of the Nominee _____ Name of the Guardian _____
 (if the Nominee is minor)
 Address: _____ Relationship (if applicable) _____
 I/We hereby nominate the above person to receive all the amounts to my credit in the event of my/our death. Payment to the nominee of the redemption amount shall discharge the Mutual Fund of all liability towards the estate of the deceased Unit holder(s) and his/her/their successor(s)/ legal heir(s).


9. E-MAIL COMMUNICATION

I/We wish to receive via e-mail Account Statement Quarterly Review & Annual Report Change Of Address Transaction Confirmation

10. DECLARATION

The Trustee
 Escorts Mutual Fund,
 "I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of ESCORTS Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time." * I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . * **Applicable to other than Individuals / HUF; ** Applicable to NRI;** I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). 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

Signature of (First Applicant)	Signature of (Second Applicant)	Signature of (Third Applicant)
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ACKNOWLEDGMENT SLIP (To be filled in by the sole/First Applicant)
 Escorts Mutual Fund
 (Cheque / Demand Draft are subject to realisation)

Date : _____
 Time: _____

Received from Mr./Ms./M/s. _____ an application for Units as per details below:
 Scheme Name _____ Rs. _____
 Cheque/DD No. _____ Dated _____ Bank _____ Branch _____

Transaction Date, Time