

# 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 Information (Investors applying under Direct Plan must mention "Direct" in ARN column).						FOR OFFICE USE ONLY (TIME STAMP)
ARN/RIA Code	ARN/RIA Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	
ARN-118251						
EUIIN Declaration (only where EUIIN box is left blank) 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.						
SIGN		First / Sole Applicant / Guardian	Second Applicant	Third Applicant		

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY**  
 In case the purchase/subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1. EXISTING UNIT HOLDER INFORMATION (IF YOU HAVE EXISTING FOLIO, PLEASE FILL IN SECTIONS viz. 1, 5, 9, 10 AND 13 ONLY.)**

Folio No.  The details in our records under the folio number mentioned alongside will apply for this application.

**2. MODE OF HOLDING (Please tick ✓)**  Single  Joint  Anyone or Survivor

**3. UNIT HOLDER INFORMATION** DATE OF BIRTH@  DD  MM  YYYY Proof of date of birth@  Attached  Please (✓)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)  
 Mr. Ms. M/s.   
 Nationality  PAN#/PEKRN#   
 KYC/CKIN No.  [Please tick (✓)] (Mandatory)  Proof Attached  
 Status of First / Sole Applicant [Please tick (✓)]  Individual  Non - Individual [Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form] (Mandatory)  
 Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  FIIS  Minor through guardian  BOI  OCI  
 Body Corporate  LLP  Society / Club  Foreign National Resident in India  FPI  Sole Proprietorship  Non Profit Organisation  Others (please specify)

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON - DESIGNATION (in case of non-Individual Investors)  
 Mr. Ms.   
 Nationality  Designation  Contact No.   
 PAN# / PEKRN  KYC/CKIN No.  [Please tick (✓)] (Mandatory)  Proof Attached  
 Relationship with Minor@ Please (P)  Father  Mother  Court appointed Legal Guardian Proof of relationship with minor@Please (✓)  Attached @ Mandatory

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory)  
  
  
 CITY  STATE  PIN CODE   
 STD Code   
 Telephone : Off.  Res.  Fax   
 Mobile  Email^

**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 tick (✓). Email communication will help save paper & planet.  
 I/We wish to receive communication through physical mode in lieu of email  I/We don't wish to receive consolidated account statement (CAS)

**4. JOINT APPLICANT DETAILS, If any (In case of Minor, there shall be no joint holders)**

**1. NAME OF SECOND APPLICANT**  
 Mr. Ms. M/s.   
 Nationality  PAN#/PEKRN#   
 KYC/CKIN No.  [Please tick (✓)] (Mandatory)  Proof Attached

**2. NAME OF THIRD APPLICANT**  
 Mr. Ms. M/s.   
 Nationality  PAN#/PEKRN#   
 KYC/CKIN No.  [Please tick (✓)] (Mandatory)  Proof Attached

**5. ADDITIONAL KYC DETAILS Mandatory**

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

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  
 # Please attach Proof.

**ACKNOWLEDEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 2666 002]**

**INDIABULLS MUTUAL FUND**  
 Indiabulls Finance Centre, Tower-1, 11<sup>th</sup> Floor, Senapati Bapat Marg,  
 Elphinstone Road, (West), Mumbai – 400 013.

Received from Mr. / Ms. / M/s.   
 an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

Date :

ISC Stamp & Signature

**6. ADDITIONAL KYC DETAILS, If any Contd.**

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac - 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) \_\_\_\_\_ as on DD MM YYYY

**7. FATCA & CRS INFORMATION (for Individual including Sole Proprietor) (Self Certification)**

The below information is required for all applicant(s) / guardian  
 Address Type :  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)  
 Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No  
 If Yes, please provide the following information [mandatory]  
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Application (including Minor)	Second Applicant / Guardian	Third Applicant
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			
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 Number is not available, kindly provide its functional equivalent.

**8. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 PAN#/PEKRN# \_\_\_\_\_ KYC/CKIN No. \_\_\_\_\_ [Please tick (✓)] (Mandatory)  Proof Attached  
 # Please attach Proof.

**9. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For investment / redemption / dividend if any) (The name of the first/sole applicant must be pre-printed on the cheque.)**

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Branch Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)  
 Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_  
 IFSC Code\*\*\* \_\_\_\_\_ \*\*\* Mandatory for Credit via NEFT / RTGS (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank).  
 I/We want to receive the redemption / dividend proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account.

