COMMON APPLICATION CUM AUTO DEBIT/NACH MANDATE FORM

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.

The application form should be completed in English and in **BLOCK LETTERS** only.



| KEY PARTNER / AGENT In | formation (Inves | tors applying und | der Direct Plan must men | tion "Direct" in AF | RN column). | | | | FOR OFFICE | E USE ONLY |
|--|--|---|--|---|-------------------------------|---|--|---------------------------|--|------------------------------------|
| ARN/RIA Code | ARN/RI | A Name | Sub Agent's ARN | Bank Brand | ch Code | Internal Code for Sub-Agent/ Employee | Employee U Identification I (EUIN) | | (TIME S | STAMP) |
| 146822 | | | | | | | | | | |
| EUIN Declaration (only where I/We hereby confirm that the E of the above distributor/sub bi | EUIN box is left I UIN box has bee roker or notwiths | olank) n intentionally le tanding the adv | eft blank by me/us as thi ice of in-appropriateness | s transaction is e s, if any, provided | executed witl d by the emp | hout any interactio loyee/relationship | n or advice by the manger/sales pers | employee on of the | relationship mana distributor/sub bro | ger/sales person ker. |
| First / Sole Applicant / Guardian Second Applicant Third Applicant | | | | | | | | | | |
| TRANSACTION CHARGES | FOR APPLIC | ATIONS THRO | OUGH DISTRIBUTOR | S ONLY | | | | | | |
| In case the purchase/subscri subscription amount and pay registered Distributor) based | on the investors | ' assessment of | f various factors includi | ng the service re | endered by tl | he ARN Holder. | | leductible ctly by the | as applicable fror investor to the AF | n the purchase/ RN Holder (AMFI |
| 1. EXISTING UNIT HOLDER | RINFORMATIO | ON (IF YOU HA | VE EXISTING FOLIO, PL | 1 | | | <u> </u> | | | a. r.e |
| Folio No. | | | | I ne d | details in our | records under the | tollo number meni | ioned alor | ngside will apply fo | r this application. |
| 2. MODE OF HOLDING (PI | ease tick (🗸) | Single | Joint | Anyone or | Survivor | | | | | |
| 3. UNIT HOLDER INFORMA | | | | DATE OF B | BIRTH@ | | | Proof | of date of birth@ | Please (✓) |
| NAME OF FIRST / SOLE AF | PPLICANT (In ca | se of Minor, the | ere shall be no joint hold | lers) | 1 1 | DD MM | YYYY | _ | L | Attached |
| Mr. Ms. M/s. Nationality | | | | D/ | AN#/PEKRN# | | | | | |
| KYC/CKIN No. | | | [Please tin | k (✓)] (Mandato | | Attached | | | | |
| Status of First / Sole Ap | plicant [Please | e tick (🗸)] 🗍 I | | | | | vnership (UBO) Self C | ertification F | orm]) (Mandatory) | |
| | | | Repatriation Partners | | | | | | | BOI OC |
| Body Corporate LL | P Society / | Club Forei | gn National Resident in I | ndia FPI | Sole Prop | orietorship No | on Profit Organisati | on 🗌 C | Others(please s | pecify) |
| NAME OF GUARDIAN (in ca | ase of First / So | e Applicant is a | Minor) / NAME OF CO | TACT PERSON | - DESIGNA | TION (in case of n | on-Individual Inve | stors) | 1 1 1 | 1 1 1 1 |
| Mr. Ms. | | | | | | | | | | |
| Nationality PAN# / PEKRN | | | Designation KYC/CKIN | Mo | | | ontact No. | ease tick (| ✓)] (Mandatory) | Proof Attached |
| Relationship with Minor@ Pl | ease (D) Fat | ner Mother | | | Pr | roof of relationship v | | | | |
| MAILING ADDRESS OF FIR | | | | Oddididii | | oor or rolationomp i | Nar minor@r loado | (*) , | uonoa (a) manaan | <u>,</u> |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CITY | | | ST | ATE | | | | PIN CO | DDE | |
| Tolonhono : Off | 1 1 1 | 1 1 1 | Pos | | | STD Co | | | | |
| Telephone : Off. Mobile | | | Res. | | | F | ax | | | |
| Mode of Correspond | onco: Whoro | the Investor | | mail id the A | AMC shall | sand all comm | unication to th | o invoc | tor via o mail. I | nyostors who |
| wish to receive corre | | | | | | | | | | |
| I/We wish to recei | ve communica | ation through | physical mode in lieu | ı of email | I/We d | on't wish to rece | eive consolidate | d accour | nt statement (CA | AS) |
| 4. JOINT APPLICANT DET | AILS. If any (In | case of Minor. | there shall be no joint h | olders) | | | | | | |
| 1. NAME OF SECOND APPI | | oudd or millor, | there chan be no joint? | ioidoroj | | | | | | |
| Mr. Ms. M/s. | | | | | | | | | | |
| Nationality | | | | P | PAN#/PEKRN# | | | | | |
| KYC/CKIN No. | | | [Please ti | ck (✓)] (Mandat | tory) 🔲 Proo | f Attached | | | | |
| 2. NAME OF THIRD APPLIC | ANT | | | | | | | 1 1 | 1 1 1 | |
| Mr. Ms. M/s. | | | | | | | | | | |
| Nationality KYC/CKIN No. | | | [Dloses 4 | ck (✓)] (Mandat | PAN#/PEKRN# | f Attached | | | | |
| 5. ADDITIONAL KYC DETA | VII S Mandato | rv. | [Flease ti | ck (v)] (Manuat | (OI y) P100 | i Allacrieu | | | | |
| Occupation details for | 1 st Applicant | | nt 3 rd Applicant | Guardian F | Politically Ex | posed Person (Pl | EP) details: | ls a PEP | Related to PEP | Not Applicable |
| Private Sector Service | | | | | 1 st Applicant | , , , , , , , , , , , , , , , , , , , | _ , ucumo. | | Troidited to 1 Er | |
| Public Sector Service | | | | | 2 nd Applicant | | | | | |
| Government Service Business | | | | | 3 rd Applicant | | | | | |
| Professional | | | | | Guardian Authorised S | ignatories | | | | |
| Agriculturist Retired | | | | | Promoters | gnatorios | | | | |
| Housewife | | | | | Partners | | | | | |
| Student | | | | | Karta Whole-time [| Directors | | | | |
| Proprietorship Others (Please specify) | | | | | Trustee | Directors | | | | |
| Non-Individual Investors # Please attach Proof. | involved / pro | viding any of | the mentioned service | | oreign Excha loney Lending | nge / Money Chan g / Pawning | ger Services | Gaming / None of t | / Gambling / Lottery the above | / Casino Services |
| | | | | | | | | | | |
| ACKNOWLEDEMENT SLIP (| To be filled in b | y the Investor) | | | | | | | er Service Numbe | er 1800 2666 002 |
| | | | | ABULLS MUTI | | | | ate : | | |
| | | | Indiabulls Finance Ce Elphinstone | e Road, (West), N | | | | | ISC Stamp 8 | Signature |
| Received from Mr. / Ms. / M/s | : | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,, | | | | | | |
| an application for Purchase o | | neme(s) alongwit | th Cheque / DD / Paymer | t Instrument as d | detailed overl | eaf. | | | | |

