

THIRD PARTY PAYMENT DECLARATION FORM (IN CASE OF PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE)



1.

DECLARATION IN CASE OF EMPLOYER (Should be enclosed with each payment/ SIP Enrolment) [Please shade (●)] All details below are mandatory															
Payments to: Employee (Under Systematic Investment Plan or Lumpsum/ one time subscription through pay roll deduction)															
Name of the Employer															
Address of Employer															
City				State				Pin Code							
PAN of the Employer		KYC Proof		<input type="radio"/> Attached (Mandatory for any amount)											
Application and Payment Details															
Folio No. <input style="width: 100%;" type="text"/>				Application Form No. <input style="width: 100%;" type="text"/>											
Beneficiary Name (First/ Sole Applicant) _____															
Investment Amount in ₹ (Figures) <input style="width: 100%;" type="text"/>				<input type="radio"/> Lumpsum				<input type="radio"/> SIP with Post Dated Cheques (PDC)				<input type="radio"/> SIP Auto Debit			
Cheque/ UTR No. (Lumpsum) _____						Dated <input style="width: 100%;" type="text"/>									
Cheque Nos. (For SIP via PDCs) From _____				To _____				Dated From <input style="width: 100%;" type="text"/>				To <input style="width: 100%;" type="text"/>			
Pay-in Bank A/C Number <input style="width: 100%;" type="text"/>						Cheque drawn on Bank _____									
Branch _____ City _____															
Account Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others _____ (Please specify)															
Mode of Payment				Mandatory Enclosure(s)*											
<input type="radio"/> Cheque				In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.											
<input type="radio"/> RTGS				Copy of the instruction to the Bank stating the Bank Account Number which has been debited.											
<input type="radio"/> NEFT															
<input type="radio"/> Fund Transfer															
* Union Mutual Fund (formerly Union KBC Mutual Fund)/ Union Asset Management Company Limited (formerly Union KBC Asset Management Company Private Limited) ("Union AMC") reserves the right to seek information and /or obtain such other additional documents/ information from the Third Party for establishing the identity of the Third Party.															

2.

DECLARATIONS & SIGNATURE/S [Please shade (●)]											
THIRD PARTY DECLARATION											
I/ We confirm having read and understood the terms and conditions on Third Party Payments detailed in the Statement of Additional Information and hereby agree to be bound by the same. We confirm that the beneficial owner(s) of the investment as stated herein above is/ are my/ our employee/s and I/ we are providing the funds for these investments through the payroll deduction. I/ We declare that the information declared herein is true and correct, which Union Mutual Fund is entitled to verify directly or indirectly. I/ We agree to furnish such further information as Union Mutual Fund may require from me/ us. I/ We agree that, if any such declarations made by me/ us are found to be incorrect or incomplete, Union Mutual Fund/ Union Asset Management Company Private Limited is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/ us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor and refund the subscription monies.											
I/ We hereby declare 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.											
Applicable to NRIs only : I/ We confirm that I/ We are Non-Resident of Indian Nationality/Origin and I/ We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/ our Non-Resident External / Ordinary Account /FCNR Account.											
<input type="radio"/> Yes				<input type="radio"/> No							
<input type="radio"/> Repatriation basis				<input type="radio"/> Non-repatriation basis							
Dated <input style="width: 100%;" type="text"/>						Signature of the Third Party					
DECLARATION OF BENEFICIARY											
I/We certify that the information declared herein by the Third Party is true and correct. I/We acknowledge that Union Mutual Fund reserves the right in its sole discretion to reject/ not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to the my/ our transaction as the beneficial investor detailed in the Application Form. Union Mutual Fund/ Union Asset Management Company Private Limited will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of Union Mutual Fund/Union Asset Management Company Private Limited.											
Dated <input style="width: 100%;" type="text"/>											
Signature Sole / First Applicant				Signature Second Applicant				Signature Third Applicant			