COMMON APPLICATION FORM



	Fill the form in BLOCK	letters only Leave one space	between words		MUTUAL FUND
Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Emp	•	EUIN	KYC Identification No.
ARN: 64917			E-0	29678	
		r based on the investor's assessment of various fa	actors including the service rendered I	by the distributor.	
	box has been intentionally left blank by me/u employee/relationship manager/sales persor		Sign Here	Sign Here	Sign Here
e advice of in-appropriateness, if any stributor has not charged any advisory		nager/sales person of the distributor and the	First / Sole Applicant /Guardian I	POA Second Applicant	Third Applicant
ransaction charges for a	pplications through distribut	tors only			
I confirm that I am a first time i	• • • • • • • • • • • • • • • • • • • •	-	as Transaction Charges for	Transaction of ₹ 10,000/- ar	nd more)
I confirm that I am a existing in	nvestor across Mutual Funds.	(₹ 100/- will be deducted	as Transaction Charges for	Transaction of ₹ 10,000/- a	nd more)
EXISTING UNIT HOLDER	R INFORMATION For existin	ng Investors please fill in your	folio number		
e Mr Ms. M/s	FIRST	MIDDLE LAS	Fo Fo	lio No	
APPLICANT(S) INFORM	ATION Refer Instruction No I	ı			
Applicant Name Mr Ms.	.M/s FIRS	ST MIDDL	E LAST	D	OB D D M M Y Y Y
/PEKRN		PAN Pro	of Enclosed please ✓	KYC Proof	Enclosed please ✓
ss Annual Income (Rs.) [F	Please tick (✓)] Below 1	1 Lac 1-5 Lacs 5-10) Lacs 10-25 lacs	>25 Lacs-1Cror	e >1 Crore
worth (Mandatory for No	n-Individuals) Rs	as	on D D M M Y	Y Y Y (Not older t	han 1 year)
ically Exposed Person (F	PEP) Status (Also applicable for a	uthorised signatories/Promotors/Karta	a/Trustee/Whole time Direct	ors) I am PEP	I am Related to PEP N
	V/2004 II		IDOT.	AUDDI F	LACT
ardian (In case of Minor		Ms.M/s	FIRST	MIDDLE	LAST
ionship	PAN		PAN Proof Enclose	d please ✓ KY	C Proof Enclosed please ✓
le of holding please ✓	Single	oint Anyone or Sur	vivor(s)	(Default Option	- Joint)
upation <i>please</i> ✓	Business	Professional Service	Retired	Student House wife	Others SPECIFY
	Resi Individual F	Ils Society	AOP/BOI	Banks Fls Tru	st Company/Corporate Bo
us <i>please</i> ✓	Partnership Firm H	HUF Minor	NRI Repatriable	NRI Non-Repatriable	PIO Others SPECIFY
i ling Address - 1st Applic DRESS LINE 1	•				
DRESS LINE 2	CITY	STATE	COUNTRY		PIN CODE
erseas Address - Mandat	ory for NRI/FII/PIO Applicant,	Please provide your complete	e address. PO Box alo	ne is not adequate	
DRESS LINE 1					
DRESS LINE 2	CITY	STATE	COUNTRY		PIN CODE
tact Details of SOLE/FIR	ST Applicant				
		065			.04
Code	Residence	Office		Mobile No	+91
il ld		Contact	Person (in case of co	orporate)	
de of Correspondence: V	Vhere the Investor has provid	ded his e-mail id, the AMC sha	ll send all communicat	ion to the investor via	e-mail. Investors who wish to
eive correspondence thr	ough physical mode instead	of email are requested to tick	(✔). Email communica	ation will help save pap	per & planet.
I/We wish to receive com	munication through physical mo	ode in lieu of email //We	don't wish to receive co	nsolidated account state	ment (CAS)
Applicant (Second App	olicant not allowed in case of	minor as First/Sole applicant)		
e Mr Ms. M/s	FIRST	MIDDLE	LAST	D	OB D D M M Y Y Y
PEKRN		PAN Proc	of Enclosed please ✓	KYC Proof	Enclosed please ✓
ss Annual Income (Rs.) [F	Please tick (✔)] Below 1	1 Lac 1-5 Lacs 5-10	Lacs 10-25 lacs	>25 Lacs-1Cror	e >1 Crore
upation Details [Please ti	ck (✔)] Service Pr	rivate Sector Public Sector	or Government S	ervice Student	Professional
Housewife Busine	ss Retired Agricul	ture Proprietorship	Others	(please s	pecify)
rnowledgement					
ceived from Mr / Ms / M/s		an applicat	ion for allotment of units	under	as per the details below
Direct Plan	Existing/Regular Plan	an applicat	or another or drifts		
ions Growth	-				
Dividend (ayout ☐ Reinvestment ☐ Swee	ep) Frequency:			
<u> </u>				TIME STAMP	& DATE OF RECEIVING OFFICE