| 6. ADDITIONAL KYC DETAILS, If | any Contd. | | | | | | | | | | |
|--|---|---|--------------------------------|------------------------|--|--------------------------------------|---|---------------------------|----------------|--|--|
| Gross Annual Income Range (in Rs.) | 1 st Applican | t 2 nd Applicant | 3 rd Applicant | Guardian | Gross Annual Income Range (in | Rs.) 1 st Applica | nt 2 nd Applicant | 3 rd Applicant | Guardian | | |
| Below 1 lac | | | | | 10-25 lac | | | | | | |
| 1-5 lac | | | | | 25 lac - 1 cr | | | | | | |
| 5-10 lac OR Networth in Rs. (Mandatory | | | | | > 1 cr | as on | | | | | |
| for Non Individual) (not older than 1 | vear) | | | | | as 011 | DD MM | YYYY | | | |
| 7. FATCA & CRS INFORMATION (| | al including Sol | le Proprietor) (| Solf Cortifi | cation) | | DD MM | YYYY | | | |
| The below information is requing Address Type: Residential Is the applicant(s)/ guardian's If Yes, please provide the following Please indicate all countries in with Category Place / City of Birth Country of Birth Country of Tax Residency# Tax Payer Ref. ID No.^ Identification Type [TIN or other, please specify] Country of Tax Residency 2 Tax Payer Ref. ID No. 2 | ired for all a l or Busines Country of ng informatio hich you are | pplicant(s) / gua s Residentia Birth / Citizensh on [mandatory] | ardian I | Registon Registon Resi | ered Office (for address me dency other than India? | Yes elow. | □ No | s appearing in | Folio) | | |
| Identification Type [TIN or other, please specify] Country of Tax Residency 3 Tax Payer Ref. ID No. 3 | | | | | | | | | | | |
| Identification Type [TIN or other, please specify] | | | | | | | | | | | |
| #To also include USA, where the | individual is | a citizen / green | card holder of | USA. ^ In | case Tax Identification Numb | er is not availab | le, kindly provide i | its functional ed | uivalent. | | |
| 8. POWER OF ATTORNEY (PoA) | HOLDER DI | ETAILS | | | | | | | | | |
| Name of PoA Mr. Ms. M/s. | | | KYC/CKIN | l No. | | | Please tick (✓)] (I | Mandatory) | Proof Attached | | |
| # Please attach Proof. 9. BANK ACCOUNT DETAILS OF | THE EIDST | / SOLE ADDLIC | ANT /Fan investor | | on / dividend if any) /The name of th | fination in anniham | | on the chance | | | |
| For unit holders opting to hold units in o | | | | | | | must be pre-printed o | on the cheque.) | | | |
| Bank Name | domat form, pr | odoo onodro triat tr | lo bunk doddunt n | TIRCO WILL UIC | domat docount to monitoriou non | | | | | | |
| Branch Name | | | | | Bank | City | | | | | |
| Account Number | | | | | | | | | | | |
| MICR Code | | | (Th | e 9 digit code | appears on your cheque next to | he cheque numbe | er) | | | | |
| Account Type (Please ✓) Sa | avings | Current | NRO NR | E FC | NR Others (please spe | cify) | | _ | | | |
| IFSC Code*** | | | | *** M | andatory for Credit via NEFT / RT | GS (11 Character | code appearing on y | our cheque leaf. | | | |
| I/We want to receive the redemption / | dividend proce | eds (if any) by way of | a demand draft ins | | I do not find this on your cheque le | | | | | | |
| 10. PAYMENT DETAILS | | (), | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Payment Mode: Please (✓ | /) | heque 🔲 D | D 🔲 RTGS | □ NEF | T Fund Transfer | | | | | | |
| Cheque/DD/RTGS/NEFT/FT N | | | | | | DD / RTGS / | NEFT Date D | D M M Y | YYY | | |
| Amount in ₹ (Figures) | | | Amount | in ₹ (words | s) | | | | | | |
| 11. INVESTMENTS & SIP DETAILS | | | | | | | | | | | |
| LUMPSUM SIP (| SIP thro | ough Post Dated | l Cheques | SIP | through Auto Debit) | | | | | | |
| Scheme Name: PLAN: Direct Plan Exist SIP Frequency Monthly SIP Amount ₹ Enrolment Period From Manual Period | ing/Regular Pl | an OPTI | ONS: Gro | wth(Ex | Dividend (Payout Reinv ccept 29, 30, 31) (Default 15+) rauthorise Indiabulls Mutual Fund/India | Cheque Nos. | From | nd their authorised s | | | |
| Default Frequency/Date *Start of the ersiff SIP amount does not debit on the ment | | for SIP should not | | onths from da | | ນແ Clearing)/Direct L | eมเขอtanding Instruction | n ior collection of SIF | ·payments. | | |
| Name of 'Source' Scheme/Plan/ | Option | | | | | | | | | | |
| Name of 'Target' Scheme/Plan/C | | | | | | | | | | | |
| For Systematic Transfer Plan (S (Please (✓) any one) | For Systematic Transfer Plan (STP) Amount of Transfer per Installment: Rs. | | | | | | | | | | |
| (Refer Instruction No. II) | | Weekly | | | | | | No. of Insta | | | |
| | | Monthly O Q | uarterly [Day | of Transfer | (Please (✓) any one)] 2 | 8 1 | 5 ⁺ 23 | No. of Insta | | | |
| In case of multiple registrations, | | | | | | ' | | | | | |
| 13. SWP DETAILS | | | | | , , , | | | | | | |
| Scheme | | | | | | F | lan | | | | |
| Option (✔) Growth Withdrawal Amount ₹ | Dividen | d Frequency X No. of In | | onthly | Quarterly Withdrawal Withdrawal From | Date (✓) M M Y Y (First Installmer | 2nd 8th Y Y To D t) | 15th M M Y (Last Instal | 23rd | | |
| Particulars | | | | | | | | | | | |
| Scheme Name / Plan / Option / Sub- Payout Option | -option / | Cheque / DD / | Payment Instru R No. / Date | | Drawn on (Name of Bank | and Branch) | Amou | nt in figures (R | s.) | | |
| | | | | | | | | | | | |

