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 (Investo	rs applying und	ler Direct Plan must men	tion "Direct" in Al	.RN column).				FOR OFFICI	E USE ONLY
ARN/RIA Code	ARN/RIA	Name	Sub Agent's ARN	Bank Bran	ich Code	Internal Code for Sub-Agent/ Employee	Employee Un Identification N (EUIN)		(TIME S	STAMP)
ARN-64917							E43456	3		
EUIN Declaration (only where I/We hereby confirm that the E of the above distributor/sub bi	EUIN box is left bl UIN box has been roker or notwithsta	ank) intentionally le anding the advi	eft blank by me/us as thi	s transaction is s, if any, provide	executed wi	thout any interactio ployee/relationship			relationship manad distributor/sub bro	ger/sales person ker.
25	Applicant / Guard	lion		Second An	anligant			Thir	d Annlicent	
	Applicant / Guard		NICH DISTRIBUTOR	Second Ap	opiicant			Inire	d Applicant	
TRANSACTION CHARGES In case the purchase/subscription amount and pay- registered Distributor) based	ption amount is F able to the Distrib on the investors'	Rs. 10,000 or mutor. Units will assessment of	nore and your Distribut be issued against the b various factors includi	or has opted in palance amount ng the service re	endered by	the ARN Holder.		eductible tly by the	as applicable fron investor to the AF	n the purchase/ RN Holder (AMFI
1. EXISTING UNIT HOLDER	R INFORMATIO	N (IF YOU HA\	/E EXISTING FOLIO, PL				· · · · · · · · · · · · · · · · · · ·		and describe and before	41-1
Folio No.				The	details in ou	r records under the	tollo number menti	oned alor	igside will apply to	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 (✓) Attached
NAME OF FIRST / SOLE AF Mr. Ms. M/s. Nationality	PLICANT (In case	e of Minor, the	re shall be no joint hold		PAN#/PEKRN#	DD MM 	YYYY 			
KYC/CKIN No.				k (✓)] (Mandato						
Status of First / Sole Ap Resident Individual			ndividual Non - Indivi							□ BOI □ OCI
Body Corporate LL			. —	. — -					others <u>(please s</u>	
NAME OF GUARDIAN (in ca							•			
Mr. Ms.										
Nationality PANE / REKEN			Designation	No		C	ontact No.	asa tirk (✓)] (Mandatory)	Proof Attached
PAN# / PEKRN Relationship with Minor@ Pl	ease (P) Fathe	Mother [Court appointed Lega		F	Proof of relationship w				
MAILING ADDRESS OF FIR				ii Odardian		Tool of relationship v	vitir minor (ger rease (i	/ // / (10	dorica @ Manda	Oly
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CITY			SI	ATE		STD Co	nda	PIN CO	JDE	
Telephone : Off.			Res.				ax			
Mobile			Email [^]							
Mode of Correspond wish to receive corre										
			ohysical mode in lieu		_	don't wish to rece				· ·
						JOIN C WIGHT TO TOO	or conconductor	1 400041	it otatomont (or	10)
4. JOINT APPLICANT DET. 1. NAME OF SECOND APPLICANT DET.		ase of Minor,	there shall be no joint i	iolaers)						
Mr. Ms. M/s. Nationality					PAN#/PEKRN	<u> </u>				
KYC/CKIN No.			[Please ti	ck (✓)] (Manda	tory) Pro	of Attached				
2. NAME OF THIRD APPLIC Mr. Ms. M/s.	ANT									
Nationality					PAN#/PEKRN	‡				
KYC/CKIN No.			[Please ti	ck (✔)] (Manda	tory) Pro	of Attached				
5. ADDITIONAL KYC DETA	AILS Mandatory									
Occupation details for	1 st Applicant	2 nd Applican	t 3 rd Applicant	Guardian	•	xposed Person (Pl	EP) details:	a PEP	Related to PEP	Not Applicable
Private Sector Service Public Sector Service					1 st Applicant 2 nd Applican					
Government Service					3 rd Applicant					
Business Professional					Guardian	2				
Agriculturist					Authorised : Promoters	Signatories		\vdash	$+$ \square	
Retired Housewife				+	Partners					
Student					Karta Whole-time	Directors				
Proprietorship Others (Please specify)					Trustee	Directors				
Non-Individual Investors # Please attach Proof.	involved / prov	iding any of t	the mentioned service		oreign Exch Money Lendir	ange / Money Chang ng / Pawning	ger Services	Gaming / None of t	/ Gambling / Lottery the above	/ Casino Services
ACKNOWLEDEMENT SLIP (To be filled in by	the Investor)							er Service Numbe	r 1800 2666 002
			INDI Indiabulls Finance Ce	ABULLS MUT ntre, Tower-1, 11			Da	ite :		
				e Road, (West), I					ISC Stamp &	Signature
Received from Mr. / Ms. / M/s an application for Purchase o		mo(s) alazzu !!!	h Chague / DD / Dayer-	t Instrument an	datailed ave	doof				
an application for Purchase o	i utilis di the sche	me(s) alongwiti	וו הוופקו / Dileque / מעו	it instrument as (uetaliea ovel	ıcal.				1

