

COMMON APPLICATION FORM

(To be Used / Distributed along with Scheme Information Document)



Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form. Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

Please Note: All field marked with asterisk (*) to be mandatorily filled.

Application No.

1. DISTRIBUTOR INFORMATION*

ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN - 64197	RIA/PMRN -		ARN -		E434563

** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please ✓ if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY* (Please ✓ any one of the below) (Refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR I confirm that I am an existing investor in Mutual Funds.

Go Green Initiative

Opt-in – Physical
 Opt-out – Email
Refer instruction no. 12

3. FOLIO NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The details in our records under the folio number mentioned alongside will apply for this application.

4. LEGAL ENTITY IDENTIFIER NUMBER (20 Digit)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(For Non- Individuals only)

5. MODE OF HOLDING

Single Joint Anyone or Survivor (Default option is Joint)

6. DEMAT ACCOUNT DETAILS (Kindly fill the below details for allotment of units in demat)

National Securities Depository Limited				Central Depository Services (India) Limited			
Depository Participant Name				Depository Participant Name			
DP ID	IN	Beneficiary A/c No.		DP ID	IN	Beneficiary A/c No.	

7. SOLE / FIRST APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name*	Mr. Ms. M/s.													Gender* (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date of Birth / Incorporation*	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB of Minor enclosed (Please ✓)		<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other	please specify				
PAN/PEKRN*	<input type="checkbox"/> KYC Proof Attached*													CKYC / KIN				
Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name)*																		
Relationship with Investor (in case of Minor)																		
PAN/PEKRN*	<input type="checkbox"/> KYC Proof Attached*													CKYC / KIN				
Mailing Address [P. O. Box Address is not sufficient]																		
														City				
Pincode*					State				Country									
Phone (Off.)	STD-				Phone(Res.)				Fax No.				Mob.No.* ^s					
Email ID* ^s										Please confirm that the email id belongs to						<input type="checkbox"/> Self	OR	<input type="checkbox"/> Family Member

(*The first/sole holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.)

Overseas Address* (in case of NRI/ FII applicant, in addition to mailing address)

State Country Zip Code*

Status: (Mandatory, Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP								
	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Company	<input type="checkbox"/> Fils	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Sole Proprietorship								
	<input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> NBFC	<input type="checkbox"/> Bank	<input type="checkbox"/> Others (please specify)										
Occupation: (Mandatory, Please ✓)	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired								
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify)											
Gross Annual Income:	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore									
	OR Net worth* (for Non-Individuals) ₹					as on									
					D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)		
For Individuals [Please ✓]:	<input type="checkbox"/> I am Politically Exposed Person (PEP) ^a		<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)		<input type="checkbox"/> Not applicable			(*Please refer instruction 6)							
Is the Individual involved in any of the mentioned services:(Please ✓ as appropriate)															
(i) Foreign Exchange / Money Changer Services				<input type="checkbox"/> Yes <input type="checkbox"/> No				(ii) Gaming / Gambling / Lottery / Casino Services				<input type="checkbox"/> Yes <input type="checkbox"/> No			
(iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No															
For Non-Individuals, Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form															



ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Name													PAN NO.								
An Application for scheme	WhiteOak Capital																				
Along with Cheque / DD No. / UTR No.													Dated	D	D	M	M	Y	Y	Y	Y
Drawn on (Bank)													Amount ₹								