| NSDL | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|--|--|--|--|--|--|---|---|--|--|--|--|
| | DP Name | | | P ID I | N | | | | | eficiary ount No. | | | | | | | |
| CDSL | DP Name | | | Beneficiar Account N | • | | | | | | | | | | | | |
| nvestor | opting to hold units in demat form, mag | y provide a copy of the | DP statement enabl | e us to match | the dem | at details | as stat | ed in th | e applicatio | n form. | | | | | | | |
| OMIN | ATION (Mandatory for new folio | s of Individuals wh | nere mode of hol | ding is sin | gle) (Fo | Units i | Non | -Dema | t Form) | | | | | | | | |
| [Please | e (🗸) and sign] 📗 I/We do not wisl | n to Nominate | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | First / Sole Applicant / 0 | Guardian | | | d Applica | nt | | | - | | Third | d Applic | ant | | | | |
|] I/W | e wish to nominate as under: | | | OR | | | | | | | | | | | | | |
| Name | e and Address of Nominee(s) | Date of Birth | Name | e and Add | ress of G | ıardiar | 1 | | ature of No | | | the un | its w | | hare | | |
| | - unu / tuui 000 01 11011111100(0) | with Applicant | (to be furni | ished in case | the Nom | nee is a n | inor) | | | inee ['] (Man | | | (should | | Nomii regate | | 009 |
| | Nominee 1 | | | | | | | | | | | | | | | | |
| | Nominee 2 | | | | | | | | | | | | | | | | |
| | Nominee 3 | | | | | | | | | | | | | | | | |
| ECLA | RATION & SIGNATURE/S | | | | | | | | | | | | | | | | |
| | n/are not prohibited from accessing ca eign laws. I/We hereby confirm and de | | order/rulling/judgme | ent etc., of an | y regulat | on, includ | ng SE | BI. I/We | confirm th | at my appl | cation | is in con | npliance | e with | appli | cable | ln |
| /We wis debit to requests date of | R THIS INVESTMENT. sh to inform you that I/we have regists my/our above mentioned bank accour is received through to debit my/our acc execution of standing instruction. I her tion, I would not hold Indiabulls Mutual tion will happen next working day and | nt. For this purpose I/W count with the amount reby declare that the pa | e hereby approve to equested, for due re rticulars given above | raise a debit emittance of the | to my/ou ne procee | r above m ds to the | ention cenefic | ed acco | unt with yo Ve undertal | ur branch. te to keep | I/We he sufficie | ereby au | thorize | you | to hon | our a | all s |
| liable fo strike, n beyond raised u the Ban acting u mandate commis | or, nor be in default by reason of, any nutiny, revolution, fire, flood, fog, war, the above mentioned Banks reasonal under this mandate, on any ground wh alk and, jointly and or severally indemr upon the instructions issues by the ab e signed by the authorized signatorie: ssions (in the form of trail commissions | failure or delay in com lightening, earthquake, ole control and which h atsoever. I/We shall no uiffied from time to time, ove named authorized s/beneficiaries and ack | pletion of this service change of Government as the effect of prevent have any claim agong against all claims, signatories/ beneficenowledged at your of the change of the service of the | y/our account Terms and Co ce, where such ent policies, renting the perainst the Ban actions, suits ciaries. This re- counters and | happens onditions th failure Unavaila formand k in resp t, for any equest fo giving re | to be a no isted in the or delay is bility of Ba e this serve ect of the closs, dam debit ma asonable | on bus e Doc s causi nk's co ice by amoun age, c ndate notice | iness da ument of ed, in wo omputer the about t so del osts, ch is valid to effect | ay as per In of Indiabulls hole or in paystem, fo over mention oited pursual arges and and may but such with | diabulls Mi Mutual Fi hart, by an ree majeur hed Bank. hint to the r expenses e revoked drawal. Th | utual Fu und. They acts of e even when even incurre only the e ARN | I for rease und or a see above of God, ts, or an all not ce submited by the holder I holder I | sons of Bank h mentic civil wa y other lispute ted by Bank a written | incon olida oned r, civi caus or ch me/us and, l lette close | nplete y, exect Bank il com e of p alleng s. I/We by rea er with d to m | or in cution shall motion eril we any e shall soon draw ne/us | n of all |
