

# 360 COMMON APPLICATION FORM

Please Note: All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

m									
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique	Identification No.*	RIA Name 8	k RIA Code*		ate & Tim	e of Recei	pt
ARN-146822									
Purpose of EUIN is to capture the identifica lowever, in case of any exceptional cases wi We hereby confirm that the EUIN box has istributor/sub broker or notwithstanding the I/We hereby give my/ our consent to share/	here there is no such interaction, the s been intentionally left blank by n advice of in-appropriateness, if any	e investor can keep EUIN b me/us as this transaction i r, provided by the employee	ox blank and sign the follo is executed without any i e/relationship manager/sa	wing declaration; interaction or advi les person of the d	ce by the emplo istributor/sub bro	yee/relationsh		•	
First Unitholder/ Guard			nd Unitholder	t of various footors	including the co		Unitholde		
TRANSACTION CHARGES Please tick ( </td <td></td> <td>vestor across Mutual</td> <td>Funds OR</td> <td>I am an exis</td> <td>sting investor</td> <td>in Mutual F</td> <td>unds</td> <td></td> <td>ibutor based or</td>		vestor across Mutual	Funds OR	I am an exis	sting investor	in Mutual F	unds		ibutor based or
1 EXISTING UNITHOLDERS DET	AILS								
Existing Folio No.	Name o	f Sole/ First Unit Hold	ler						
<b>Note:</b> All investor details like mode of hold For registering different information, pleas		estor address and contact	details, will be captured a	as per existing info	ormation under th	ne given fo <b>l</b> io.	Proceed dir	ectly to sect	on 7.
2 NEW APPLICANT'S DETAILS	(Please fill in BLOCK LETTERS	with black/blue ink and re	ead the instructions carefu	ully, on page 1 to 4	4 before filling up	the form			
APPLICATION FOR Zero B	alance Folio Investment	t							
Name of Entity/ Sole/First Applica	nnt Mr. Ms.								(as in PAN
PAN/PEKRN	KYC [	Yes No Mo	de of Holding (Please	✓) ☐ Single	Joint	Either/ An	yone or Sı	urvivor (Defa	u <b>l</b> t Option : Joi
Date of Birth/Incorporation (Mandatory)	D D M M Y	YYY	Proof of Birth (Please	✓) ☐ Passpor	t 🗌 Birth	n Certificate	Ot	hers	
Status Please (🗸)  Resident Individual  Company/Body Corpo  Partnership Firm	PSU AOP/BOI  prate Sole Proprietor  Others  CA, CRS & Ultimate Beneficial Ownersh		blishment PI	O Bank	t /Charities / N	GOs nd when applica	Society	FI Governm	NRI nent Body
Non-Individual Investors involved/p Please (🗸) (Applicable only for Non Individuals)	providing any of the mention		Foreign Excha	inge/ Money Ch	J			ending/ Pa	wning
			Gaming/ Gami	bling/ Lottery/ C	asino Services	L	None of	the above	
Name of Guardian / Contact Persor (Contact Person for non-indiviudal applicant)	Mr. Ms.								(as in PAN
PAN/PEKRN for Guardian / Contact P Relationship with Minor		n (Refer instructions)	Date of Birth (M	andatory)	M M Y	YYY			
		TI (Refer instructions)							
AT NAME OF THE SECOND APPL Date of Birth (Mandatory)		PEKRN		Self-a	attested copy of PAN	PEKRN along wi	th KYC acknow	vledgment shou	(as in PAN
4 NAME OF THE THIRD APPLICA	ANT Mr. Ms.								(as in PAN
Date of Birth (Mandatory)	M Y Y Y PAN/	PEKRN		Self-a	ttested copy of PAN	PEKRN along wi	th KYC acknow	vledgment shou	ld be attached
5 ADDRESS & CONTACT DETAIL	LS OF FIRST/ SOLE APPLIC	ANT (P.O. Box Address	is not sufficient. Refer	instruction no. 3	3)				
Correspondence Address (address det	ails will be updated as per your KYC rec	ords with CKYC / KRA.	Overseas Addre	ess (Mandatory for	NRI / FII Applicants	)			
	HOUSE / FLAT NO.				HOUSE/	FLAT NO.			
	STREET ADDRESS				STREET A	ADDRESS			
CITY / TOWN		STATE		CITY / TOWN			S	TATE	
COUNTRY		PIN CODE		COUNTR	Υ			PIN CODE	
Tel. (Res.)	Tel. (Off.	·		Mobile N	lo.				
pertains to	Spouse Dependent Child	ren Dependent Sib	olings Dependent	Parents Gu	uardian PC	OA L Cust	odian (for	FPIs only)	PMS
Email ID (CAPITAL letters only)  Email ID provided Self Self Self Interest authorise 360 ONE MF (Formerly Investors providing Email ID would mandatorly I wish to receive physical copy of the schem	y receive E - Statement of Accounts in lie	heme related information throu eu of physical Statement of Ac	igh SMS and Whatsapp.		uardian PC	OA Cust	odian (for	FPIs only)	PMS
- I wish to receive physical copy of the schen		y.							
ACKNOWLEDGI To be filled in by th			ARN No:	ARN	-146822		A	pplication	No.
Received from									
Instrument No.	Drawn	on Bank & Branch							
Scheme/ Plan/ Option/ Sub-Option			Amount Rs.				Signa	ture, Stam	p & Date

