

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code <sup>†</sup>	Date & Time of Receipt
ARN-146822				

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;  
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.  
#I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

<b>TRANSACTION CHARGES</b> Please tick (✓)	<input type="checkbox"/> I am a First time investor across Mutual Funds (₹ 150 will be deducted)	OR	<input type="checkbox"/> I am an existing investor in Mutual Funds (₹ 100 will be deducted)
	Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI register distributor based on the investors' assessment of various factors including service rendered by the distributor.		

**1 EXISTING UNITHOLDERS DETAILS**

Existing Folio No.  Name of Sole/ First Unit Holder

**Note:** All investor details like mode of holding, nomination, bank details, investor address and contact details, will be captured as per existing information under the given folio. Proceed directly to section 7. For registering different information, please **Do Not** fill-in this section.

**2 NEW APPLICANT'S DETAILS** (Please fill in BLOCK LETTERS with black/blue ink and read the instructions carefully, on page 1 to 4 before filling up the form)

APPLICATION FOR  Zero Balance Folio  Investment

Name of Entity/ Sole/First Applicant  Mr. Ms.  (as in PAN)

PAN/PEKRN  KYC  Yes  No Mode of Holding (Please ✓)  Single  Joint  Either/ Anyone or Survivor (Default Option : Joint)

Date of Birth/Incorporation (Mandatory)  Proof of Birth (Please ✓)  Passport  Birth Certificate  Others

Status (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> PSU	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Trust /Charities / NGOs	<input type="checkbox"/> Society	<input type="checkbox"/> FI	<input type="checkbox"/> NRI
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> PIO	<input type="checkbox"/> Bank	<input type="checkbox"/> FPI (as and when applicable)	<input type="checkbox"/> Government Body		
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others							

(For Non-Individual investors, FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form is mandatory, and should be filled separately)

**Non-Individual Investors involved/providing any of the mentioned services**  
Please (✓) (Applicable only for Non Individuals)

<input type="checkbox"/> Foreign Exchange/ Money Changer Services	<input type="checkbox"/> Money Lending/ Pawning
<input type="checkbox"/> Gaming/ Gambling/ Lottery/ Casino Services	<input type="checkbox"/> None of the above

Name of Guardian / Contact Person (Contact Person for non-individual applicant)  Mr. Ms.  (as in PAN)

PAN/PEKRN for Guardian / Contact Person  Date of Birth (Mandatory)

Relationship with Minor  Father  Mother  Legal Guardian (Refer instructions)

**3 NAME OF THE SECOND APPLICANT**  Mr. Ms.  (as in PAN)

Date of Birth (Mandatory)  PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

**4 NAME OF THE THIRD APPLICANT**  Mr. Ms.  (as in PAN)

Date of Birth (Mandatory)  PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

**5 ADDRESS & CONTACT DETAILS OF FIRST/ SOLE APPLICANT** (P.O. Box Address is not sufficient. Refer instruction no. 3)

Correspondence Address (address details will be updated as per your KYC records with CKYC / KRA.)	Overseas Address (Mandatory for NRI / FI Applicants)
HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN	CITY / TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE

Tel. (Res.)  Tel. (Off.)  Mobile No.

Mobile No. provided pertains to  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)  PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)  PMS

I hereby authorise 360 ONE MF (Formerly known as IIFL MF) to send important scheme related information through SMS and Whatsapp.  
Investors providing Email ID would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email.  
 I wish to receive physical copy of the scheme wise annual report and abridged summary.

<b>asset</b> <b>360</b> <b>ONE</b>	<b>ACKNOWLEDGMENT SLIP</b> (To be filled in by the Applicant)	ARN No: <input type="text"/> ARN-146822	Application No. <input type="text"/>
	Received from <input type="text"/>		
	Instrument No. <input type="text"/> Drawn on Bank & Branch <input type="text"/>		
	Scheme/ Plan/ Option/ Sub-Option <input type="text"/> Amount Rs. <input type="text"/>		
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.			Signature, Stamp & Date <input type="text"/>





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

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt
ARN-146822				

\*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor / sub broker.

<b>Sign Here</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Up-front commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

I/We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

**1 UNITHOLDER INFORMATION**

Folio Number/ Application No.  PAN

Name of the First Holder

Scheme  Option  Plan

**2 REQUEST FOR**  Registration of SIP  Renewal of SIP

**3 SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL)**

Frequency	Enrolment Period			SIP Date	Instalment Amount	Step-Up (Optional) (Please refer inst. no. 10)		Frequency
	From	To	Perpetual			Amount	Cap Amount	
<input type="checkbox"/> Monthly (Any date: 1 <sup>st</sup> to 28 <sup>th</sup> , 7 <sup>th</sup> is default)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>				<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<input type="checkbox"/> Quarterly (Any date: 1 <sup>st</sup> to 28 <sup>th</sup> , 7 <sup>th</sup> is default)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>				<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<input type="checkbox"/> Weekly ( <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	NA	NA	NA	NA
<input type="checkbox"/> Fortnightly (2 <sup>nd</sup> & 16 <sup>th</sup> every month)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	NA	NA	NA	NA

**4 INVESTMENT DETAILS**

First Instalment Cheque Date  Cheque No.  Amount

Bank A/C No.

Bank Name  Drawn on Bank and Branch

**5 UNITHOLDING OPTION**  Demat Mode  Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)	DP ID No. <input type="text"/>	Central Depository Securities Limited (CDSL)	Target ID No. <input type="text"/>
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Enclosures (Please tick any one box)  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**6 DECLARATION**

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the 360 ONE Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorize the beneficiary or their authorized Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the 360 ONE Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that 360 ONE Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

**7 AUTHORISATION AND SIGNATURE/S AS PER 360 ONE MUTUAL FUND RECORDS (MANDATORY)**

I/We hereby request and authorize the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. Debited contributions may be passed on to the 360 ONE Mutual Fund / Service Provider as per rules, procedures and practices in force. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

Sole /1st Account Holder's Signature  2nd Account Holder's Signature  3rd Account Holder's Signature

**ONE TIME MANDATE (OTM)**

UMRN  FOR OFFICE USE ONLY Date

Sponsor Bank Code  FOR OFFICE USE ONLY Utility Code  FOR OFFICE USE ONLY

Tick (✓)

CREATE   
MODIFY   
CANCEL

I/We hereby authorize **360 ONE AMC** to debit tick (✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c number

with Bank  IFSC  or MICR

an amount of Rupees  (Amount in Words) ₹  (Amount in Figures)

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

PAN / Application No.  Mobile No.  +91

Reference  Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

**PERIOD**

From  To   
Maximum period is 40 year from start date

Signature of Primary Account Holder as per Bank records  Signature of Second Account Holder as per Bank records  Signature of Third Account Holder as per Bank records

1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records