| liable fo strike, n beyond raised u the Ban acting u mandate commis to me/us | or, nor be in default by reason of, any nutiny, revolution, fire, flood, fog, war, the above mentioned Banks reasonal under this mandate, on any ground wh alk and, jointly and or severally indemr upon the instructions issues by the ab e signed by the authorized signatorie: ssions (in the form of trail commissions | failure or delay in com lightening, earthquake, ole control and which h atsoever. I/We shall no lified from time to time, ove named authorized s/beneficiaries and ack or any other mode), p | pletion of this service change of Government as the effect of prevent have any claim agong against all claims, signatories/ beneficenowledged at your of the change of the service of the | y/our account Terms and Co ce, where such ent policies, renting the perainst the Ban actions, suits ciaries. This re- counters and | happens onditions th failure Unavaila formand k in resp t, for any equest fo giving re | to be a no isted in the or delay is bility of Ba e this serve ect of the closs, dam debit ma asonable | on bus e Doc s causi nk's co ice by amoun age, c ndate notice | iness da ument of ed, in wo omputer the about t so del osts, ch is valid to effect | ay as per In of Indiabulls hole or in paystem, fo over mention oited pursual arges and and may but such with | diabulls Mi Mutual Fi Part, by an Proce majeur Part Bank. Int to the recepenses Perevoked Marawal. Th | utual Fu und. They acts of e even when even incurre only the e ARN | I for rease und or a see above of God, ts, or an all not ce submited by the holder I holder I | sons of Bank h mentic civil wa y other lispute ted by Bank a written | incon olida oned r, civi caus or ch me/us and, l lette close | nplete y, exect Bank il com e of p alleng s. I/We by rea er with d to m | or in cution shall motion eril we any e shall soon draw ne/us | n of no on, which y de all k of t ing |
| liable fo strike, n beyond raised u the Ban acting u mandate commis to me/us | or, nor be in default by reason of, any nutiny, revolution, fire, flood, fog, war, the above mentioned Banks reasonal under this mandate, on any ground what and, jointly and or severally indemrupon the instructions issues by the abesigned by the authorized signatories issues (in the form of trail commissions). | failure or delay in com lightening, earthquake, ole control and which h atsoever. I/We shall no iffed from time to time, over named authorized s/beneficiaries and ack or any other mode), p | pletion of this servic change of Governin as the effect of prev t have any claim ag, against all claims, signatories/ benefic nowledged at your ayable to him for the | y/our account ferms and Co zer, where suc nent policies, renting the pe ainst the Ban actions, suits ciaries. This re counters and e different cor | happens onditions in failure Unavaila informance k in respi , for any equest fo giving re mpeting \$ | to be a nisted in the or delay is oblighted in the or delay is oblighted as each of the each of the loss, damended the debit massonable chemes of | on bus e Doc s cause nk's co- ice by amoun age, c ndate notice f vario | iness da ument ded, in wo omputer the about so del osts, ch is valid to effect us Mute | ay as per In findiabulls thole or in pays as yetem, for over mention bited pursual targes and and may but such with all Funds fi | diabulls M Mutual Fu art, by an ce majeur ed Bank. Int to the r expenses e revoked drawal. Th om amono | utual Fund. The yacts of e even and at the short of the expension of the e | I for reasund or a leadove of God, ts, or an all not ce submit d by the srough a holder other the Schemes and | sons of Bank h mentic civil wa y other lispute ted by Bank a written has disc cheme | incon lolida r, civi caus or ch me/u: and, lette close is bei | nplete y, exec Bank il com se of p alleng s. I/We by rea er with d to m ng rec | or in cutior shall motic eril w e any e sha ison draw ne/us comm | n of no no on, whice y de all k of t ing all nen |
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CHECKLIST

