

INDIABULLS ASSET MANAGEMENT COMPANY LIMITED

Corporate Office:

Indiabulls House, Indiabulls Finance Centre, 11th Floor, Senapati Bapat Marg, Elphinstone Road (West),
Mumbai – 400 013, INDIA. Phone number: 022-61891327 Fax number: 022-6189 1320

E-Mail: customercare@indiabullsmf.com Website: www.indiabullsmf.com

Indiabulls MUTUAL FUND

COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words

1 DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code **130842** Sub Broker code **E215826** EUIN-No **E215826**

☐ "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Up-front commission shall be paid directly by the Investor to the AMFI registered Distributors based on the Investors assessment of various factors including the services rendered by the distributor.

Transaction Charges ☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)
Please ☒ (any one) ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name FIRST MIDDLE LAST Folio No

3 APPLICANT(S) INFORMATION Refer Instruction Number II

1st Applicant

Name FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN PAN Proof Enclosed please ☒ KYC Proof Enclosed please ☒

Guardian (In case of Minor) / POA Holder

Name FIRST MIDDLE LAST Relationship

PAN PAN Proof Enclosed please ☒ KYC Proof Enclosed please ☒

2nd Applicant

Name FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN PAN Proof Enclosed please ☒ KYC Proof Enclosed please ☒

3rd Applicant

Name FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN PAN Proof Enclosed please ☒ KYC Proof Enclosed please ☒

Mode of holding please ☒ Single ☐ Joint ☐ Anyone or Survivor(s) (Default Option - Joint)

Occupation please ☒ Business ☐ Professional ☐ Service ☐ Retired ☐ Student ☐ House wife ☐ Others SPECIFY

Status please ☒ Resi Individual ☐ Fils ☐ Society ☐ AOP/BOI ☐ Banks ☐ Fls ☐ Trust ☐ Company/Corporate Body
☐ Partnership Firm ☐ HUF ☐ Minor ☐ NRI Repatriable ☐ NRI Non-Repatriable ☐ PIO ☐ Others SPECIFY

Mailing Address - 1st Applicant / Guardian / Corporate

ADDRESS LINE 1

ADDRESS LINE 2 CITY

STATE COUNTRY PIN CODE

Overseas Address - Mandatory for NRI / FI/ PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1

CITY COUNTRY PIN CODE

Contact Details of SOLE / FIRST Applicant

STD Code Residence Office Mobile No +91

Email Id Contact Person (in case of corporate)

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to ☒. Email communication will help save paper & planet.

☐ I / We wish to receive communication through physical mode in lieu of email

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction Number III) (Optional)

☐ NSDL please ☒ Depository Participant (DP) ID Beneficiary Account Number

☐ CDSL please ☒ Depository Participant (DP) ID

Acknowledgement

Received from Mr / Ms / M/s an application for allotment of units under as per the details below.

Scheme	Plans	Options	Sub-Options	Payment Details
	<ul style="list-style-type: none"> Direct Plan Existing Plan 	<ul style="list-style-type: none"> Growth Dividend 	<ul style="list-style-type: none"> Dividend Payout Dividend Reinvestment Frequency 	Cheque/DD/UTR No <input type="text"/> Dated <input type="text"/> Amount <input type="text"/> Drawn on <input type="text"/>

APPLICATION NO. **C**

TIME STAMP & DATE OF RECEIVING OFFICE

5 BANK ACCOUNT DETAILS (Refer Instruction No VI) MANDATORY for Redemption / Dividend / Refunds, if any

A/c Type *please (✓)* ☐ SB ☐ Current ☐ NRO ☐ NRE A/c Number

Bank Name

Branch City

PIN Code 11 Digit IFSC Code 9 Digit MICR Code

If MICR and IFSC code for Redemption/Dividend/ Payout is available all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

**6 INVESTMENT & PAYMENT DETAILS (Separate Application Forms are required for investment in each Plan / Option)
(Refer instruction no IV& V) PAYMENT BY CASH IS NOT PERMITTED. Cheque should be made in favour of Scheme Name.**

Please (✓)

Scheme	Plans	Options	Sub-Options
	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Existing Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment Frequency _____

LUMP SUM	Payment Mode: <i>Please (✓)</i> <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	
	Cheque / DD / RTGS / NEFT No. <input type="text"/>	Cheque / DD / RTGS / NEFT Date <input type="text"/>
	Amount in ₹ (Figures) <input type="text"/>	Amount in ₹ (words) <input type="text"/>
	Source Bank Name <input type="text"/>	Source Branch <input type="text"/>
	Source Bank A/C No. <input type="text"/>	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Cheque Issuer Name <input type="text"/>		In case the cheque is issued by a person other than the investor
Document attached in the case of third party payments <input type="checkbox"/> Proof / Bank Certificate for DD <input type="checkbox"/> Third Party Declarations		

MICRO SIP	<input type="checkbox"/> SIP Through Post Dated Cheques <input type="checkbox"/> SIP Through Auto Debit (Please fill and attach the SIP Auto Debit Form)	
	SIP Period From <input type="text"/>	To <input type="text"/>
	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Instalment Amount in ₹ (Figures) <input type="text"/>
	Cheque Nos. From <input type="text"/>	To <input type="text"/>
	Bank Name <input type="text"/>	Branch <input type="text"/>

7 NOMINATION Mandatory for single mode of holding (Please ✓, Refer instruction No VII)

☐ I / We wish to nominate ☐ I / We do not wish to nominate

I / We do hereby nominate the person(s) more particularly described here under / and* / cancel the nomination made by me / us on the _____ day of _____ in respect of the Units under Folio Number _____

Name & Address of the Nominee(s)	Name & Address of Guardian <i>Incase Nominee is a Minor</i>	Date of Birth (Minor)	Proportion(%) by which the units will be shared by each Nominee <i>(Should aggregate to 100%)</i>	Signature of Nominee / Guardian of Nominee (Optional)

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

8 DECLARATION

I/We would like to invest in _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Indiabulls Mutual Funds (IBMF) Limited liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me /us to the satisfaction of the mutual fund. (I/We hereby authorize the mutual fund, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law). I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a year. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. **APPLICABLE FOR NRI INVESTORS:** I confirm that I am resident of India. I/We confirm that I am/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. 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.

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

Micro SIP Investors are required to submit any of the following Photo Identification Document along with the Micro SIP applications as a proof of identification, if the investors PAN Card details are not provided: (1) Voter Identity Card; (2) Driving License; (3) Government/Defense identification card; (4) Passport; (5) Photo Ration Card; (6) Photo Debit Card (Credit card not included because it may not be backed up by a bank account); (7) Employee ID cards issued by companies registered with Registrar of Companies (the database is available at the following link of the Ministry of Company Affairs - <http://www.mca.gov.in/DCAPortalWeb/>); (8) Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament; (9) ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks; (10) Senior Citizen / Freedom Fighter ID card issued by Government; (11) Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI; (12) Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL);

Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

Karvy Computershare Pvt. Ltd.
Unit: Indiabulls Mutual Fund
Karvy Registry House
#8-2-596, Avenue 4, Street No.1
Banjara Hills, Hyderabad - 500034.
Email ID: indiabullsunith@karvy.com

Indiabulls Asset Management Company Ltd.
Indiabulls House,
Indiabulls Finance Centre, 11th Floor,
Senapati Bapat Marg, Elphinstone (West),
Mumbai - 400 013.
Email ID: customercare@indiabullsmf.com