6. ADDITIONAL KYC DETAILS, If	any Contd.									
Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income	Range (in Rs.)	1 st Applicant	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 1			
for Non Individual) (not older than 1	vear)						43 011	DD MM	YYYY	
7. FATCA & CRS INFORMATION (al including Sol	le Proprietor)	Self Certifi	cation)			UU IVIIVI	1111	
The below information is requination and 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 l ng information hich you are	pplicant(s) / gua s Residentia Birth / Citizensh on [mandatory]	ardian I	Regist	ered Office (for add dency other than In	dia? :	Yes] No	s appearing ir	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	n Number is	not available,	kindly provide i	ts functional ed	uivalent.
8. POWER OF ATTORNEY (PoA)										
Name of PoA Mr. Ms. M/s. PAN#/PEKRN#			KYC/CKIN	l No.			[F	Please tick (✓)] (N	Mandatory)	Proof Attached
# Please attach Proof.	THE EIDST	/ SOLE ADDLIC	ANT /Familiary		and dividend to an Arthur		/		()	
BANK ACCOUNT DETAILS OF For unit holders opting to hold units in a							/sole applicant m	ust be pre-printed o	n the cheque.)	
Bank Name	domat form, pr	case crisure trial tr	Dank account in	TINGO WIGH GIG	demat decodit is ment	orica ficio.				
Branch Name						Bank City				
Account Number										
MICR Code			(Th	e 9 digit code	appears on your chequ	e next to the c	heque number)			
Account Type (Please ✓) ☐ Sa	avings 🗌	Current	NRO 🗌 NR	E 🗌 FC	NR Others (ple	ase specify)			_	
IFSC Code***				*** M	andatory for Credit via N	NEFT / RTGS (11 Character co	de appearing on y	our cheque leaf.	
I/We want to receive the redemption /	dividend procee	eds (if any) by way of	a demand draft in		I do not find this on your credit / credit through NEF					
10. PAYMENT DETAILS										
Payment Mode: Please (✓	′) 🗆 C	heque 🔲 D	D 🗌 RTGS	☐ NEF	T 🔲 Fund Trans	sfer				
Cheque/DD/RTGS/NEFT/FT N	No.					Cheque / D[) / RTGS / NE	EFT Date D	D M M Y	YYY
Amount in ₹ (Figures)			Amount	in ₹ (words	s)					
11. INVESTMENTS & SIP DETAILS										
LUMPSUM Scheme Name: PLAN: Direct Plan Exist SIP Frequency Monthly SIP Amount ₹	ing/Regular Pl	ough Post Dated an OPTI by SIP (In figures)	ONS: Gro Gro Gro Gro Date ** Date of you	wth (Ex	through Auto Debit) Dividend (Payout Compt 29, 30, 31) (Default 15+)	Che	eque Nos. Fr	om)
Enrolment Period From M N Default Frequency/Date Start of the er If SIP amount does not debit on the ment				to debit my/o onths from da						
12. STP DETAILS	10-4i									
Name of 'Source' Scheme/Plan/ Name of 'Target' Scheme/Plan/C										
For Systematic Transfer Plan (S		nount of Transfe	r ner Installma	nt. Re						
(Please (✓) any one)		Daily	. por motamine						No. of Insta	allment:
(Refer Instruction No. II)		Weekly							No. of Insta	
			uarterly [Day	of Transfer	(Please (✓) any one	e)] 2	8 15 ⁺	23	No. of Insta	
In case of multiple registrations,									140. 01 11100	anificite.
