Signature, Stamp & Date

asset 360 Z **COMMON APPLICATION FORM**

Distributor Name	& ARN No.	Sub-Broker C	ode Employee Uni	que Identification No.*	RIA Name & RIA Code [#]	Date & Time of Receipt
6491	7		E4	134563		
However, in case of any exc I/We hereby confirm that t distributor/sub broker or no	ceptional cases where the EUIN box has be twithstanding the advi	e there is no such inte en intentionally left ice of in-appropriater	eraction, the investor can keep E blank by me/us as this transac ness, if any, provided by the emp	UIN box blank and sign the follo tion is executed without any in loyee/relationship manager/sal	wing declaration;	
	older/ Guardian/ I		-	econd Unitholder	of various factors including the s	Third Unitholder ervice rendered by the distributor.
TRANSACTION Please ticl	CHARGES	I am a Firs (₹ 150 will be	t time investor across Mu deducted)	tual Funds OR	I am an existing investor (₹ 100 will be deducted)	·
1 EXISTING UNITH	OLDERS DETAIL	.S				
Existing Folio No.			Name of Sole/ First Unit	Holder		
			letails, investor address and co		is per existing information under t	he given folio. Proceed directly to section 7.
2 NEW APPLICAN	T'S DETAILS (F	Please fill in BLOCK	LETTERS with black/blue ink a	ind read the instructions carefu	Illy, on page 1 to 4 before filling u	p the form
Name of Entity/Sole	/First Applicant	Mr. Ms.				
PAN/PEKRN			KYC Yes No	Mode of Holding (Please -) Single Joint	Either/ Anyone or Survivor (Default Option
Date of Birth (Mandatory f	or Minor Applicant)			Proof of Birth (Please -	Passport Birt	h Certificate Others
	,		OP/BOI Minor thro	·		
Status Please (✓)	ent Individual any/Body Corporat			ugh Guardian	IUF Trust /Charities / N O Bank FPI (as a	IGOS Society FI N and when applicable) Government Bo
		CRS & Ultimate Benefic	cial Ownership (UBO) Self Certificati	on Form is mandatorily, and should	be filled separately)	
	idual investors, FATCA,					
(For Non-Individual Invest	tors involved/prov		mentioned services		nge/ Money Changer Service	
(For Non-Indiv	tors involved/prov		mentioned services		nge/ Money Changer Service ling/ Lottery/ Casino Service	
(For Non-Indiv Non-Individual Invest Please (ü) (Applicable only for	tors involved/prov or Non Individuals)		mentioned services			
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Scheme/ Plan/ Option/ Sub-Option		Amount Rs.	
Please Note : All purchases are subject to realisat	on of payment instrument. This acknowledgment slip is for your reference only	Information on the for	m will be considered final.

Scheme/ Plan/ Option/ Sub-Option

6 BANK AC	CCOUNT DETAILS (Mandatory) (Details of bank account in which redemption, IDCW or other i	payments to be credited.)
Account No. ^{\$}		Account Type Savings Current NRO NRE FCNR
Bank Name	(Do not abbre	viate)
Branch	City	Pin Code
IFSC Code*	MICR Code*	(IFSC/ NEFT code required for Direct credit)

Please provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (9). 360 ONE Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. ^sFor unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. * indicates - Mandatory.