Signature, Stamp & Date

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name* Mr. Ms. M/s.										Gender* (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female																													
Date of Birth* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>																					
D	D	M	M	Y	Y	Y	Y																																
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				CKYC / KIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
Pincode* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										Phone (Off.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
Phone (Res) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															Email ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Status: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Resident Individual			<input type="checkbox"/> NRI-Repatriation			<input type="checkbox"/> NRI-Non Repatriation			<input type="checkbox"/> Partnership			<input type="checkbox"/> Trust			<input type="checkbox"/> HUF			<input type="checkbox"/> AOP																					
<input type="checkbox"/> Minor through guardian			<input type="checkbox"/> Company			<input type="checkbox"/> FIs			<input type="checkbox"/> PIO			<input type="checkbox"/> Body Corporate			<input type="checkbox"/> Society/Club			<input type="checkbox"/> Sole Proprietorship																					
<input type="checkbox"/> Non Profit Organisation			<input type="checkbox"/> Financial Institution			<input type="checkbox"/> NBFC			<input type="checkbox"/> Bank			<input type="checkbox"/> Others			<small>(please specify)</small>																								
Occupation: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Private Sector Service			<input type="checkbox"/> Public Sector Service			<input type="checkbox"/> Government Service			<input type="checkbox"/> Business			<input type="checkbox"/> Professional			<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Retired																					
<input type="checkbox"/> Housewife			<input type="checkbox"/> Student			<input type="checkbox"/> Forex Dealer			<input type="checkbox"/> Others (Please specify)																														
Gross Annual Income: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Below 1 Lac			<input type="checkbox"/> 1-5 Lacs			<input type="checkbox"/> 5-10 Lacs			<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> >25 Lacs-1 crore			<input type="checkbox"/> >1 crore																								
OR Net worth* (for Non-Individuals) ₹										as on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>					D	D	M	M	Y	Y	Y	Y	<small>(Not older than 1 year)</small>																
D	D	M	M	Y	Y	Y	Y																																
For Individuals [Please ✓]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable <small>(^Please refer instruction 6)</small>																																							
Is the Individual involved in any of the mentioned services:(Please ✓ as appropriate)																																							
(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No					(ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No					(iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No																													

THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name* Mr. Ms. M/s.										Gender* (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female																													
Date of Birth* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>										D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Proof of DOB (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>																					
D	D	M	M	Y	Y	Y	Y																																
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				CKYC / KIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
Pincode* <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										Phone (Off.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
Phone (Res) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															Email ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Status: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Resident Individual			<input type="checkbox"/> NRI-Repatriation			<input type="checkbox"/> NRI-Non Repatriation			<input type="checkbox"/> Partnership			<input type="checkbox"/> Trust			<input type="checkbox"/> HUF			<input type="checkbox"/> AOP																					
<input type="checkbox"/> Minor through guardian			<input type="checkbox"/> Company			<input type="checkbox"/> FIs			<input type="checkbox"/> PIO			<input type="checkbox"/> Body Corporate			<input type="checkbox"/> Society/Club			<input type="checkbox"/> Sole Proprietorship																					
<input type="checkbox"/> Non Profit Organisation			<input type="checkbox"/> Financial Institution			<input type="checkbox"/> NBFC			<input type="checkbox"/> Bank			<input type="checkbox"/> Others			<small>(please specify)</small>																								
Occupation: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Private Sector Service			<input type="checkbox"/> Public Sector Service			<input type="checkbox"/> Government Service			<input type="checkbox"/> Business			<input type="checkbox"/> Professional			<input type="checkbox"/> Agriculturist			<input type="checkbox"/> Retired																					
<input type="checkbox"/> Housewife			<input type="checkbox"/> Student			<input type="checkbox"/> Forex Dealer			<input type="checkbox"/> Others (Please specify)																														
Gross Annual Income: (Mandatory, Please ✓)																																							
<input type="checkbox"/> Below 1 Lac			<input type="checkbox"/> 1-5 Lacs			<input type="checkbox"/> 5-10 Lacs			<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> >25 Lacs-1 crore			<input type="checkbox"/> >1 crore																								
OR Net worth* (for Non-Individuals) ₹										as on <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>					D	D	M	M	Y	Y	Y	Y	<small>(Not older than 1 year)</small>																
D	D	M	M	Y	Y	Y	Y																																
For Individuals [Please ✓]: <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable <small>(^Please refer instruction 6)</small>																																							
Is the Individual involved in any of the mentioned services:(Please ✓ as appropriate)																																							
(i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No					(ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No					(iii) Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No																													

8. BANK ACCOUNT DETAILS FOR PAYOUT* (Please attach copy of cancelled cheque)

Name of the Bank										Branch																													
Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
Bank Address <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																							
Pincode <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										City <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															State <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														
MICR Code (9 digits) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															IFSC Code for NEFT / RTGS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															<small>*This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.</small>									

WhiteOak Capital Asset Management Limited.