**10. PAYMENT DETAILS**

Payment Mode: **Please (✓)**  Cheque  DD  RTGS  NEFT  Fund Transfer  
 Cheque/DD/RTGS/NEFT/FT No. \_\_\_\_\_ Cheque / DD / RTGS / NEFT Date D D M M Y Y Y Y  
 Amount in ₹ (Figures) \_\_\_\_\_ Amount in ₹ (words) \_\_\_\_\_

**11. INVESTMENTS & SIP DETAILS**

LUMPSUM  SIP (  SIP through Post Dated Cheques  SIP through Auto Debit)  
 Scheme Name: \_\_\_\_\_  
 PLAN:  Direct Plan  Existing/Regular Plan OPTIONS:  Growth  Dividend (  Payout  Reinvestment  Sweep) (Frequency: \_\_\_\_\_)  
 SIP Frequency  Monthly\*  Quarterly SIP Date\*<sup>S</sup> Date of your choice: \_\_\_\_\_ (Except 29, 30, 31) (Default 15+) Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_  
 SIP Amount ₹ \_\_\_\_\_ (In figures) \_\_\_\_\_ (In words) \_\_\_\_\_  
 Enrolment Period<sup>S</sup> From MM/YYYYYY To MM/YYYYYY I/We hereby authorise Indiabulls Mutual Fund/Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing)/Direct Debit/Standing Instruction for collection of SIP payments.  
 \*Default Frequency/Date \* Start of the enrolment period for SIP should not be more than 3 months from date of application  
 \*If SIP amount does not debit on the mentioned date, I authorize Indiabulls Mutual Fund to start SIP from following month.

**12. STP DETAILS**

Name of 'Source' Scheme/Plan/Option \_\_\_\_\_  
 Name of 'Target' Scheme/Plan/Option \_\_\_\_\_  
 For Systematic Transfer Plan (STP) (Please (✓) any one)  
 (Refer Instruction No. II)  
 Amount of Transfer per Installment: Rs. \_\_\_\_\_  
 Daily No. of Installment: \_\_\_\_\_  
 Weekly No. of Installment: \_\_\_\_\_  
 Monthly  Quarterly [Day of Transfer (Please (✓) any one)]  2  8  15\*  23 No. of Installment: \_\_\_\_\_

In case of multiple registrations, please fill up separate Enrolment Forms. + Default Frequency/Date/Day

**13. SWP DETAILS**

Scheme \_\_\_\_\_ Plan \_\_\_\_\_  
 Option (✓)  Growth  Dividend Frequency (✓)  Monthly  Quarterly Withdrawal Date (✓)  2nd  8th  15th  23rd  
 Withdrawal Amount ₹ \_\_\_\_\_ X No. of Installments \_\_\_\_\_ Withdrawal From DD MM YYYYYY To DD MM YYYYYY  
 (First Installment) (Last Installment)

Particulars			
Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

**14. UNIT HOLDING OPTION**  **DEMAT MODE\***  **PHYSICAL MODE (Default)**

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

<b>NSDL</b>	DP Name _____	DP ID	I	N								<b>Beneficiary Account No.</b>							
<b>CDSL</b>	DP Name _____	<b>Beneficiary Account No.</b>																	

\*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

**15. NOMINATION (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**

[Please (✓) and sign]  I/We do not wish to Nominate

\_\_\_\_\_  
First / Sole Applicant / Guardian

\_\_\_\_\_  
Second Applicant  
OR

\_\_\_\_\_  
Third Applicant

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**16. DECLARATION & SIGNATURE/S**

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- I/We have read, understood and hereby agree to comply with the term and conditions of the scheme related documents and apply for allotment of units of the Scheme.
- I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- The information given in/with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Indiabulls Asset Management Company Limited (AMC)/Fund and undertake to inform the AMC/Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is /are found to be false / untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any India or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) 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.
- I/We HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

I/We wish to inform you that I/We have registered with Indiabulls Mutual Fund 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 honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare 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, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issues by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions 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 Foreign Nationals Resident in India only:**

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**For NRIs / PIO/OCIs only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓)  Yes  No If Yes, (✓)  Repatriation basis  Non-repatriation basis

**SIGN HERE** ↴

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

**SIGNATURE(S)**

First / Sole Applicant / Guardian / POA Holder

Second Applicant

Third Applicant

**FOR OFFICE USE ONLY Not to be filled by the Investor**

**Recorded on** \_\_\_\_\_

**Recorded by** \_\_\_\_\_

**Bank use Mandate Ref. No.** \_\_\_\_\_

**Scheme Code** \_\_\_\_\_

**Credit A/c No.** \_\_\_\_\_

**Customer Ref. No.** \_\_\_\_\_