

INDIABULLS ASSET MANAGEMENT COMPANY LIMITED

Corporate Office:

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FINANCIAL TRANSACTION FORM (For Existing Unit Holders only)

Please read the instructions overleaf carefully and complete the relevant section legibly in black/dark coloured ink and in BLOCK CAPITALS. Please strike out sections that you intend to leave blank.

Distributor ARN Code ARN: 64917	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN E-029678	Application No.
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Up front commission 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.

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 inappropriateness, 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.

Sign Here First/Sole Applicant/Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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1 UNIT HOLDERS' DETAILS (MANDATORY) Refer Instruction No. II

Sole / First Unit Holder Name Mr Ms M/s FIRST MIDDLE LAST Folio No

2 ADDITIONAL PURCHASE REQUEST Refer Instruction No. III

Scheme Plan

Option (✓) Growth Dividend Payout Dividend Reinvestment Dividend Frequency (✓) Daily/Weekly/Fortnightly/Monthly

Investment Amount ₹ A DD Charges ₹ B Net Amount ₹ A minus B

Mode of Payment (✓) Cheque DD Fund Transfer Others SPECIFY

Instrument No Dated DDMMYYYY Drawn on Branch & City

NRI Investor, please indicate source of funds for your Investment (✓) NRE NRO FCNR Others SPECIFY

DEMAT ACCOUNT DETAILS OF FIRST APPLICANT

NSDL please ✓ Depository Participant (DP) ID Beneficiary Account Number

CDSL please ✓ Depository Participant (DP) ID

3 REDEMPTION REQUEST Refer Instruction No. IV

Scheme Plan

Option (✓) Growth Dividend Amount (₹) OR No of Units OR All Units (✓)

4 SWITCH REQUEST Refer Instruction No. V

From Scheme <input type="text"/>	To Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Amount (Rs) <input type="text"/> OR No of Units <input type="text"/>	OR All Units (✓) <input type="checkbox"/>

5 SYSTEMATIC WITHDRAWAL PLAN (SWP) To be submitted at least 8 days before the 1st due date for withdrawal) Refer Instruction No. VI

Scheme Plan

Option (✓) Growth Dividend

Withdrawal Date (✓) 2nd 8th 15th 23rd

Withdrawal Amount ₹ X No of Installments Withdrawal From DDMMYYYY To DDMMYYYY
(First Installment) (Last Installment)

6 SYSTEMATIC TRANSFER PLAN (STP) To be submitted at least 8 days before the 1st due date for withdrawal) Refer Instruction No. VI

From Scheme <input type="text"/>	To Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Transfer Amount ₹ <input type="text"/> No of Installments <input type="text"/>	Options (✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Transfer Period From <input type="text"/> DDMMYYYY To <input type="text"/> DDMMYYYY	Monthly Transfer Date (✓) <input type="checkbox"/> 2nd <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 23rd

7 UNIT HOLDER(S) SIGNATURE(S) To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Indiabulls Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly inmaking this transaction. 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 amongstwhich the Scheme is being recommended to me/us.

Sole / 1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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ACKNOWLEDGMENT SLIP To be filled in by the Investor

Folio No.

<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST <input type="checkbox"/> REDEMPTION REQUEST <input type="checkbox"/> SWITCH REQUEST <input type="checkbox"/> SWP <input type="checkbox"/> STP	TRANSACTION DETAILS (To be filled in by the First Applicant / Authorised Signatory):		Stamp Signature & Date	
	Cheque/DD No.	From/Scheme		To/Scheme
	Date	Plan/Option		Plan/Option
	Amount ₹	<input type="checkbox"/> Amount		IN WORDS
	Drawn on	<input type="checkbox"/> Units ₹		IN FIGURES
	Date	<input type="checkbox"/> Monthly (Please select date) <input type="checkbox"/> 2nd <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 23rd <input type="checkbox"/> Weekly		

INSTRUCTIONS FINANCIAL TRANSACTION FORM

I. GENERAL INSTRUCTION:

1. This transaction form would help you make additional purchases in our various schemes, switch or redeem your existing investments or register for our Systematic Withdrawal Plan (SWP) or Systematic Transfer Plan (STP). Please read the respective SID / SAI or KIM carefully before investing.
2. Please strike off sections that are not relevant/ applicable. Please counter-sign in line with your mode of holding against any corrections made in the Transaction Form.
3. Please refer the 'GUIDANCE NOTES' below while filling the form.
4. Completed Transaction Forms should be submitted to your nearest Investor Service Centre (ISC) of Indiabulls Mutual Fund (IBMF) or Registrar and Transfer Agent (RTA).

II. UNITHOLDERS' DETAILS

1. Please furnish the name of the Sole/First Unit Holder and the Folio Number.

III. ADDITIONAL PURCHASE:

1. Please Specify your scheme details, investment amount and investment cheque details.
2. Your Investment cheque should be drawn in favour of scheme name in which you propose to invest.
3. Separate cheques and form should be given for each separate investment in a different scheme, plan or option.
4. If you are NRI Investor please indicate source of funds for investment the following mode of payments is not valid and applications accompanied by such payments is liable to be rejected: i) Outstation cheque ii) Third party cheques iii) Cash/Money Order / Postal Order iv) Post Dated cheques v) Multiple cheques for investment in one scheme or single cheque for investments in multiple schemes.