6 BANK ACC	OUNT DETAILS (Mand	atory) (D	etai <b>l</b> s of bank	account in v	which reder	nption, IDCW c	r other p	ayments	to be credit	ed.)								
Account No. <sup>\$</sup>								Accou (Please	nt Type ✓)	Savings	Current	NRO	NRE	FCNR				
Bank Name						(Do n	ot abbrev	iate)										
Branch							City Pin Code											
SC Code*				MICR	Code*					(IFSC/ NEFT code	e required	for Direct credit)						
360 ONE Mutual Fur	celled cheque leaf of the said shall not be held responsing to hold units in demat for	ib <b>l</b> e for de	lays or errors in	n processing y	your request	if the information	provided	l is incomp	lete or inacci	urate.	en in Sectio	n (9).						
7 FATCA and	CRS DETAILS For Inc	lividual	s (Mandator	v) Non Indi	ividua  inv	estors includ	ling HUI	F manda	atorily fill s	eparate FATCA	/CRS det	tails form						
	ole/First Applicant/Gu					2nd Appli						3rd Applicant						
Country#	Tax Payer <sup>®</sup> Ref. ID No		ntification	Cou	ntry#	Tax Pay Ref. ID			ification	Country#				fication				
	Ref. ID No		Туре		iii y#	Ref. ID	Vo	Т	уре	_		Tax Payer <sup>®</sup> Ref. ID No	Ту	ype				
1				1						1								
3				3						3								
-	Countries in which you are	a reside	nt for tax purpo		ed Taxpaver	Identification No	ımber and	d it's Ident	tification type	1								
	cation Number is not avail					Tabilanoa abon 110				9								
	ole/First Applicant/Gu	ardian				2nd Appli	cant					3rd Applicant						
Country of Birth					y of Birth	Pre				Country of B								
Country of Nation	onality ax Residence is only India	then det	ails of Country		y of Nation	,	2d			Country of N	ationality	/						
	<u> </u>				,													
	L KYC DETAILS (Man																	
OCCUPATION	Professional Ag	ricultur	ist Housew	rife Retired	d Govern	ment Service	/Public	Sector	Business	Forex Dealer	Student	Private Sector	r Service	Others				
1st Applicant		<u> </u>		$\perp$		<u> </u>					Щ_			<u> </u>				
2nd Applicant		<u> </u>			-													
3rd Applicant		<del> </del>	+ $+$			<u> </u>								<u> </u>				
Guardian	L INCOME DETAILS		Below 1 Lac	1-5 Lacs	1-5 Lacs	5-10 Lacs	10-25	Lass	25 Leep 4	Crore >1 Crore	NET	.WORTH IN ₹		ate				
1st Applicant	IL INCOME DETAILS		Delow I Lac	1-5 Lacs	I-J Lacs	3=10 Lacs	10-23	Lacs	Z3 Lacs=1	Clore >1 Clore		worth should		M Y Y Y Y				
2nd Applicant								1			_	ot be older		M				
3rd Applicant											th	an 1 year)	DDMA	MYYYY				
Guardian												,	D D M /	MYYYY				
PEP DETAILS					1st	Applicant		2nd A	Applicant	3rd	Applica	nt	Guardia	n				
Are you a Politic	ally Exposed Person (F	PEP)			Y	res No		Ye	s No	) <u> </u>	No [	Yes No						
Are you related	o a Politically Exposed	Person	(PEP)		Y	res 🗌 No		Ye	s No	) <u> </u>	′es 🗌	No	Yes	No				
	roof for income and oc	•																
9 PAYMENT 8	INVESTMENT DETA	LS (Mai	ndatory) (De	tails of acco	unt from wh	nich investmen	t has bee	n done.)										
Scheme								Plan [	Regula	r Direct	Optio	on						
mount igures)		Pay	ment mode	Cheq	ue 🔲 DI	D 🗌 Fund	l Transfe	er 🔲 F	RTGS/NEF	Γ	Instrume	ent no. Che	eque/DD/UTR/U	UMR No.				
ccount No.						, , , , , , , , , , , , , , , , , , ,	Vc 🗀	Saving [	Curren	t NRO	NRE	FCNR Oth	hers Ple	ease specify				
nstrument Date	D D M M Y	Υ	Bank					- (	Bra	anch								
ypes of Investme	ent Lumpsu	m [	Lumpsun	ı + SIP	(for SIP pl	lease fill separat	e S <b>I</b> P cur	n Mandate	e registration	form)								
LEI No.								Valid U	pto 🗖	D M M Y	YY	Υ						
Note: I El no is	Mandatroy for transact	on amo	unt 50 crs ab	ove for Non	n individual	. LEI number	of 360 O	NE Mutu	ual Fund is	335800JVNCKE	JJFV1I1	6						
NOIG. LLI 110, 15			December 1	e F	Physical M	lode These	details are	compulsory	if the investor	wishes to hold the uni	ts in DEMAT	mode.						
_	NG OPTION		Demat Mod			1 L 01	1L_1_£1			ul £ 11	ne Denos	Hara Danitation of						
10 UNITHOLDI	t the sequence of Nan		nentioned in		tion form r	matches with	inal of f	ne accoi					•					
10 UNITHOLDI			nentioned in		tion form r	matches with	inai oi i	ne accoi		Depository Sec								
10 UNITHOLDI lease ensure tha	t the sequence of Nan	s Depo	nentioned in		tion form r	matches with	Target	r										
10 UNITHOLDI	t the sequence of Nan National Securitie Beneficiary Account No	es Depo	nentioned in sitory Limit	ed (NSDL)		nsaction cum	Target	ID No. [	Central	Depository Sec	curities L							



