

## 360 COMMON APPLICATION FORM

'											
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.* RIA Name & RIA Code				Date & Time of Receipt					
ARN-64917		E434	563								
Purpose of EUIN is to capture the identificat lowever, in case of any exceptional cases wh //We hereby confirm that the EUIN box has distributor/sub broker or notwithstanding the a #I/ We hereby give my/ our consent to share/p	been intentionally left blank by advice of in-appropriateness, if a	me/us as this transaction is e ny, provided by the employee/re	executed without any in elationship manager/sale	teraction or ad es person of the	vice by the emplo distributor/sub bro	vee/relationshi	action is "Execution only" or "Advisor, ip manager/sales person of the abo				
First Unitholder/ Guardian Upfront commission shall be paid directly by		Second ered Distributors based on the	of various facto	Third Unitholder  ctors including the service rendered by the distributor.							
TRANSACTION CHARGES Please tick (✓)	(₹ 150 will be deducted	,		(₹ 100 will be	,		unds stor to the AMFI register distributor based or				
1 EXISTING UNITHOLDERS DETA	AILS										
Existing Folio No.	Name	of Sole/ First Unit Holder									
<b>Note:</b> All investor details like mode of holdi For registering different information, please		vestor address and contact de	tails, will be captured as	s per existing ir	nformation under th	ie given folio. I	Proceed directly to section 7.				
2 NEW APPLICANT'S DETAILS	(Please fill in BLOCK LETTER	RS with black/blue ink and read	the instructions careful	ly, on page 1 to	o 4 before filling up	the form					
Name of Entity/Sole/First Applican	Mr. Ms.										
PAN/PEKRN	KYC	Yes No Mode	of Holding (Please ✓	) Single	Joint	Either/ An	yone or Survivor (Default Option : Joi				
Date of Birth (Mandatory for Minor Applicant)	D D M M	Y Y Y Y Pr	oof of Birth (Please ✓	) Passpo	ort Birth	Certificate	Others				
Status Please (*)  Resident Individual Company/Body Corpo Partnership Firm  (For Non-Individual investors, FATC	PSU AOP/BO rate Sole Propriet Others CA, CRS & Ultimate Beneficial Owner	or Defence Establi	shment PIC	) Ban		GOs	Society FI NRI				
Non-Individual Investors involved/pr Please (ü) (Applicable only for Non Individuals)	roviding any of the mentio	ned services	= •	,	hanger Services Casino Services		Money Lending/ Pawning None of the above				
Name of Guardian / Contact Person (Contact Person for non-individual applicant)	Mr. Ms.										
PAN/PEKRN for Guardian / Contact Pe			Relationship with	Minor	Father Me	other Le	egal Guardian (Refer instruction				
3 NAME OF THE SECOND APPLI	CANT Mr. Ms.										
Date of Birth D D M M Y	Y Y PAN/PEKRN			Self-attested cop	y of PAN/PEKRN alon	J with KYC acknow	wledgment should be attached				
A NAME OF THE THIRD APPLICA  Date of Birth D D M M Y	Mr. Ms.  Y Y Y PAN/PEKRN			Self-attested cop	y of PAN/PEKRN alon	with KYC ackno	wledgment should be attached				
5 ADDRESS & CONTACT DETAIL	S OF FIRST/ SOLE APPLI	ICANT (P.O. Box Address is	not sufficient. Refer i	nstruction no.	3)						
Correspondence Address (address deta	ils will be updated as per your KYC ı	records with CKYC / KRA.	Overseas Addres	SS (Mandatory fo	or NRI / FII Applicants	)					
	HOUSE / FLAT NO.				HOUSE /	FLAT NO.					
S	TREET ADDRESS		STREET ADDRESS								
CITY / TOWN		STATE		CITY / TOWN		1	STATE				
COUNTRY		PIN CODE		COUNT	RY		PIN CODE				
Tel. (Res.)	Tel. (C	Off )		Mobile	No I						
Mobile No. provided pertains to	Self Spouse	Dependent Children	Dependent Sibling		pendent Parents		uardian in case of a minor				
Email ID (CAPITAL letters only)											
Email ID provided pertains to	Self Spouse	Dependent Children	Dependent Sibling	gs De	pendent Parents	A G	uardian in case of a minor				
I hereby authorise 360 ONE MF (Formerly ki Investors providing Email ID would mandatorily I wish to receive physical copy of the schem	receive E - Statement of Accounts in	n lieu of physical Statement of Accou		or abridged summ	ary on email.						
360 ACKNOWLEDGA (To be filled in by the			ARN No:				Application No.				
Received from											
Instrument No.	Draw	n on Bank & Branch				_					
Scheme/ Plan/ Ontion/ Sub-Ontion		·	Amount Do				Signatura Stamp 9 Data				