13. SWP DETAILS										
Scheme							Pla	n		
Option (✔) Growth Withdrawal Amount ₹	Dividend	d Frequency X No. of I		onthly	Quarterly With Withdrawal From		te (🗸)	2nd 8th	15th M M Y (Last Instal	23rd Y Y Y
Particulars										
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Scheme Name / Plan / Option / Sub- Payout Option	-opuon /	עם / Chieque UTF	Payment Instru R No. / Date	ument /	Drawn on (Name	of Bank and	Branch)	Amour	nt in figures (R	i.)

		IAT MODE*	PHYSICAL MO														
NSDL	DP Name						<u> </u>		Beneficia	- 1			<u> </u>	<u> </u>	=	$\overline{}$	$\overline{}$
NODL				Beneficiary		<u> </u>	$\frac{\bot}{\top}$		Account	No.		<u> </u>	<u> </u>	<u> </u>	\neq	╪	<u> </u>
CDSL	DP Name			Account No.											\perp	<u></u>	
Investor	opting to hold units in demat form, m	ay provide a copy of the	DP statement enable	us to match the dem	at details	as stat	ted in th	he appl	ication form								
NOMIN	ATION (Mandatory for new fol	os of Individuals wh	ere mode of hold	ling is single) (Fo	Units i	n Nor	-Dem	at Fo	rm)								
[Please	e (🗸) and sign] 🔲 I/We do not wi	sh to Nominate															
	First / Sole Applicant /	Guardian		Second Applica	nt						Third	Applic	ant				
I/We	e wish to nominate as under:												Dro	nortic	on (%) i	in wh	ich
Name	e and Address of Nominee(s)	Relationship with	Date of Birth	Name and Add	ress of G	iuardia	n	4	Signature (Optional)/	Guard	lian of			units v	will be s h Nomii	share	
		Applicant	(to be furnis	hed in case the Nomi	nee is a r	minor)			Nominee (Mand	atory)		(shou		gregate		00%
	Nominee 1																
	Nominee 2																
	Nominee 3																
DECLA	RATION & SIGNATURE/S																ļ
fore (6) I/W (7) The varie (8) I/W FOF I/We wis debit to requests date of informat transact liable fo strike, n beyond raised u the Ban acting u mandat commis to me/us	nd, its Sponsor/s. Trustees, Asset Meigin statutory, regulatory, judicial, quale will indemnify the Fund, AMC, Trus & ARN holder (AMFI registered Distribitious Mutual Funds from amongst whice HEREBY CONFIRM THAT I/WE HR THIS INVESTMENT. sh to inform you that I/we have regis my/our above mentioned bank accois received through to debit my/our at execution of standing instruction. I he titon, I would not hold Indiabulls Mutution will happen next working day arr, nor be in default by reason of, an mutiny, revolution, fire, flood, fog, war the above mentioned Banks reason under this mandate, on any ground whand, and, jointly and or severally inden the instructions issues by the attention the instructions issues by the attention in the form of trail commission science in the form of trail commissions.	si-judicial authorities/age tee, RTA and other internutor) has disclosed to men the Scheme is being rec AVE NOT BEEN OFFEF tered with Indiabulls Mut ant. For this purpose I/W cocount with the amount re tereby declare that the pai al Fund responsible. If th d allotment of units will I y failure or delay in com , lightening, earthquake, able control and which h rhatsoever. I/We shall no nnified from time to time, bove named authorized es/beneficiaries and ack is or any other mode), pa	uncies including but no nediaries in case of a /us all the commission commended to me/us. RED/COMMUNICATE tual Fund through the e hereby approve to requested, for due ren riticulars given above e date of debit to my/ happen as per the Te pletion of this service change of Governme as the effect of preve t have any claim aga against all claims, a signatories/ beneficia nowledged at your co	ot limited to Financial ny dispute regarding in so (in the form of trail of the form of th	Intelligen he eligibit commission of the light of the lete. If the to be a naisted in the lete is the light of the lete is the	(s) and nention