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
 - Name, Address and Contact Details are mentioned in Full. Status of First/Sole Applicant is correctly indicated. Bank Account Details are entered completely and correctly.
 - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment and Aadhar copy of all holders.
 - Please attach proof of KYC Compliance status if not already validated.
 Appropriate Plan / Option is selected.
 - If units are applied by more than one applicant, Mode of operation of account is indicated.
- Folio No. is mentioned on the Specific Scheme' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

| | Documents | Individual | Companies / Trusts / Societies / Partnership Firms / LLP / Flls* | FPI | NRI/ OCI/ PIO | Minor | Investments through Constituted Attorney |
|-----|--|------------|--|-----|---------------------|------------|--|
| 1. | Board/Committee Resolution/Authority Letter | | 1 | | | | |
| 2. | List of Authorised Signatories with Specimen Signature(s) @ | | 1 | 1 | | | 1 |
| 3. | Notarised Power of Attorney | | | | | | 1 |
| 4. | Account Debit Certificate in case payment is made by DD from NRE / FCNRA/c. where applicable | | | | 1 | | |
| 5. | PAN Proof | 1 | 1 | 1 | 1 | ✓ # | 1 |
| 6. | KYC Acknowledgement Letter / Print out of KYC Compliance Status | / | / | / | 1 | J. | 1 |
| 7. | Proof of Date of Birth | | | | | 1 | |
| 8. | Proof of Relationship with Guardian | | | | | 1 | |
| 9. | PIO / OCI Card (as applicable) | | | | 1 | | |
| 10. | Certificate of registration granted by Designed Depository Participant on behalf of SEBI | | | 1 | | | |
| 11. | Ultimate Beneficial Owner | | 1 | 1 | | | 1 |
| 12. | FATCA & CRS | ✓ | ✓ | 1 | 1 | 1 | 1 |