Please Note: All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

6 BANK ACCOL	JNT DETAILS (	Mandat	ory) (Deta	ils of bank	account in v	vhich rede	mption, IDCW o	r other pay	ments to be credit	ed.)					
Account No. <sup>\$</sup>									Account Type Please ✓)	Savings	Current	NRO	NRE FCNR		
Bank Name		-					(Do no	ot abbreviat							
Branch								City			Pin Co	do T			
		<u> </u>						City _		//FOO/NEET I					
FSC Code*						Code*				(IFSC/ NEFT code		ect credit)			
Please provide a cance 360 ONE Mutual Fund s										•	n in Section (9).				
For unit holders opting															
7 FATCA and CI	RS DETAILS F	or Indi	viduals (	Mandator	y) Non Indi	vidual in	estors includ	ing HUF r	nandatorily fill s	eparate FATCA/	CRS details fo	orm			
							2nd Appli			<u>'</u>		plicant			
	Sole/First Applicant/Guardian  Tax Paver® Identification										Identification				
Country#	Tax Paye Ref. ID N	lo		ype	Cou	ntry#	Tax Paye Ref. ID I	No	Туре	Country#	Ref.	Payer <sup>®</sup> ID No	Туре		
1					1					1					
2					2					2					
3					3					3					
Please indicate all Col In case Tax Identificat							Identification Nu	mber and it	s Identification type	eg. TIN etc.					
			, ,,	novide IIS T	incuonai equi	vaiciii.	2nd Annlie	cant			3rd ∆r	plicant			
Country of Birth	Sole/First Applicant/Guardian			Country	2nd Applicant  Country of Birth				Country of Bi						
Country of Nationa				<u> </u>	Country of Birth  Country of Nationality				Country of N						
case Country of Tax		y India t	hen details	of Country				d.							
8 ADDITIONAL	KVC DETAILS	(Manda	tory Plan	en road inc	tructions no	5 & 6 und	or ADDLICANT'S	LINEODMA	TION )						
		•								F. D. J. (	Marie de Britan	1. 0 1 (	04		
OCCUPATION	Profession	al Agr	culturist	Housew	ife Retired	Govern	nment Service	/Public S	ector Business	Forex Dealer	Student Priva	ite Sector s	Service Others		
1st Applicant		-													
2nd Applicant					$\perp$										
3rd Applicant		-													
Guardian	INCOME DET	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		41	451	451		40.05.1	051 4	0 110	L LIET WOR		D:4:		
GROSS ANNUAL	INCOME DE IA	AIL5"	Belo	ow 1 Lac	1-5 Lacs	1-5 Lacs	5 5-10 Lacs	10-25 La	cs 25 Lacs-1	Crore >1 Crore	NET-WOR		Date		
1st Applicant											(Net worth		DDMMYYY		
2nd Applicant											not be		DDMMYYY		
3rd Applicant Guardian				<u> </u>							than 1	year)	DDMMYYY		
PEP DETAILS						10	t Applicant		2nd Applicant	3rd Applicant			D D M M Y Y Y		
	v Evpood Por	on (Di	-D)			Yes No			Yes No		es No		Yes No		
	Are you a Politically Exposed Person (PEP)  Are you related to a Politically Exposed Person (PEP)										<u> </u>				
Please attach Pro				<b>∟</b> Γ <i>)</i>			169   NO		Yes No	) <u> </u>	es		Yes No		
9 PAYMENT & II			<u> </u>	atory) (De	ails of acco	unt from w	hich investmen	has heen	done.)						
_	WESTIMENT L		- (marra	mory/(De	Lano-or acco	ant from W	on investment				Out to				
Scheme								Pl	an Regula	r Direct	Option				
mount gures)			Payme	ent mode	Cheq	ue 🗌 D	D Fund	Transfer	RTGS/NEF	Τ	Instrument no	Cheq	ue/DD/UTR/UMR No.		
Account No.			A/d	c Sav	/ing 🔲 Cu	rrent	NRO NR	E _ FCI	IR Others	Please specify	Instrument D	ate 🗖	D M M Y		
ank								Ві	anch						
ypes of Investment		mpsum	1 🗆	Lumpsum	ı + SIP	(for SIP n	lease fill senarati	e SIP cum N	landate registration	ı form)					
				poun		, o p				,					
LEI No.									alid Upto	D M M Y	YYY				
Note: LEI no. is Ma	andatroy for tra	nsactio	n amount	50 crs ab	ove for Nor	individua	I. LEI number o	of 360 ON	E Mutual Fund is	335800JVNCKD	JJFV1I16				
10 UNITHOLDING	OPTION		De	emat Mod	e 🔲 F	hysical N	<b>lode</b> These d	etails are con	pulsory if the investor	wishes to hold the unit	s in DEMAT mode.				
lease ensure that t	<u>.</u>					tion form	matches with	hat of the							
	National Sec	urities	Deposit	ory Limit	ed (NSDL)				Central	Depository Sec	urities Limite	d (CDSL)			
DP ID No. Ber	neficiary Accou	nt No.	1 1	N				Target ID	No.						
Enclosures (Please ti	ick any one hox)		Client Ma	aster List (	CML)	Tra	nsaction cum l	Holding St	atement	Cancelled D	elivery Instruct	ion Slin (DI	S)		

