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	nformation (Investor	rs applying unde	er Direct Plan must ment	ion "Direct" in ARN c	column).			FOR OFFIC	E USE ONLY
ARN/RIA Code	ARN/RIA	Name	Sub Agent's ARN	Bank Branch (Code Internal for Sub-A Emplo	Agent/ Identific	yee Unique ation Number (EUIN)	(TIME S	STAMP)
ARN-64917						E	434563		
EUIN Declaration (only where I/We hereby confirm that the I of the above distributor/sub by	EUIN box has been	intentionally lef	it blank by me/us as this ce of in-appropriateness	transaction is exec , if any, provided by	cuted without any int the employee/relation	eraction or advice onship manger/sal	by the employee es person of the	/relationship mana distributor/sub bro	ger/sales person ker.
NS First / Sole	Applicant / Guard	ian		Second Applic	ant		Thir	d Applicant	
TRANSACTION CHARGES	S FOR APPLICA	TIONS THRO	UGH DISTRIBUTOR:	S ONLY					
In case the purchase/subscr subscription amount and pay registered Distributor) based	iption amount is R	s. 10,000 or mo	ore and your Distributo be issued against the b	or has opted in to ralance amount inve	eceive Transaction ested. Upfront commered by the ARN Hole	Charges, the sam nission shall be pa der.	ne are deductible aid directly by the	as applicable from	m the purchase/ RN Holder (AMFI
1. EXISTING UNIT HOLDE	R INFORMATION	N (IF YOU HAV	E EXISTING FOLIO, PL			· · · · · · · · · · · · · · · · · · ·	ou montioned alor	ancido will anniu fo	u this annlication
Folio No.				i ne deta	ils in our records un	der the folio numb	er mentioned alor	igside will apply to	r this application.
2. MODE OF HOLDING (P	ease tick (✓)	Single	Joint	Anyone or Surv	vivor				
3. UNIT HOLDER INFORM		CAN : (1		DATE OF BIRT	_			of date of birth@	Please (✓) Attached
Mr. Ms. M/s.	PPLICANT (In case	e of Minor, there	e shall be no joint hold	ers)	DD	MM YY	YY 		
Nationality				PAN#/	PEKRN#				
KYC/CKIN No.			[Please tick	((✓)] (Mandatory)	Proof Attached				
Status of First / Sole Ap	plicant [Please t	ick (🗸)] 🗌 In	dividual 🔲 Non - Individ	ual [Please attach FATC	CA, CRS & Ultimate Bene	eficial Ownership (UB	O) Self Certification F	orm]) (Mandatory)	
	NRI-Repatriation		patriation Partnersh					r through guardian	BOI OCI
_ ,	P Society / Cl		n National Resident in In			_ `	_	others(please s	specify)
Mr. Ms.	ase of First / Sole	Applicant is a I	Minor) / NAME OF CON	TACT PERSON - D	ESIGNATION (in cas	se of non-Individu	ial Investors)		1 1 1 1
Nationality			Designation			Contact No.			
PAN# / PEKRN			KYC/CKIN N	No.		Oontact 140.	[Please tick (✓)] (Mandatory) [Proof Attached
Relationship with Minor@ F	Please (P) Fathe	r Mother	Court appointed Legal		Proof of relation	onship with minor@	Please (✓) Att	ached @ Manda	tory
MAILING ADDRESS OF FI	. ,		_ 11 0			, 0	()		
CITY			STA	ATE			PIN Co	ODE	
Tolophono : Off	1 1 1	1 1 1	Res.	1 1 1		STD Code			
Telephone : Off. Mobile			Email [^]			Fax			
Mode of Correspond	lence: Where th	ne Investor h		mail id the AM	C shall sond all (communication	n to the inves	tor via e-mail I	nvestors who
wish to receive corr									
I/We wish to rece	ive communicati	on through p	hysical mode in lieu	of email	I/We don't wish t	to receive cons	olidated accou	nt statement (C/	AS)
4. JOINT APPLICANT DET	All S If any (In c	ase of Minor th	here shall be no joint b	olders)					
1. NAME OF SECOND APP	, ,	use or minor, a	nere shan be no joine n	olders _j					
Mr. Ms. M/s.									