[@] Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

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ONE TIME BANK MANDATE

(NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

| Tlck (√ | | UMR | N [| | | | | | | For Office | Use Only | | | | | | | | | | | | | | | Date | D | D M | M | YY |
|--------------------|-------|-------|------------------|-------|----------------|-------|--------|-------|------|----------------|------------|----------|-----------|-------|-------|----------|--------|--------|---------|----------|--------|--------|-------|---------|---------|----------|----------|----------|-------|--------|
| CREATE | | Spo | nso | r Ba | nk Co | ode | | | | For Office | e Use Only | / | | | | Utility | Cod | e [| | | | | Fo | r Offic | e Use C | nly | | | | |
| CANCEL | X | I/W | e, he | ereby | y auth | noriz | ze | Ind | iabu | ılls Mutual Fı | und | | | | | | | То | debit | (tick ✓ |) | SB | 3 | CA [|]cc[| SB | NRE[| SB-N | IRO [| Othe |
| Bank A/o | c. Nu | ımbe | r [| | | | | | | | | D | estinatio | n Ba | nk Ad | count N | umb | er | | | | | | | | | | | | |
| With Bar | nk [| | | | Destir | natio | n Ban | k Nar | ne | | | IF | sc | | | | | | | | | | or M | IICR | | | | | | |
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| FREQUI | ENC | Υ | | X | Mt | hly | X | Qtl | у | X H-Yrly | X Yrly | √ | As 8 | & wh | en p | resente | ed | | | DEB | IT TY | /PE | E | Х | ixed A | mour | t 🗸 | Maxi | mum A | Amount |
| Uniq ID | | | | | | | | | | | | | | |] F | Phone | No. | | | | | | | | | | | | | |
| Referen | ce 2 | | | | | | | | | | | | | |] [| Email II | D [| | | | | | | | | | | | | |
| I agree for PERIOD | | debit | of ma | andat | te prod | cessi | ing ch | arges | by t | he bank whom | l am auth | orizin | g to deb | it my | acco | unts as | per la | atest | schedu | le of ch | anges | of the | e ban | ık. | | | | | | |
| From | D | D | M | M | Υ | Υ | Υ | Υ | | Signature P | rimary Acc | ount l | holder | | | Sig | gnatu | re Pri | imary A | ccount | holder | - | | | Signatu | re Prir | nary Acc | count ho | lder | |
| То | 3 | 1 | 1 | 2 | 2 | 0 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | |
| Or | | Uni | il ca | ncel | led | | | | 1. | Name as in | bank recor | rds | | | _ | 2Na | me a | s in b | oank re | cords | | | | 2. — | Name a | as in ba | ank reco | ords | | |

This is to confirm that 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 instruction as agreed and signed. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

^{*} For FIIs, copy of SEBI registration certificate should be provided. #If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

OTM INSTRUCTIONS: TERMS & CONDITIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Indiabulls Mutual Fund.
- If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

MANDATORY FIELDS: Date: Date is mandatory • CREATE/MODIFY/CANCEL: tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • To Debit (tick): account type is mandatory • Bank A/c Number: Investor debit bank a/c number mandatory • With Bank: Investor bank name is mandatory • IFSC / MICR: Correct IFSC code or MICR code is mandatory • An amount of Rupees: SIP fixed instalment amount in words in word column is mandatory • Rs.: SIP fixed instalment amount in figures in figure column is mandatory • Rs.: SIP fixed instalment amount in figures in figure column is mandatory • Frequency: SIP monthly/ quarterly mandatory, Lump sum: as & when presented is mandatory • Debit Type: For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • Folio No.: For Existing Investor only • Phone No./ Email ID: Phone No. or Email ID is Mandatory • Pariod: SIP start date is Mandatory, Lump sum: indicate till what date the man date should be valid • Signature of Account Holder: Signature is mandatory as per bank record • Name of the Bank A/c Holder: Name of the Bank A/c Holder is mandatory



DECLARATION

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/Wewould not hold Indiabulls Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

AUTHORISATION TO BANK

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund for ECS / NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

| FOR OFFICE USE ONLY (Not to be filled by Investor) | | | | | | | | | | |
|--|-----------------------|--|--|--|--|--|--|--|--|--|
| Affix Barcode | Date & Time Stamp No. | | | | | | | | | |
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INVESTOR REGISTRATION CUM AUTO DEBIT NACH MANDATE FORM INSTRUCTIONS cum TERMS AND CONDITIONS

SIP payment through Auto Debit via Direct Debit and Electronic Clearing Service (NACH Clearing) of the Reserve Bank of India (RBI)

LIST OF CITIES FOR SIP FACILITY VIA NACH (DEBIT CLEARING) (87 CENTERS)

