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SIP REGISTRATION CUM MANDATE FORM (For investment through NACH)

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| This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me. |
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| 360 SYSTEMATI (Registration / Ca | | FER PLAN (S | TP) | A | pplication No. |
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| | oker Code Empl | oyee Unique Identification No.* | RIA Name & RIA Code [#] | Date & Ti | me of Receipt |
| ARN-64917 "Purpose of EUIN is to capture the identification of the sale: However, in case of any exceptional cases where there is no I/We hereby confirm that the EUIN box has been intention distributor/sub broker or notwithstanding the advice of in-app #I/We hereby give my/our consent to share/ provide transac | nally left blank by me/us as t propriateness, if any, provided | his transaction is executed without any int by the employee/relationship manager/sale | teraction or advice by the emplo s person of the distributor/sub bro | oyee/relationship manago bker. | Execution only" or "Advisor er/sales person of the abo |
| First Unitholder/ Guardian/ POA Upfront commission shall be paid directly by the investor to | the AMFI registered Distribu | Second Unitholder | of various factors including the se | Third Unitholo | |
| Please (✓) any one. NEW REGIST | | CELLATION | - | | |
| Folio No. of 'Transferor' Scheme (for existing U | nit holder) / Application | No. (for new investor) | | | |
| Name of the Applicant | | PAN | / PEKRN Details | | KYC is mandatory# Please (✓) |
| Name of First/Sole Applica | nt | PAN# or PEKRN# | | | |
| Name of Guardian in case First/Sole App | licant is a minor | PAN# or PEKRN# | | | |
| Name of Second Applican | t | PAN# or PEKRN# | | | |
| Name of Third Applicant | | PAN# or PEKRN# | | | |
| | r Direct Plan must mentio | n "Direct" against the Scheme name) | | | |
| Scheme STP In Scheme (Investors applying unde | r Direct Plan must mentio | n "Direct" against the Scheme name) | | Option | |
| Scheme | | Plan | | Option | |
| For Systematic Transfer Plan (STP) - Fixed Am | ount Option | | | | |
| Amount of Transfer per Installment (Minimum Rs 1, | 000/-): Rs. | | | | |
| Daily Weekly [Day of Transfer Weekly [Class of average] Monday Tue | esday* Wednesday | Thursday Friday From: | | Y To: D D M | M Y Y Y Y |
| (Please ✓ any one)] (Nonicay rue | | Onth (1st to 28th) (Default is 7th) | Enrolment Period | From: | |
| Fortnightly [Day of Transfer (Please √ any one)] | 1st & 14th OR | 7th & 21st (Default is 1st & 14th) | | To: DDN | |
| For Systematic Transfer Plan (STP) - Capital A | npreciation Option | · · · · · · · · · · · · · · · · · · · | | To: DDM | |
| <mark> Monthly</mark> Date of Transfer (Please ✓ any one. No other date can be specifie | 1st 7th | 14th21st | Enrolment Period | From: DDM | 1 M Y Y Y Y |
| Signatures Declaration: I/ We hereby declare and confirm that I/we ha Plan (STP) and the relevant Scheme(s) and hereby apply to he commissions (in the form of trail commission or any other | ve read and agree to abide by the Trustees for enrolment un mode), payable to him/them fo | the terms and conditions of the scheme rel der the STP in the following Scheme(s)/Plar or the different competing Schemes of variou | ated documents and the terms & n(s)/Options(s). The ARN holder us Mutual Funds from amongst w | conditions mentioned ov AMFI registered Distribu hich the Scheme is being | verleaf of Systematic Tran tor) has disclosed to me/u recommended to me/us. |
| First Unitholder/ Guardian/ POA | | Second Unitholder | | Third Unitholo | der |

| | EDGMENT SLIP by the Applicant) | ARN No: | | Application No. |
|---------------------------|-----------------------------------|---------|--|-------------------------|
| Received from | | ʻS1 | TP' application for transfer of Units; | |
| From Scheme/ Plan/ Option | | | | |
| To Scheme/ Plan/ Option | | | | Signature, Stamp & Date |

asset SYSTEMATIC WITDRAWAL PLAN (SWP) 360 FOR EXISTING UNIT HOLDERS ONLY

Application No.