7 FATCA and CR	S DETAILS F	or Individ	duals (N	landatory) Non Indiv	vidual inv	vestors incl	uding HU	IF mand	atorily fill s	eparate FATC	A/CRS d	etails for	m		
Sole	First Applica	nt/Guard	ian				2nd App	licant					3rd App	olicant		
Country#	Tax Paye Ref. ID N	er [@] No		ication pe	Coun	itry#	Tax Pa Ref. II	iyer [@]) No		tification Type	Country	r#	Tax Pa Ref. II	ayer [®] D No		ification Type
1					1						1					
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3					3						3					
[#] Please indicate all Cou [®] In case Tax Identification	ntries in which y on Number is no	ou are a re t available,	sident fo kindly pr	r tax purpos ovide its fui	e, associated	l Taxpayer alent.	r Identification	Number ar	id it's Ider	ntification type	e eg. TIN etc.					
Sole/	First Applica	nt/Guard	ian				2nd App	licant					3rd App	olicant		
Country of Birth					Country	of Birth					Country of	Birth				
Country of Nationa	lity				Country	of Natior	nality				Country of	Nationali	ty			
In case Country of Tax F	Residence is onl	ly India the	n details	of Country of	of Birth & Nati	onality ne	ed not be prov	ded.			ļ					
8 ADDITIONAL M	YC DETAILS	(Mandato	ry. Pleas	e read inst	ructions no	5 & 6 und	er APPLICAN	T'S INFOR	MATION.	.)						
OCCUPATION	Profession	al Agricu	ulturist	Housewi	fe Retired	Goveri	nment Servi	ce/Public	: Sector	Business	Forex Dealer	Studen	t Privat	e Sector	Service	Others
1st Applicant]								
2nd Applicant]								
3rd Applicant]								
Guardian]								
GROSS ANNUAL I	NCOME DET	AILS^	Belo	w 1 Lac	1-5 Lacs	1-5 Lacs	s 5-10 Lac	s 10-25	Lacs	25 Lacs-1	Crore >1 Cror	e NE	T-WORT	H IN ₹		Date
1st Applicant												(Ne	t worth	should	DDM	МҮҮҮҮ
2nd Applicant												r	not be o	lder	DDM	МҮҮҮҮ
3rd Applicant												1	han 1 y	ear)	DDM	МҮҮҮҮ
Guardian															DDM	МҮҮҮҮ
PEP DETAILS						1s	t Applicant		2nd	Applicant	3r	d Applic	ant		Guardia	an
Are you a Politically	Exposed Per	son (PEP)				Yes 🗌 N	0	Y	es 🗌 No		Yes	No		Yes	No
Are you related to a			`	EP)			Yes 🗌 N	0	Y	es 🗌 No		Yes	No		Yes [No
^Please attach Proo																
9 PAYMENT & IN	VESTMENT	DETAILS	(Manda	tory) (Deta	ails of accou	nt from w	hich investm	ent has be	en done.)						
Scheme									Plan	Regula	r Dire	ct Opt	ion			
Amount (figures)			Payme	nt mode	Chequ	e 🗌 D	D 🗌 Fu	nd Transf	er	RTGS/NEF	т	Instrun	nent no.	Chec	ue/DD/UTR	2/UMR No.
Account No.			A/c	Sav	ng 🗌 Cur	rent	NRO 🗌 M	ire 🗌 i	CNR	Others	Please specify	Instru	ment Dat	te D	DM	M Y Y
Bank									Branch							
Types of Investment	Lu	mpsum		Lumpsum	+ SIP	(for SIP p	olease fill sepa	ate SIP cu	m Manda	te registratior	n form)					
LEI No.									Valid U	Jpto D	D M M	YYY	(Y			
Note: LEI no. is Ma	ndatroy for tra	nsaction a	amount	50 crs abo	ove for Non	individua	II. LEI numbe	r of 360 (ONE Mut	tual Fund is	335800JVNCk	DJJFV1I	16			
10 UNITHOLDING	OPTION		De	mat Mode	PI	hysical N	lode Thes	e details are	compulsor	y if the investor	wishes to hold the u	units in DEM	AT mode.			
Please ensure that th						on form	matches wit	h that of	the acco		,		,	<u> </u>		
	National Se	curities D)eposito	ory Limite	d (NSDL)					Central	Depository S	ecurities	Limited	(CDSL)		
DP ID No. Ben	eficiary Accou	nt No.	IN					Target	ID No.							
Enclosures (Please tic	k any one box)		lient Ma	ster List (C	CML)	Tra	ansaction cur	n Holding	Statem	ent	Cancelled	Delivery	Instructio	on Slip (D	IS)	



*

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

PART A – NOMINATION OPT-OUT

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder

PART B – NOMINATION OPT-IN

I/We hereby Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death.

Details	Nominee 1	Nominee 2			No	minee	e 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 M / Y Y Y)	(D D / M M / Y Y Y)		(D [D / N	M/	ΥΥ	YY)	
	In case if Nomir	nee is a Minor (Mandatory)							
Guardian Name									
Guardian Address									
Guardian's Relationship with the Minor (attach Proof)									
Nominee/Guardian Signature									
12 POWER OF ATTORNEY (POA) H	HOLDER DETAILS				PA	N			
First Applicant POA Name									
Second Applicant POA Name									
Third Applicant POA Name									

13 DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund www.iflmf.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I and / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNRAccount maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.