Delhi, Ludhiana, Amritsar, Jalandhar, Chandigarh, Shimla, Jammu, Kanpur, Allahabad, Varanasi, Lucknow, Dehradun, Gorakhpur, Agra, Jaipur, Bhilwara, UdaiPur, Jodhpur, Rajkot, Jamnagar, Ahmedabad, Baroda, Surat, Mumbai, Goa, Pune, Sholapur, Kolhapur, Nasik, Aurangabad, Nagpur, Indore, Bhopal, Gwalior, Jabalpur, Raipur, Hyderabad, Tirupati, Vijaywada, Nellore, Vizag, Kakinada, Bangalore, Mysore, Mangalore, Udipi, Hubli, Gadag, Bijapur, Belgaum, Davangere, Shimoga, Tumkur, Mandya, Hasan, Gulbarga, Raichur, Chennai, Pondicherry, Trichy, Madurai, Salem, Erode, Tiruppur, Tirunelveli, Coimbatore, Calicut, Trichur, Cochin, Trivandrum, Kolkata, Bardhaman, Durgapur, Siliguri, Bhubaneshwar, Guwahati, Patna, Dhanbad, Jamshedpur, Ranchi, Haldia, Asansol, Cuttack, Bikaner, Gangtok, Anand, Bhavnagar, Kota, Imphal, Shillong

I. GENERAL INSTRUCTIONS

- 1. Please refer the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time and our website www.indiabullsamc.com for instructions, terms and conditions, Applicable NAV, Risk Factors, load and other information, various requirements of the respective Scheme / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application and investment
- In case of valid applications received for Dividend Option without indicating any choice of facility i.e. payout or reinvestment facility, the reinvestment facility with Dividend Option will be considered.
- 3. This facility is only offered to those investors having bank accounts in select cities as mentioned above. The list of cities, may be modified/updated/changed/removed at any time in future at the discretion of AMC without assigning any reasons or prior notice. If the SIP auto debit facility is discontinued in a city for any reason, SIP instructions for investors in such city via NACH (Debit) route/Direct debit/SI may be discontinued without prior notice.
- 4. PAN is mandatory for all investors. However, investments through Micro SIPs, i.e. where aggregate of installments per year per investor does not exceed Rs. 50,000, will be exempt from the requirement of PAN. Such investors must submit a valid and self attested standard photo identification and address proof documents in lieu of PAN. List of acceptable documents are available with the ISCs of the AMC/Registrar. If the identification document is not in order, or registration of SIP results in aggregate of the SIP investments exceeding Rs. 50,000 per investor per year, the SIP will be rejected.
- If SIP application form and cheque is submitted with bank details of a city where the Mutual Fund does not provide auto debit facility, first SIP cheque may get processed. However, future debits may not happen and SIP instruction may get rejected.
- In case of rejection of SIP form for any reason whatsoever, the Mutual Fund will not
 entertain any request for refund of proceeds of first cheque which is already
 processed. Investors will have to redeem the units allotted through first cheque at
 applicable NAV.
- To avail of SIP in separate schemes/plans via debit facility, an investor will have to fill a separate form for each scheme/plan. A single form cannot be used for different schemes simultaneously and may be rejected.
- 8. Complete application form and SIP Auto debit form along with the first cheque (drawn on the same bank account which is to be registered for NACH Debit/Direct Debit / Standing Instruction) should be submitted to the Mutual Fund or the Registrar. AMC reserves the right to reject any application without assigning any reason thereof. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 20 days via normal post.
- The bank account provided for NACH should participate in local MICR clearing. Incase MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
- 10. SIP Installments through Direct Debit/NACH can be any date of investor's choice except 29, 30 and 31 and there should be minimum gap of at least 30 Days between the 1st SIP and the 2nd SIP or as specified by IBMF from time to time.
- 11. If the date on the cheque / draft / NACH / Auto Debit Transactions is a non Business Day for the scheme ,then the units shall be allotted on the next Business Day
- 12. In case the first cheque is issued from a different bank account or is a demand draft or in case of renewal of SIP debit, then investors should attach a cancelled cheque or a copy of the cheque pertaining to bank account which is to be registered for NACH Debit/direct debit / standing instruction. Alternatively, investors can also get the bank account mentioned on the form along with Bankers certificate form.
- Minimum SIP installment amount: Monthly: Rs. 500/- and in multiples of Re.1/thereafter; Monthly: Rs. 1000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund).
 - Quarterly: Rs. 1500/- and in multiples of Re.1/- thereafter; Quarterly: Rs. 3000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Minimum No. of SIP installments: monthly 12 installments, quarterly 4 installments [including the first SIP cheque]. Investors may also choose to invest in SIP without the first SIP installment cheque. SIP Dates: any date of investor's choice except 29, 30 and 31 of each month/quarter as applicable. Registration period: There must be at least 30 days between the first SIP cheque and subsequent due date of NACH [debit clearing];
- 14. If SIP date is not specified or not legible, SIP will be registered to start from a period after 30 days on the SIP date As default date. In case of the auto debit facility, the default options (where SIP frequency and SIP date are not indicated) will be as follows:
 - SIP date: 15th of the month (commencing 30 days after the first SIP installment date); and
 - SIP frequency: Monthly.
- 15. The investor agrees to abide by the terms and conditions of NACH facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time at a later stage.
- 16. The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction / Direct debit / Auto Debit. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason by the investor's banker, the investor would not