| Distributor Name & ARN No. | Sub-Broker Code | Employee Unique Identification No.* | RIA Name & RIA Code [#] | Date & Time of Receipt |
|---|--|---|---|--|
| ARN-64917 | | E434563 | | |
| *Purpose of EUIN is to capture the ide "Execution only" or "Advisory". However | entification of the sales persor r, in case of any exceptional ca | n/employee/relationship manager of the distri ses where there is no such interaction, the inve | butor interacting with the inve stor can keep EUIN box blank | stor, irrespective of whether the transaction is and sign the following declaration; |
| Declaration for "execution-only" tran | saction (only where EUIN box | is left blank). | | |
| I/We hereby confirm that the EUIN bo manager/sales person of the above disi distributor has notcharged any advisory | tributor or notwithstanding the | plank by me/us as this is an "execution-only' advice of in-appropriateness, if any, provided | ' transaction without any inter by the employee/relationship | action or advice by the employee/relationship manager/sales person of the distributor and the |
| Upfront commission shall be paid direct | ly by the investor to the AMFI re | egistered distributor based on the investor's as | sessment of various factors inc | cluding the service rendered by the distributor. |
| First/ Sole Applicant/ 0 | Guardian | Second Applicant | | Third Applicant |
| UNITHOLDERS DETAILS | | | | |
| Folio No. | 1 | Name of Sole/ First Unit Holder | | |
| Upfront commission shall be paid direct For details on transaction charges paya | | | assessment of various factors i | ncluding the service rendered by the distributor. |
| I would like to opt for Systematic W | ithdrawal Plan | | | |
| SYSTEMATIC WITHDRAWAL PLAN | N (SWP) | | | |
| From Scheme | | | | Plan (✓) □ Direct □ Regular |
| Option (<) Growth Divi | idend Payout Dividen | d Reinvestment Dividend Frequency | Frequency (<) | Monthly Bi - Monthly (Default Option) [#] |
| Withdrawal Preference (\checkmark) Fixe | ed Amount (Minimum ₹1,000/- | -) Appreciation Amount per Wi | thdrawal ₹ | |
| Dates () Monthly Option</td <td>1st 7th 14th</td> <td>21st of every month Bi-Mont</td> <td>hly Option[#] 13th of bi-m</td> <td>onth (In case of investment in 360 ONE Liquid Fund)</td> | 1st 7th 14th | 21st of every month Bi-Mont | hly Option [#] 13th of bi-m | onth (In case of investment in 360 ONE Liquid Fund) |

Declaration: Having read & understood the contents of the Scheme Information Document of the Transferor and Transferee Scheme. I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).

То

For NRIs only: I/We confirm that I am/we are the Non-Residents of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/Ordinary Account/FCNR Account.

| Signature of Sole / First Applicant / Guardian / | Signature of Second Applicant / | Signature of Third Applicant / |
|--|---------------------------------|--------------------------------|
| POA / Authorised Signatory | POA / Authorised Signatory | POA / Authorised Signatory |

To be signed by unit holders as per mode of holding opted. To be signed by all unit holders if units are held jointly. Please strike off section(s) that are not filled by you, to avoid unauthorised use. [#]Applicable only for investment in 360 ONE Liquid Fund.

*In the event that such day is a holiday, the withdrawal would be effected on next business day.

Withdrawal Period: From

| | Application No. |
|--|-----------------|
| Form for Systematic Withdrawal Plan (SWP) (For Existing Unit Holders only) | |
| | |
| ARN No: | |
| | |
| Option | |
| | |
| ł | ARN No: |

NOTE: I his acknowledgment slip is for your reference only. Information on the form will be considered that