360 ONE Asset Management Limited (Formerly known as IIFL Asset Management Limited)

7th Floor, 360 ONE Center, Kamala Mills Compound, Lower Parel, Mumbai - 400013.

Email ID: service@360.one

Toll-free no. 1800-2108-606 | Website: www.360.one/asset-management/mutualfund/

11 NOMINATION (Mandatory*) (Please ✓ and confirm the option selec
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### ANNEXURE - A

### FORMAT FOR PROVIDING NOMINATION

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Sr.	Nomination can be made unto	J. (,		·
No.	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
		Mandat	tory Details	
1.	Name of the nominee(s) (Mr./Ms.)*			
2.	Share of each   Equally (If not equally,	%	%	%
	Nominee please specify percentage)	Any odd lot after di	vision shall be transferred to the first nominee menti	oned in the form.
3.	Relationship with the Applicant (If Any)			
4.	Minor Date of birth			
5.	Guardian name			
*Date	of Birth and Name of Guardian to be provided	d in case of minor nominee(s)		
		Non Mano	datory Details	
6.	Address of Nominee(s)/ Guardian in case of Minor			
	City / Place / State / Country			
	PIN Code			
7		Mobi <b>l</b> e No.	Mobile No.	Mobile No.
7.	Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	Tel. No.	Tel. No.	Tel. No.
0	Email ID of nominee(s)/ Guardian in	Tel. No.	lei. No.	Tel. No.
8.	case of Minor			
9.	Nominee/ Guardian (in case of Minor)	☐ Photograph & Signature	☐ Photograph & Signature	☐ Photograph & Signature
	Identification details (Please tick any one of following and provide details of same)	PAN Aadhaar Card	PAN Aadhaar Card	PAN
		Proof of Identity	Proof of Identity	Proof of Identity
		Saving Bank A/c no.	Saving Bank A/c no	Saving Bank A/c no.
		Demat A/c ID	Demat A/c ID	Demat A/c ID
		First Unitholder Name	Second Unitholder Name	Third Unitholder Name
	*Name and Signature of Holder	First Unitholder Signature	First Unitholder Signature	First Unitholder Signature
*Witnes	ss Name			
*Witnes	ss address			Witness Signature
If the a	ccount holder affixes thumb impression, instea	ad of signature.		
ANN	EXURE - B	DECLARATION	N FOR OPTING-OUT OF NOMINATION	
				ed in non-appointment of nominee(s) and further are
aware t	that in case of death of all the account holder(s)	, my / our legal heirs would need to subm	nit all the requisite documents / information for	claiming of assets held in my / our Mutual Fund Folio,
which n	nay also include documents issued by Court or o	other such competent authority, based or	n the value of assets held in the Mutual Fund Fo	lio.
*Name		Se	econd Unitholder Name	Third Unitholder Name
Signat Holder	<u>.</u>		ant I leith alder Cinnature	Ciest Haithaddas Cianatura
	First Unitholder Signatu	re Fir	rst Unitholder Signature	First Unitholder Signature
*Witnes	ss Name			
*Witnes	ss address			Witness Signature
	ccount holder affixes thumb impression, instea	ad of signature		
	OWER OF ATTORNEY (POA) HOLDER DETA			PAN
IZ P	OWER OF ATTORNET (FOA) HOLDER DET	AILS		PAN
First	Applicant POA Name			
Seco	nd Applicant POA Name			
Third	Applicant POA Name			
13 D	ECLARATION & SIGNATURES			
I/ We ha	ave read, understood and agree to comply with	the terms and conditions of the Statemen	nt of Additional Information, Scheme Information	Documents and Key Information Memorandum of the
				f Money Laundering Act, 2002 (PMLA), Privacy Policy of ual Fund www.360.one/asset-management/mutualfund/
and all a	applicable rules and regulations and hereby confi	rm that I/We have not received nor been i	induced by any rebate or gifts, directly or indirect	ly, to make this investment. The amount invested in the irections issued by any regulatory authority in India. The
ouneme	stana un oudi Hediumate Sources only and IS Not 101	i ine purpose oi comi avention and/of evasi	ion oi anv act, rules, redulations, notincations of d	recuona issueu ov anv regulatory authority in Ingla. 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. For NRIs / PlOs / FPIs only: I / We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form,