Mumbai Investor Service Center: F5, 1st Floor, Electric Mansion Appasaheb Marathe Marg, Prabhadevi, Mumbai 400025.
Toll Free Number: 1800 3000 3060 | Fax +91-22 62301191 | <https://mf.whiteoakamc.com>
CIN : U65990MH2017PLC294178

9. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque.

Scheme Name: Plan: Direct Regular Option: Growth # IDCW (# Default)

IDCW Frequency: Option: IDCW Payout IDCW Reinvestment (*Please refer instruction 7)

(Please refer to SID for the IDCW Frequency & Option)

Mode of Payment: Lumpsum Only Normal SIP* Goal SIP⁵

Payment Type [Please ✓] Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

SIP Instalment Amount (₹) in figures

Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	Cheque / DD / Payment Instrument No. & Date	Drawn on Bank / Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cheque/DD No. Date

Drawn on Bank

* If you wish to register SIP/ SIP TopUp facility kindly fill the SIP Registration & OTM Debit Mandate Form.
 \$ If you wish to register for Goal SIP, kindly fill the Goal SIP Registration & OTM Debit Mandate Form

10. FATCA AND CRS INFORMATION* (for Individual including Sole Proprietor) (Self Certification) (For Non - Individual separate form to be submitted)

The below information is required for all applicant(s)/ guardian
 Address Type: Residential or Business Residential Business Registered Office
 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 Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Ref. ID No ^A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Ref. ID No. 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Payer Ref. ID No. 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type [TIN or other, please specify]	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, Please tick the reason A, B or C (as defined below)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

To also include USA, where the individual is a citizen/ green card holder of USA. ^AIn case Tax Identification Number is not available, kindly provide its functional equivalent.
 Reason A: The country where the Account holder is liable to pay tax does not issue Tax Identification Number to its residents.
 Reason B: No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
 Reason C: Other, please state the reason therefore _____

For Non-Individual investors, please fill in UBO form along with FATCA / CRS annexure

11. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat)

I/We do not wish to nominate OR I/We do hereby nominate the undermentioned Nominee(s) 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 payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Nominee Details*	Nominee 1	Nominee 2	Nominee 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proportion (%)*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Guardian (to be furnished in case the nominee is minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Guardian / Nominee	<input type="text"/>	<input type="text"/>	<input type="text"/>

* (%) by which the units will be shared by each nominee (% to aggregate to 100%)

12. DECLARATION AND SIGNATURES*

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that WhiteOak Capital Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s) . **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. 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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the Authorised Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

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

Signature(s)

1 st Applicant Signature / Guardian Signature	2 nd Applicant Signature	3 rd Applicant Signature	POA Signature
--	-------------------------------------	-------------------------------------	---------------

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place

13. CHECKLIST

- Application Form is complete in all respect. Name, address & contact details are mentioned in full and signed by all applicants.
- Bank account details stated are complete and correct. In case investment cheque is from a different bank account, original cancelled cheque copy is attached.
- Permanent Account Number (PAN) for all applicants as applicable is mentioned.
- Preferred investment option i.e. whether Growth or Payout of IDCW or Re-investment of IDCW is mentioned clearly.
- The cheque / demand draft should be drawn favouring the name of the scheme & crossed as "Account Payee Only", dated and duly signed.
- Application Number / Folio Number and Applicant's name and / or PAN is mentioned on the reverse of each cheque.
- SIP Registration Form & OTM Debit Mandate is filled and attached incase of SIP Investments.
- Demat A/c details are filled correctly in the form. Please provide self attested Client Master list Copy (where applicable).
- Details of applicants provided matches exactly with those in the Depository.
- FATCA Declaration

Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor
Resolution / Authorisation to invest		✓	✓	✓		✓		✓		
Trust Deed						✓				
Bye - Laws			✓							
Partnership Deed				✓						
SEBI Registration / Designated Depository Participant Registration Certificate								✓		
Proof of Date of birth										✓
Notarised Power of Attorney					✓					
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓			
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Account Details (Client Master List Copy) ³	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory.
2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided.
3. In case Units are applied in Electronic (Demat) mode.