Third party cheque(s) for investment/subscription shall be accepted, only in exceptional circumstances, as detailed below: 1) Payment by Parents/Grand-Parents/related persons for investment made on behalf of a minor. 2) Payment by Employer on behalf of employee under Systematic Investment Plans through Payroll deductions. 3) Custodian on behalf of a Foreign Institutional Investor (FII) or a client.

IV. REDEMPTION:

1. Please specify the scheme details and the amount/number of units you wish to redeem. If you wish to redeem all units, tick against the box provided for the purpose. If your redemption request specifies both amount and units for redemption, the latter would be processed.
2. Redemption payout would be made only to the Sole/First unit holder favouring the bank account appearing in our records.
3. If the balance in the Scheme/Plan/option after taking into account the redemption is below the minimum redemption size (either in amount or in units whichever is less), the AMC reserves the right to redeem the units and refunded.
4. The fund offers a facility to register multiple bank accounts and designate one of the bank account as "Default Bank Account"
5. BANK ACCOUNT FOR REDEMPTION PROCEEDS: Please note the following important points related to payment of redemption proceeds: 1. Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. 2. Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no. registered bank account is mentioned, default bank account will be used.
6. If a new non-registered bank account is specified in the redemption request for receiving redemption proceed, then Default Bank Account will be used for redemption payout.

V. SWITCH

1. Please specify the source and target scheme details and amount/number of units you wish to switch.
2. If you wish to switch all units, please tick against the box provided for the purpose. If your switch request specifies both amount and units, the latter would be processed.
3. If the balance in the source Scheme/Plan/Option after taking into account the switch is below the minimum redemption size (either in amount or in units whichever is less), the AMC reserve the rights to switch entire balance in the source scheme to the target scheme.

VI. SYSTEMATIC WITHDRAWAL PLAN (SWP)

1. 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 Transfer Size Rs. 1000/- in multiples of Re. 1.
3. Please note that your SWP request would be registered with us within 8 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 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-business 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.

VII. SYSTEMATIC TRANSFER PLAN (STP)

1. 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
2. Minimum Transfer Size for Weekly and Monthly frequency is Rs.1000/- 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 6 weeks in case of Weekly option and 6 months in case of Monthly option.
3. Minimum Transfer Size for Daily frequency is Rs.50/- and in multiples of Re.1. (At the time of registration, the minimum invested amount in the source scheme should be Rs.500/-). The minimum registration period will be 6 months.
4. The investors can choose any one of the dates among 2nd, 8th, 15th or 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 STP frequency will be monthly.

Transfer Out / Switch Out Scheme	Indiabulls Liquid Fund Indiabulls Ultra Short Term Fund
Transfer In / Switch In Scheme	Indiabulls Blue Chip Fund Indiabulls Income Fund Indiabulls Short Term Fund Indiabulls Gilt Fund

5. Please note that your STP request would be registered with us within 8 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 days.
6. The STP will be automatically terminated if all units are liquidated or withdrawn from the source scheme or pledged or upon receipt of intimation of death of the unitholder. The units marked under lien or pledged in the source scheme shall not be eligible for STP.

Indiabulls Asset Management Company Limited

Corporate Office: Indiabulls House, Indiabulls Finance Centre,

11th Floor, Elphinstone Mills, Senapati Bapat Marg, Elphinstone West, Mumbai - 400 013, INDIA

☎ 1800-2666-002 📠 SMS 'IBMF' to 54242 🌐 www.indiabullsmf.com ✉️ customercare@indiabullsmf.com

Lines open from 9.30 am to 6.30 pm on all business day

Non - Financial Transaction Slip

Folio No.

Name of Sole /
First Unit Holder

PAN

1. Change of Address/Contact Details

(To be used only by Investors not registered with KYC Registration Agency)

I/We request you to take note of change of my address / contact details and update your records.

Address

City Pin Code

State Country

Phone (Office) Phone (Residence)

Mobile E-mail

2. KYC Declaration Form

Applicant's Details

PAN/KRN

Date of Birth /
Incorporation

Gross Annual Income (✓) Below 1 Lac 1-5 Lacs (Default) 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore Net-worth in ₹ as on (Not older than 1 year) (Mandatory for Non-individuals)

Occupation Details (✓) Private Service Public Sector / Govt. Service Business Professional Housewife Retired Student Forex Dealer Agriculturist Others _____ (Please specify)

Others (✓)

For Individuals Politically Exposed Person Related to Politically Exposed Person Not Applicable

For Non-Individuals

Is the entity involved in any of the following services

- (i) Foreign Exchange/Money Changer Services Yes No
(ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes No
(iii) Money Lending/Pawning Yes No

(Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.)

P.T.O. for Signatures & Instructions

Acknowledgement

Folio No. Name

For Office Use
Signature of receiving authority

Received request for (Please ✓)

Change of Address / Contact Details

Change in KYC Declaration Form

Change of Bank Mandate (COB)

Date of receipt / Time of receipt :