PAN Proof Enclosed please	PAN/PEKRN PAN Proof Enclosed please ✓ KYC Proof Enclosed please ✓	
Gross Annual Income (Rs.) [Please tick (y']]		YY
Occupation Details (Please tick (/)) Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify) Politically Exposed Person (PEP) Status (Alox opplicable for automicined signatories/Promoters/KaruTrustee/Whole time Directors) I am PEP I am Related to PEP NIA DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction No IV) (Optional) NSDL please \(\sigma \) Depository Participant (DP) ID Beneficiary Account Number Depository Participant (DP) ID Beneficiary Account Number Depository Participant (DP) ID Deposito	Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1-5 Lacs 15-10 Lacs 10-25 Lacs >25 Lacs-1Crore >1 Crore	
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CDSL please \(\) Depository Participant (DP) ID \\ 5	4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction No IV) (Optional)	
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Payment Mode: Please (y) Cheque DD RTGS NEFT Fund Transfer Cheque/DD/RTGS/NEFT/FT No. Cheque/DD/RTGS/NEFT/FT No. Source Bank Name Source Bank A/C No. Source Bank A/C No. Cheque In case the cheque is issued by a person other than the investor Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Declarations 7 NOMINATION Mandatory for single mode of holding (Please Refer Instruction No VIII) I/We do not wish to nominate I/We do hereby nominate the person(s) more particularly described here under/and*/cancel the nomination made by me/us. Name & Address of the Nominee(s) Name & Address of Guardian I/ncase Nominee is a Minor Date of Birth (Minor) Proportion(%) by which the units of Guardian of Nominee (Should aggregate to 100%) Date of Birth (Minor) Proportion(%) by which the units of Guardian of Nominee (Optional)</td <td>LUMPSUM SIP/STP/SWP (Please also fill attached SIP/STP/SWP Registration Cum Auto Debit Form)</td> <td></td>	LUMPSUM SIP/STP/SWP (Please also fill attached SIP/STP/SWP Registration Cum Auto Debit Form)	
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I/We do not wish to nominate I/We d	Document attached in the case of third party payments	
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8 DECLARATION		
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Interect. Inventage a read, interestood before limiting application forming and saries bound by the ectains of the sale, interection in developing the purpose of contravention or evasion of any ActiVeguilations/Rules/ lottifications/Directions/PMLA/KYC/FATCA Norms or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those sculpturing Indiable Mutual Fund Limited (IBMF) liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me /us to the satisfaction of the mutual fund. I/We hereby authorize IBMF, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total revestments exceeding Rs 500000/- in a financial year. 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	8 DECLARATION We would like to invest in subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent am hereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebailinectly or indirectly, in making this investment. I/We declare that 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 of the contravention or evasion of any Act/Regulation or evaluation or evaluation of the contravention or evasion of any Act/Regulation or evaluation or evaluation or evaluation of the subject to bound by the seal decrease and Conditions include excluding/limiting Indiabults Mutual Fund Limited (IBMF) liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Notember 2001 of the application with the current application with redemption and undertake such other action with such funds that may be required by the law. I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result and the properties of the paplication will result the contravent of the application will result the current application will result the curr	e or gifts, ns/Rules, ing those now You ne date of t in a total
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Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

Karvy ComputerShare Pvt. Ltd.,

Karvy Selenium, Tower-B, Plot No 31 & 32, Financial District, Nanakramguda, Gachibowli, Serilingampally Mandal, Hyderabad, 500 032

Indiabulls Asset Management Company Ltd.

Indiabulls House,

Indiabulls Finance Centre, 11th Floor, Tower-1 Senapati Bapat Marg, Elphinstone Road (West), Mumbai - 400 013.

Email ID: customercare@indiabullsamc.com