

COMMON APPLICATION FORM

(For Lumpsum/Systematic Investment)

Morgan Stanley

App. No.

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No.	Sub-Broker/Branch Code	Date of receipt	Bank Serial No.	Bank Branch Code	For office use
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1 EXISTING UNIT HOLDER'S INFORMATION (Please mention the Folio No. and proceed to Section 4. Please note that applicant details and mode of holding will be as per existing Folio Number.)

Folio No.

Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

2a APPLICANT'S INFORMATION

NAME OF THE SOLE/FIRST APPLICANT

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name Date of Birth DD MM YYYY Sex Male Female

PAN (Mandatory) Enclosed (Please) PAN Proof (For all applications) Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

LEGAL STATUS OF SOLE/FIRST APPLICANT (Please)

Individual HUF Company/Body Corporate Trust Partnership FII Bank/FI AOP/BoI
 Club/Society NRI/PIO Minor NGO Defence Establishment Others (Please specify)

OCCUPATION OF SOLE/FIRST APPLICANT (Please)

Service Business Professional Student Retired Housewife Agriculture Others (Please specify)

GUARDIAN (if sole/first applicant is minor)/CONTACT PERSON (in case of non-individual investors only) (PAN/KYC Compliance not required for contact person)

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name Date of Birth DD MM YYYY

PAN (Mandatory) Enclosed (Please) PAN Proof (For all applications) Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

NAME OF THE SECOND APPLICANT

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name Date of Birth DD MM YYYY

PAN (Mandatory) Enclosed (Please) PAN Proof (For all applications) Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

NAME OF THE THIRD APPLICANT

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name Date of Birth DD MM YYYY

PAN (Mandatory) Enclosed (Please) PAN Proof (For all applications) Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

Mode of Operation (Please) Single Joint Anyone or Survivor

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

(Mr./Ms./M/s/Others) First Name Middle Name Last Name PAN (Mandatory - Please attach Proof)

2b CONTACT DETAILS OF SOLE/FIRST APPLICANT

Address for Correspondence (P.O. Box Address is not sufficient)

City/Town State

State PIN Country Postal Code

Tel. (Office) (ISD) (STD) Tel. (Res.) (ISD) (STD) Mobile (ISD)

Fax (ISD) (STD) email

3 BANK ACCOUNT DETAILS (MANDATORY)

Account No. Account Type Savings Current NRE NRO FCNR Others (Please Specify)

Bank Name Branch

City MICR Code (This is a nine digit number next to your Cheque Number)

IFSC Code (This is an eleven digit alpha numeric number on your cheque)

Morgan Stanley

ACKNOWLEDGEMENT SLIP

(To be filled in by the Applicant/Authorised Signatory)

App. No.

Received from (Mr./Ms./Mrs./M/s/Others)

towards application for units of Plan (Please) Growth Dividend

Option (Please) Dividend Payout Dividend Reinvestment

Investment Type (✓)	Investment/SIP Instalment	Investment Cheque/First SIP Cheque Details
<input type="checkbox"/> Lumpsum	Rs. <input type="text"/>	Cheque No. <input type="text"/> dated <input type="text"/> drawn on <input type="text"/>
<input type="checkbox"/> SIP		Bank <input type="text"/> Branch <input type="text"/> City <input type="text"/>

Collection centre/ISC stamp, date & signature

All purchases are subject to realisation of Cheque/DD.

4 INVESTMENT DETAILS

Scheme _____ **Plan** (Please ✓) Growth Dividend **Option** (Please ✓ if you have opted for Dividend Plan) Dividend Payout Dividend Reinvestment

5 PAYMENT DETAILS (Please choose Section A or B below) (Refer Instruction 13)

(A) LUMP SUM INVESTMENT:

Investment Amount Rs. _____ (Minimum Rs. 5000) DD Charges (if applicable) Rs. _____ Net Amount in Figures Rs. _____

Net Amount in Words _____
 Mode of Payment (strike off whichever is not applicable) _____ 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:

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

First payment by Cheque only _____ The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

First SIP Instalment Cheque Details:

Cheque No. _____ Dated DD MM YYYY SIP Date (Please ✓) 1st 5th 10th 15th 25th

Drawn on Bank _____ Cheque favouring Name of the Scheme _____ SIP Frequency (Please ✓) Monthly or Quarterly

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^ (%) (should aggregate to 100%)
1.	Nominee 1				
2.	Nominee 2				
3.	Nominee 3				

*Maximum three nominees will be allowed

^Would be allocated in equal proportion if left blank

7 COMMUNICATION/INFORMATION

I/We wish to receive the following documents via email in lieu of physical documents (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/We am/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/FILs: 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.

Date DD MM YYYY _____

SIGNATURES (ALL APPLICANTS must sign here)

Sole/First Applicant/Guardian

Second Applicant

Third Applicant