360 Z

360 ONE Asset Management Limited (Formerly known as IIFL Asset Management Limited)

7th Floor, 360 ONE Center, Kamala Mills Compound, Lower Parel, Mumbai - 400013.

Email ID: service@360.one

Toll-free no. 1800-2108-606 | Website: www.iiflmf.com

I / We hereby confirm that I / We do not w	tale to an actual continuous													
nominee(s) and further are aware that in c authority, based on the value of assets hel	case of death of all the	account holder(s), my / our												
First Unitholder/ Guardian	/ POA	Seco	nd Unitholder		Third Unitholder									
PART B – NOMINATION OPT-IN														
I/We hereby Nominate the person(s) more	e particularly described	I hereunder to receive the L	Jnits held my/our Folio/s listed below i	n the even	t of my / our	death.								
Details	Nomine	e 1	Nominee 2		Nominee 3									
Nominee Name														
Nominee Address														
Relationship with the Investor														
Allocation % (Total to be 100%)														
Nominee PAN														
Mobile No.														
Email ID														
Date of Birth	(D D / M N	I / Y Y Y Y)	(D D / M M / Y Y Y )		(D D / M M / Y Y Y Y)									
		In case if Nomin	ee is a Minor (Mandatory)											
Guardian Name														
Guardian Address														
Guardian's Relationship with the Minor (attach Proof)														
Nominee/Guardian Signature														
12 POWER OF ATTORNEY (POA) HOL	DER DETAILS						PAN	1						
First Applicant POA Name														
Second Applicant POA Name														
Third Applicant POA Name														
13 DECLARATION & SIGNATURES														
I/ We have read, understood and agree to come the Scheme(s), Foreign Account Tax Comp Privacy Policy of 360 ONE Asset Managem and all applicable rules and regulations and disclosed to me/us all the commissions (in the Scheme is being recommended to me/us. In United States persons as per applicable Reference Resident External / Non-Resident Ordinary I/We hereby accord my/our consent and he third party or another body corporate or any Authority of India ("UIDAI") by itself or throug me through any mode of communication. (ii mobile number and email provided by me/us	liance Act and Commonent Limited (360 ONE) hereby confirm that I/I the form of trail comminer NRIS / PIOS / FPIS egulations or (ii) resided / FCNR Account maintereby authorize 360 Operson acting under a ghits Registrar and Trail I/We hereby accord	on Reporting Standards, st AMC) (Formerly known as We have not received nor be ssion or any other mode), ponly: I / We confirm that I as ents of Canada, and I / we ained in accordance with a NE AMC/Fund for (i) collect lawful contract with 360 Of ansfer Agent ("RTA"). I here my/our consent to 360 ON	atutory requirements prescribed by S s IIFL Asset Management Limited) avenen induced by any rebate or gifts, do payable to him for the different compean / we are Non-Resident Indians / F have remitted funds from abroad thropplicable RBI guidelines. string, receiving, possessing, storing, NE AMC, in accordance with the Prive by authorize the representatives of 36 au 1975.	SEBI, AMFI railable on rectly or in- biting Scher Person(s) o bugh appro- dealing, ha acy Policy. ( 50 ONE Ass	, Prevention the website directly, to a mes of varie of Indian Or eved banking andling or co (ii) validating set Manage	n of More of 360 make this ous Mutu igin / Fo ig chann isclosur g/authe ement Li	ney Lar ONE M is investigated Fur- preign Funels or the of my intication	undering / Mutual Fur stment. The nds from a Portfolio Ir from fund y/ our Per ng with Un and its Ass	Act, 20 nd ww ne ARN among nvesto Is in m rsonal nique lo sociate	002 (PMLA), w.iiflmf.com N holder has st which the rs but not (i) y / our Non- Data to the dentification es to contact				
First Unitholder/ Guardian	/ POA	Seco	nd Unitholder			Third I	Unitho	older						

11 NOMINATION (Mandatory) (Please ü and confirm the option selected)