benefice transion bushes cause ank's covice by amournage, candate notice	t-India idity an ny other ny o	(FIU-IN and author model and record whole count who count who count who count who count who count who	ID) etc withorization of ob), payable to NDICATIVE we for my/ou tith your braid dertake to keed or not expended by the object of	out an my/ou on him. The paying the moses in the moses in the paying the payi	ment to We he sufficient acts of event we should be sufficient acts of event we should be ARN	nation/ac sactions for the d THE FU to the ab ereby au ind or a se above of God, is, or an all not d e submit d by the rough a holder I	ifferer ifferer ove n thoriz in the ons o Bank ment civil w y othe Bank writted by writted by writted as di	to me nt com AMC/I mentic ze you e func f inco // holid iconec // yar, ci e or ci y me/r k and, en letti isclosi	npeting ITS DIS oned be to honding accomplete ay, exect d Bank vil comuse of phallengus. I/We, by reater with ed to m	Sche STRIE enefic nour a count or in- cutior shall motic peril w ge any e sha ason o drawi ne/us	eme: BUT siary on of on, rot on, rot on, rot on, rot in of the
	ill redeem my/our entire investment/s it of change in residential status.	before I/We change my	our Indian residency	status. I/We shall be	fully liab	ole for a	all cons	sequen	ces (includi	ng tax	kation)	arising	out o	f the f	ailure t	o red	leem
	or NRIs / PIO/OCIs only:																
	onfirm that my application is in compli																
Please	e (🗸) Lyes Lyo If Yes	, (✓) ☐ Repatriation b	asis Non-repatri	ation basis													
				SIGN HE	RF ()												
		(Please write Applic	cation Form No. / Foli	io No. on the reverse		eque /	Demar	nd Draf	t / Payment	Instru	ument.)					
SIGN	IATURE(S)																
SIGN	(v)																
	First / Sole Applicant / Guardian /	POA Holder		Second Applicar	ıt							Thire	Annl	licant			
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OFFIC	CE USE ONLY Not to be filled	d by the Investor															
orded o		a by the investor		Schen	e Code	e											
orded b				=	A/c No											_	
k use M	Mandate Ref. No.			Custo	mer Re	f. No											

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.
- www. Your investment Cheque/DD is drawn in favour of '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						/
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	✓ *	/
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status	/	/	/	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	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 (✓)	UMRN	For Office Use Only		Date D D M M Y Y
CREATE MODIFY		For Office Use Only	Utility Code	For Office Use Only
CANCEL 2	I/We, hereby authorize	Indiabulls Mutual Fund	To debit (tick ✓)	SB CA CC SB-NRE SB-NRO Other
Bank A/c.	Number	Destination E	Bank Account Number	
With Bank	Destination Ban	k Name IFSC		or MICR
An amoun	of Rupees			₹
FREQUEN	CY X Mthly X	Qtly X H-Yrly X Yrly ✓ As & w	hen presented DEBIT TY	PE X Fixed Amount Maximum Amount
Uniq ID			Phone No.	
Reference	2		Email ID	
I agree for th	e debit of mandate processing ch	parges by the bank whom I am authorizing to debit n	ny accounts as per latest schedule of changes	of the bank.
PERIOD_				
From	D M M Y Y Y	Y Signature Primary Account holder	Signature Primary Account holder	Signature Primary Account holder
То	1 1 2 2 0 9	9		
Or =	Until cancelled	1. Name as in bank records	2. Name as in bank records	2. Name as in bank records

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.						

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. SIP Enrolment along with Registration cum Auto Debit/NACH Mandate Form.
- 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
- c. 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)).