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder



## **SIP REGISTRATION CUM MANDATE FORM** (For investment through NACH)

Distributor Name & ARN No.	Sı	ub-Broke	r Code		Empl	oyee	Unique l	dentific	ation N	0.*	RIA Na	me & RIA	Co	de <sup>#</sup>	Date &	Time o	f Receipt
ARN-146822																	
se sign alongside in case the EUIN is left b	lank/not provi	ided. I/We h	nereby cor	nfirm that	the EUIN bo	ox has t	een intent	ionally left	blank by	me/us	as this transac	tion is execu	uted v	vithout any int	eraction o	r advice	by the emplo
onship manager/sales person of the above ign First / Sole Appl	licant / Guard		HOLWILLISIA	andingth	eauviceorii		Second A	pplicant /	ovided by	uieen	ipioyee/relatioi	isnip mana	yens.	Third Ap	plicant /		Diokei.
ere Authorise ront commission shall be paid directly by t	d Signatory	the AMEIn	ragiotarad	Diotribut	ore based o		uthorised		t of vario	ue foot	ora inaludina th	o corvico r	ondo	Authorised		У	
I/ We hereby give my/ our consent to shar			•											ed by the dis	iributor.		
UNITHOLDER INFORMATION																	
Number/ Application No.		$\overline{}$	$\overline{}$				PA	N $\square$									
ne of the First Holder		$\pm$	$\pm$	_		$\equiv$		$\dashv$	$\overline{}$	$\Box$							
						$\dashv$	Option							an			
eme							Оршоп						J		1 _		
REQUEST FOR												Registratio	on of	SIP _	Rene	wal of S	SIP
SYSTEMATIC INVESTMENT PLA	AN DETAIL	(SIP DET	TAIL)														
Fraguancy				Enro	lment Pe	riod				SIP	Instalment	St	ep-l	Jp (Optiona	al) (Pleas	e refer in:	st. no. 10)
Frequency		Fror	m		1	ō		Perpetu	ıal D	ate	Amount	Amour	nt	Cap Amou	nt	Fre	quency
Monthly (Any date: 1st to 28th, 7th is defi	ault) M M	/ Y Y	YY	М	MYY	YY			D	D						Half Yea	arly Yea
Quarterly (Any date: 1st to 28th, 7th is de	efault) M M	A Y Y	YY	М	MYY	ΥY		Perpetu Till 40 Ye		D						Half Yea	arly Yea
Weekly (□Mon □ Tue □ Wed □ Thu	□Fri) D D	) M M )	YYY	Y D	D M M	ΥY	YY	from SI		NA		NA	_	NA			NA
Fortnightly (2 <sup>nd</sup> & 16 <sup>th</sup> every month)	D D	MMY	YYY	Y D	D M M	YY	YY	start da	te) r	NA		NA		NA			NA
INVESTMENT DETAILS																	
st Installment Cheque	Date D	D M I	MY	ΥΥ	Y	Che	que No.					Amo	ount				
nk A/C No.		$\dashv \uparrow$	$\dashv \dashv$				¬ '										
nk Name					Dra	wn c	— on Bank	and Bra	nch [								
UNITHOLDING OPTION		emat Mo	do [	Dhy	sical Mo					if the in	nvestor wishes	to hold the	unito	n DEMAT mas	la.		
se ensure that the sequence of Na																	
ational Securities   DP ID No.	I N	1 1			1		ository			0.0	,	200	00.00	. y . a. a. a. a. p.a.			