Nationality				PAN#	!/PEKRN#				
KYC/CKIN No.			[Please tic	ck (√)] (Mandatory)	Proof Attached				
2. NAME OF THIRD APPLI	CANT			1 1 1	1 1 1 1			1 1 1	1 1 1 1
Mr. Ms. M/s.					UDEL/DAW			1 1	
Nationality					!/PEKRN#				
KYC/CKIN No.	AU 0.14		[Please tid	ck (√)] (Mandatory)	Proof Attached				
5. ADDITIONAL KYC DET Occupation details for	AILS Mandatory 1st Applicant	2 nd Applicant	3 rd Applicant G	Guardian Polit	tically Exposed Per	son (DED) detaile	Is a PEP	Boloted to BED	Not Applicable
Private Sector Service	і Арріісані	2 Applicant	. 3 Applicant G		oplicant	son (FEF) details.	IS A PEP	Related to PEP	Not Applicable
Public Sector Service					Applicant				
Government Service					pplicant				
Business Professional					ardian				
Agriculturist					norised Signatories moters				
Retired Housewife	$+$ \vdash	\vdash			iners				
Student				Kart					
Proprietorship				Who	ole-time Directors				
Others (Please specify)	- invalored (din	_			0		<u> </u>	10 1 5 1
Non-Individual Investors # Please attach Proof.	s invoivea / provi	uing any of th	ne mentioned service		gn Exchange / Money y Lending / Pawning	y Changer Services		Gambling / Lottery the above	/ Casino Services
ACKNOWLEDEMENT SLIP	(To be filled in by	the Investor) [For any queries please	e contact our pear	est Investor Service	e Centre or call-u	s at our Custom	er Service Number	er 1800 2666 002
-CKNOWLEDEWIENT SLIP	The permied in by	the mivestor) [e contact our near ABULLS MUTUAI		c centre or call t	1		
			Indiabulls Finance Cen			/larg,	Date :		
				Road, (West), Mum		J,		ISC Stamp 8	& Signature
Received from Mr. / Ms. / M/									7
an application for Durchase	of I Inite of the School	mo(c) alangwith	Chaque / DD / Paymont	Instrument as detai	ilad avarlaaf				

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 Re	s.) 1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac					10-25 lac				
1-5 lac		<u> </u>			25 lac - 1 cr	1 -			
5-10 lac OR Networth in Rs. (Mandatory					> 1 cr	as on 1			
for Non Individual) (not older than 1	year)					43 011	DD MM	YYYY	
7. FATCA & CRS INFORMATION (for Individu	al including Sol	e Proprietor) (Self Certifi	cation)		IVIIVI	1111	
The below information is requiant 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 I ng informatio hich you are	pplicant(s) / gua s Residentia Birth / Citizensh n [mandatory]	ardian I	Registon Registon Resi	ered Office (for address mentidency other than India?	Yes	□ 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			card holder of	USA. ^ In	case Tax Identification Number	is not available	, kindly provide i	ts functional ec	uivalent.
8. POWER OF ATTORNEY (PoA)	HOLDER DE	TAILS	1 1 1	1 1 1				1 1 1	
Name of PoA Mr. Ms. M/s.			KYC/CKIN	l No.]	Please tick (✓)] (N	Mandatory) 🔲 i	Proof Attached
# Please attach Proof.	THE EIDET	/ COLE ADDI IC	ANT						
BANK ACCOUNT DETAILS OF For unit holders opting to hold units in or						st/sole applicant n	nust be pre-printed o	on the cheque.)	
Bank Name	demat ionii, pit	sase crisure triat tr	e bank account ii	TIREC WILL LIFE	demar account is mentioned here.				
Branch Name					Bank Cit	у			
Account Number									
MICR Code			(Th	e 9 digit code	appears on your cheque next to the	cheque number)			
Account Type (Please ✓) Sa	vings	Current	NRO NR	E FC	NR Others (please specify	/)		_	
IFSC Code***				*** M	andatory for Credit via NEFT / RTGS	(11 Character co	ode appearing on y	our cheque leaf.	
	dividend procee	eds (if any) by way of	a demand draft ins		ı do not find this on your cheque leaf credit / credit through NEFT system / cre				
10. PAYMENT DETAILS		,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Payment Mode: Please (′) 🗆 CI	heque 🔲 D	D 🗆 RTGS	□ NEF	FT				
Cheque/DD/RTGS/NEFT/FT N						DD / RTGS / N	EFT Date D	D M M Y	YYY
Amount in ₹ (Figures)			Amount	in ₹ (words	s)				
11. INVESTMENTS & SIP DETAILS									
LUMPSUM SIP (SIP thro	ugh Post Dated	Cheques	SIP	through Auto Debit)				
SIP Frequency Monthly [ing/Regular Pla Quarterl	an OPTI y SIP	ONS: Gro Date +\$ Date of you	wth (Ex	Dividend (Payout Reinves:		p) (Frequency: rom	To)
SIP Amount ₹ Enrolment Period ^{#\$} From M	(Y Y Y	In figures) _	YYY		r authorise Indiabulls Mutual Fund/Indiabull our following bank account by NACH (Debit				
Default Frequency/Date Start of the erst SIP amount does not debit on the ment		for SIP should not		onths from da	te of application				, , ,
12. STP DETAILS Name of 'Source' Scheme/Plan/	Ontion								
Name of 'Target' Scheme/Plan/C									
For Systematic Transfer Plan (S		ount of Transfe	r per Installme	ent: Rs.					