- hold the Mutual Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Mutual Fund, execution of the NACH Debit / Direct Debit / SI may happen on non business and allotment of Units will happen as per the terms and conditions listed in the SID, SAI, KIM and all relevant Addenda of the scheme concerned.
- 17. The Mutual Fund, its Registrars, Direct Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay.

II. SYSTEMATIC TRANSFER PLAN (STP)

- Please specify the scheme details, your transfer installment amount, the number of installments, the total amount sought to be transferred, the transfer frequency and the transfer period.
- Minimum Transfer Size is Rs. 500/- and in multiples of Re. 1 (At the time of registration, the minimum invested amount in the source scheme should be Rs. 6000/-). The minimum period will be 4 weeks in case of Daily / Weekly / Monthly/Quarterly option.
- 3. The investors can choose any one of the dates among 2nd, 8th, 15th of 23rd of every month as the STP date in case of Monthly option (if any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme),STP for Weekly option will be processed on every Friday. Daily STP will not be processed on Saturday, Sunday & Public Holidays. The default STP date will be 15th of every month. The default STP frequency will be monthly.
- 4. Please note that your STP request would be registered with us within 8 business days from the date of lodgement of your STP Request. You can cancel the STP request at any time by giving a written request for the same. The cancellation of a registered STP request would take 8 business days.
- The STP will be automatically terminated if all units are liquidated or withdrawn from the source scheme or pledged of upon receipt of intimation of death of the unit holder. The units marked under lien or pledged in the source scheme shall not be eligible for STP.
- Under Daily/Weekly/Monthly/Quarterly STP, unit holders will be eligible to transfer a fixed amount (minimum Rs. 500 and in multiples of Re. 1 thereafter per installment in all the schemes).
- In case Day of Transfer has not been indicated under Weekly frequency, Friday shall be treated as Default day of transfer.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Daily/Weekly/Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 15th shall be treated as Default Date within 12 default installments.

III. SYSTEMATIC WITHDRAWAL PLAN (SWP)

- Please indicate a fixed amount you wish to withdraw. Please also specify the scheme details, the number of installments, the total withdrawal sought, the withdrawal frequency and the withdrawal period.
- 2. Minimum Withdrawal Size Rs. 500 in multiples of Re. 1.
- Please note that your SWP request would be registered with us within 8 business days from the date of lodgement of your SWP request. You can cancel the SWP request at any time by giving a written request for the same. The cancellation of a registered SWP request would take 8 business days.
- 4. The investors can choose any one of the dates among 2nd, 8th, 15th or 23rd of every month as the SWP date (in case any of these days fall on a non-nusiness day, the transaction will be effected on the next business day of the Scheme). The default SWP date and frequency will be 8th of every month and monthly option.

IV. DOCUMENTS REQUIRED

New Investors are required to submit the following documents:

- $a. \quad SIP \, Enrolment \, along \, with \, Registration \, cum \, Auto \, Debit/NACH \, Mandate \, Form. \, And \, Compare \, along \, with \, Compare \, along$
- b. The Intial investment amount cheque should be issued from the same bank account which is to be debited under NACH/Auto Debit for SIP instalments
- A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the application form should be submitted along with other requirements.
- d. In case of payment made through an instrument issued from a bank account other than that of the first named applicant / investor mentioned in the application form, Investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' (available at any of our ISC's or on our website www.indiabullsamc.com) along with the SIP Registration cum Auto Debit/NACH Mandate Form.

Existing Investors are required to submit SIP Registration cum Auto Debit/NACH Mandate Form.

V. CHANGE OF BANK

In order to change the existing bank account for NACH/SIP Auto Debit investors need to submit an Autodebit form selecting a 'change of bank option' in the form for the existing SIP, 30 days before the next SIP debit.

VI. DISCONTINUE / CANCELLATION OF SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 days in advance of the immediate next due date to any of the offices of Indiabulls Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated. Further, Indiabulls Mutual Fund shall have the right to discontinue the SIP in case of 3 consecutive failures.

VII. PAN and KYC

PAN & KYC is mandatory irrespective of amount of investment, except in case of Micro SIP (Refer instruction no. I (4)).