DECLARATION  wish to inform you that I/We have are that the particulars given above are corn authorized Service Providers to get this ma of of the 360 ORM Butual Fund/ service provincur, for execution of transactions in confo	registered fo ect and comple ndate lodged v ider or on acco	r the subjecte. I/We agr with bank / count of incon	ject scher ree to disch get verified nplete or ir	me for t harge the d and furth ncorrect in	the contrib responsibilit ner execute l formation, I/	ution p y expec by raisir We sha	ayment to ted of me a ng debits on Il not hold th	o the 360 s a particip o the applic nem respor	ONE In antunder cable date	Mutual r the Ele es. If the le shall	Fund as per ectronic Debit ar e mandate is no keep indemnifi	account or angement of lodged / tred for claims	detail of the ansac	s as above SIP facility. I/V tion is not coll actions, that 36	by debit Ve hereby ected or d 50 ONE Mu	to said authorize lelayed fo utual Fund	Bank acco the beneficia r reasons be d/service pro
incur, for execution of transactions in confo emes of various mutual Funds from amongst	rmity with this which the Sche	mandate. T eme is being	he ARN h	older has ended to m	disclosed to re/us.	me/us	all the cor	nmissions	(in the for	rm of tr	ail commission	or any othe	r mod	e), payab <b>l</b> e to	him/them	for the d	iferent comp
AUTHORISATION AND SIGNAT	URE/S AS F	PER 360	ONE MU	JTUAL	FUND RE	CORI	OS (MAN	IDATOR'	Y)								
e hereby request and authorise the Bank to ho bep sufficient funds in the account well prior to I not dispute any debit raised under this mand	nor the periodi	c debit instru	uctions rais	sed as ab	ove and caus	se my a	ccount to b	e debited a	ccording	y. Char	ges, if any, for m	andate verit	ficatio	n may be debi	ted to my a	ccount. I	hereby under
		cified therei	n and durir	ng or for th					ied for c <b>l</b> a	ims tha	at Bank may incu						date.
Sole /1st AccountHolder's S					2nd Acco									ount Holder			
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Sponsor Bank C	ode		FOR O	FFICE (	JSE ONL'	Y		Utili	ty Code	)		FOR	R OF	FICE USE	ONLY		
Tick (✓) CREATE  ✓ I/We hereby autho	orize		360 ON	E AMC		to	debit tick	(✓)		SB	CA	CC		B-NRE	SB-I	NRO	Othe
MODIFY Bank A/c numbe	·r					_											
CANCEL M	′'				IFCC	_						au MI	CD				
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REQUENCY * Monthly *	Quarterly	<b>×</b> H:	alf Yearh	y <b>x</b>	Yearly	<b>/</b>	As & whe	n preser	nted	[	DEBIT TYPE	* [	ixed	Amount	✓ Ma	aximum	Amount
PAN /					,			bbile No.	+9	1							
Application No.																	
Reference	ohorano hy th	ho hook wh	nom Lom	outhorizi	na to dobt i	mu 000		nail ID	shadula f	or obo	rann of the he	nk					
agree for the debit mandate processing  This is to confirm the declaration has been caref					•	•					•		d by m	е.			
												-					
I have understood that I am authorised to cancel	/amend this mar	ndate by appr	ropriately co	ommunicati	ng the cancell	auonan	mendent re	quest to the	user entity	//corpora	ate or the bank wr	nere I have au	thorise	ed the debit.			
	/amend this mar	ndate by appr	ropriately co	ommunicati	ing the cancell	auonran	mendent re	quest to the	user enti <b>t</b> iy	//corpora	ate or the dank wr	nere I have au	ithorise	ed the debit.			
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