(Please (✓) any one)	· -	Daily	. por motamino					No. of Insta	allment:
(Refer Instruction No. II)		Weekly						No. of Insta	
	01	Monthly O Q	uarterly [Dav	of Transfer	(Please (✓) any one)] 2	8 15	23	No. of Insta	
In case of multiple registrations,									
13. SWP DETAILS									
Scheme						Pla	ın		
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Scheme Name / Plan / Option / Sub- Payout Option	-opuon /	עם / Cheque UTF	Payment Instru R No. / Date	ument /	Drawn on (Name of Bank ar	d Branch)	Amoui	nt in figures (Rs	5.)

NSDL NSDL			unite in Domat Ma-1-												
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				Beneficiary				Acco	unt No.		<u> </u>			$\frac{\perp}{}$	$\frac{\perp}{\top}$
CDSL	DP Name			Account No.											
Investor	opting to hold units in demat form, m	ay provide a copy of the	DP statement enable	us to match the dema	t details a	s state	d in the	application	form.						
NOMIN	IATION (Mandatory for new fol	ios of Individuals wh	ere mode of holdi	ing is single) (For	Units in	Non-	Demat	Form)							
[Please	e (🗸) and sign] 🔲 I/We do not wi	sh to Nominate													
	First / Sole Applicant /	Guardian		Second Applica	nt	_		_		Third	Applica	nt		-	
I/W	/e wish to nominate as under:	Guardian		OR OR							, .ррос				
	14.11	Relationship	Date of Birth	Name and Add	ess of Gu	ardian			ure of No			Proportion (%) in which the units will be shared b			
Name	e and Address of Nominee(s)	with Applicant	(to be furnish	ned in case the Nomir	iee is a m	inor)			nal)/Guar iee (Man				ach No	minee	
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	Nominee 2														
	Nominee 3														
DECLA	ARATION & SIGNATURE/S														
	m/are not prohibited from accessing or		order/rulling/judgmen	t etc., of any regulation	n, includi	ng SEE	3I. I/We	confirm that	my appli	cation is	s in com	oliance v	with ap	plicabl	e Ind
(7) The vari (8) I/We widebit to request date of informat transac liable for strike, repending the Bar acting to mandat	//e will indemnify the Fund, AMC, Trus e ARN holder (AMFI registered Distribious Mutual Funds from amongst whice for HEREBY CONFIRM THAT J/WE HIR THIS INVESTMENT. Ish to inform you that I/we have regis or my/our above mentioned bank accost received through to debit my/our a execution of standing instruction. I had tion, I would not hold Indiabulls Mutustion will happen next working day aror, nor be in default by reason of, an mutiny, revolution, fire, flood, fog, ward the above mentioned Banks reason under this mandate, on any ground wink and, jointly and or severally inden upon the instructions issues by the attentions (in the form of trail commissions).	utor) has disclosed to me h the Scheme is being rec AVE NOT BEEN OFFER tered with Indiabulls Mut unt. For this purpose I/W count with the amount re rereby declare that the pa al Fund responsible. If the dillotment of units will I y failure or delay in com ; lightening, earthquake, able control and which h rhatsoever. I/We shall no unified from time to time, bove named authorized es/beneficiaries and ack	Just all the commission commended to me/us. RED/COMMUNICATE ual Fund through their energy approve to requested, for due remitted and the remit	s (in the form of trail of D ANY INDICATIVE If authorised Service aise a debit to my/our littance of the proceet are correct and complour account happens ms and Conditions Ii, where such failure on the policies, Unavailabiliting the performance nst the Bank in respections, suits, for any I ries. This request for unters and giving rea	Provider(s above miss to the bete. If the to be a no state of the bete. If the to be a no state of the a servet of the a oss, dama debit mai sonable r	n or an lo AN l) and II entione enefic transa n busin e Docu cause nk's co ce by mount age, co ndate i notice t	py other in D/OR A represent daccourants. I/W ction is chess dayment of d, in whome the above so debi sists, chass valid as o effect	node), paya NY INDICA tative for not with your to undertake lelayed or nas per Indindiabulls oble or in paystem, for e mentione ed pursuar rges and e nd may be such withd	TIVE YIE ny/our pay branch. to keep abulls M vutual Fu rt, by an e majeur d Bank. It t to the r kypenses revoked	ment to live he sufficiered at all utual Fu und. The y acts o e event: I/We sha mandate only the e ARN	THE FU to the aborereby author funds for reasond or a E e above of God, c so all not die submitted by the rough a	ND/AMO ove men horize y n the fu ons of in Bank hol mention ivil war, other c spute or eed by m Bank ar written I as discle	citioned ou to hading compleiday, e ed Ba civil coause of challe e/us. Ind., by etter w	benefinonour accounter or in xecution in xecution in xecution in xecution in xecution in years are accounter of peril in years are accounter of the xecution in xe	ciary all so t on ncorr n of l not on, r which
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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.
- 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. I	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	YPE X Fixed Amount ✓ Maximum Amount
Uniq ID			Phone No.	
Reference	2		Email ID	
I agree for th	e debit of mandate processing ch	narges 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 holde	r 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)).