

COMMON APPLICATION FORM

Please read the instructions before filling the Application Form

Application No. _____

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
ARN-181211		E	

*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."

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please tick] one of the options:-

☐ First time Mutual Fund Investor ☐ Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

3. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. _____ Name of Sole/ First Unit Holder _____

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

4. NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms _____ [Note: No Joint holding permitted in case of minor applicant] AADHAAR _____

Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document)

D	D	M	M	Y	Y	Y	Y
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 PAN _____

Guardian (Mandatory for Minor Applicant) ☐ Mr. ☐ Ms _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 PAN _____ Relationship with Minor Applicant ☐ Father ☐ Mother ☐ Legal Guardian [Note: *Enclose Supporting Document]

FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Minor through guardian
☐ Non - Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FIs ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP ☐ Society/ Club ☐ Foreign National Resident in India
☐ QFI ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____ ☐ There is/ are Ultimate Beneficiary Owner(s) (Attached Mandatory UBO Form)

b. Occupation Details [Please tick (✓)]
☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____

c. Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR
 Net-worth (Mandatory for Non-Individuals) ₹ _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)
☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

e. Non-Individual Investors involved/ providing any of the mentioned services
☐ Foreign Exchange/ Money Changer Services ☐ Gaming/ Gambling/ Lottery/ Casino Services ☐ Money Lending/ Pawning ☐ None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

 City _____ State _____ Country _____ Pin Code _____

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

 City _____ State _____ Country _____ Zip Code _____

CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Name _____ Phone (O) _____
 Phone (R) _____ Mobile _____ ☐ I/We wish to receive updates via SMS on my mobile (Please ✓)
 Fax _____ e-mail _____

I/We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓] ☐ Account Statement ☐ Newsletter ☐ Annual Report ☐ All Statutory Returns / Information

MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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 AADHAAR _____ PAN _____ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture
☐ Proprietorship ☐ Others _____ (please specify)

b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹ _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)
☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

... continued overleaf



ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

IIFL MUTUAL FUND

ARN No: _____ Application No: _____

Received from _____
 Cheque/ DD/ RTGS/ NEFT No. _____ Dated:

D	D	M	M	Y	Y	Y	Y
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 Drawn on Bank & Branch _____
 Scheme/ Plan/ Option/ Sub-Option _____
 Amount Rs. _____
 Signature, Stamp & Date _____

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.

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms Date of Birth

D	D	M	M	Y	Y	Y	Y
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AADHAAR PAN Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture
☐ Proprietorship ☐ Others (please specify)

b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			3rd Applicant			POA
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	

#Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

• If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents, 'B' & mention why you unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate)

Account No. Branch / City

Branch Address

Pin Code

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 Account Type (Please ✓) For Residents ☐ Savings ☐ Current For Non-Resident ☐ NRO ☐ NRE ☐ Others

MICR Code* RTGS/ NEFT / IFSC* Code (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (6). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [* indicates - Mandatory]

7. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from which investment has been done.)

(I) Investment Amount* (II) DD Charges Net Amount (I) + (II)

Mode of Payment (Please ✓) ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ ECS ☐ Funds Transfer *Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR Dated

D	D	M	M	Y	Y	Y	Y
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Payment from Bank A/c. No. Name of 1st Bank A/c holder

Drawn on Bank Name of 2nd Bank A/c holder

Branch & City Name of 3rd Bank A/c holder

Third Party Payment ☐ No ☐ Yes (If YES then please attach 'Third Party Declaration Form' as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer ☐ Instruction to the Bank from the Unit holder to Debit the Account. ☐ DD / Pay Order / Banker's Cheque and the like - ☐ Declaration / Acknowledgement from Bank ☐ Copy of Passbook / Bank Statement

* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where the AMC Branches/CAMS Investor Service Centres are not located.

8. INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form

☐ IIFL India Growth Fund ☐ Direct ☐ Growth (Default Growth)
☐ IIFL Dynamic Bond Fund ☐ Regular ☐ Dividend Payout ☐ Dividend Re-investment (Default Dividend Payout)

9. SIP

Frequency (Please ✓) ☐ Monthly (Default) ☐ Quarterly ☐ Perpetual (Default) SIP Date: ☐ 1st ☐ 7th (Default) ☐ 14th ☐ 21st (Select any one SIP Date) ☐ Micro SIP

Please fill SIP Registration Form enclosed herewith for investment through SIP.

10. NOMINATION (Please ✓ and confirm the option selected) (Not applicable for existing investors where nomination is already done) - Please Refer Instructions

☐ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME ☐ Mr. ☐ Ms

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) ☐ Mr. ☐ Ms

ADDRESS OF NOMINEE/ GUARDIAN

OR City Pin Code

Date of Birth (in case of minor)

D	D	M	M	Y	Y	Y	Y
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Specimen Signature of Nominee / Guardian

☐ I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

11. DOCUMENTS ENCLOSED (Please ✓)

☐ MOA & AOA ☐ Trust Deed ☐ Bye-Laws ☐ Partnership Deed ☐ Resolution/ Authorisation to invest ☐ List of Authorised Signatories with Specimen Signature(s) ☐ POA

12. Demat Account Details (Optional) (Refer instructions)

NSDL										CDSL																			
DP Name: <input type="text"/>										DP Name: <input type="text"/>																			
DP ID*: <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Beneficiary Account No. <input type="text"/>										I	N									Beneficiary Account No. <input type="text"/>									
I	N																												

The Applicant may note that incase the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



IIFL Mutual Fund
IIFL Centre, 6th Floor, Kamala City,
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact

IIFL Mutual Fund
Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City, S. B. Marg, Lower Parel, Mumbai - 400 013
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267
Email: service@iiflw.com • Website: www.iiflw.com

Part I: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that -

☐ Our company is a Listed Company listed on recognized stock exchange in India☐ Our company is a subsidiary of the Listed Company☐ Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part II: Non-individuals other than Listed Company / its subsidiary company

(i) Category [✓ applicable category]:

☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association/ body of individuals ☐ Public Charitable Trust ☐ Religious Trust☐ Private Trust ☐ Trust created by a Will ☐ Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction below]	KYC (Yes/No) [Please attach KYC acknowledgement copy]

Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

UBO Code Description

UBO-1: Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company, **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership, **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals, **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests], **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above], **UBO-6:** The settlor(s) of the trust, **UBO-7:** Trustee(s) of the Trust, **UBO-8:** The Protector(s) of the Trust [if applicable], **UBO-9:** The beneficiaries with 15% or more interest in the trust if they are natural person(s) **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

Part III: DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

13. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units of the Scheme(s) as indicated above ["the Scheme(s)"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.

I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the IIFL Asset Management Ltd. [IIFL AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us.

I/We authorize IIFL AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where IIFL AMC has such arrangement with my/our Bank.

Applicable to NRIs only: I/We confirm that I am/ we are Non- Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.

I/We hereby authorise AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMC's Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders' related activities.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/ We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

SIGNATURES	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature of 1st Applicant / POA Holder / Guardian			
	POA Details - POA Name _____			
	POA PAN _____			
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)			
	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
SIGNATURES	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature of 2nd Applicant / POA Holder			
	POA Details - POA Name _____			
	POA PAN _____			
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)			
	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
SIGNATURES	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature of 3rd Applicant / POA Holder			
	POA Details - POA Name _____			
	POA PAN _____			
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)			
	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	