Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

COMMON APPLICATION FORM FOR MULTIPLE SCHEMES

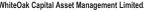


(For all schemes of WhiteOak Capital Mutual Fund except NFO schemes)

Application No.

Please read the Instructions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

1. DISTRIBUTOR INFORMATION*					(Please Refer instruction no. 1)
Name & Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-64917			E434563		
**By mentioning RIA/PMRN code, I/We author scheme(s) of WhiteOak Capital Mutual Fund. (Declaration & Signatures section overleaf. Upfron the investor's assessment of various factors	(Please ✓ if applicable) Incase the lont commission "if any applicable" so, including the service rendered by	EUIN box has been left bla hall be paid directly by the the distributor.	ink, please refer the point reinvestor to the AMFI registe	elated to EUIN in the red distributor, based *(Default C	<u>' </u>
2. TRANSACTION CHARGES FOR I confirm that I am a First time investor		H DISTRIBUTORS (OR	•	<u> </u>	(Please Refer instruction no. 2)
	iii iviutuai i uiius.			I confirm that I am an existi	
3. FOLIO NUMBER				io number mentioned alongside will a	
4. APPLICANT(S) NAME AND INFO	ORMATION (If the 1st / Sole	Applicant is Minor, th	en please provide deta	ils of natural / legal guardian) (Please Refer instruction no. 4)
SOLE / FIRST APPLICANT Mr. / Ms. / M/	s. Name as per PAN	Card			
LEI Code for Non Individuals				(Please Refer instr	ruction no. 4a)
PAN		CH	(YC ID No. (KIN)		=
POA / GUARDIAN (In case 1st Applicant is				Relationship	with Minor (Please √)
Mr. / Ms. / M/s.	Name as per PAN Card			Mother	Father Legal Guardian
POA / GUARDIAN CKYC ID No. (KIN)			POA / GUARD	IAN PAN	
*Date of Birth / Incorporation (Individual) (Non-Individual)	YYYY	Proof of Date of Birth (Ple (For minor appli	case •)		.eaving Certificate / Mark Sheet (Please specify)
Mobile / Email ID Details - Please confirm	n that the Mobile No. and Email ID b	pelongs to (Please ✓ below	v)		(Please refer instructions 4[f])
Mobile		•		torily receive all communication. Email Id should be provided	ons, Statement of Accounts and in block letters.
(Pls ✓) □ SE – Self □ SP - Spouse, □ [DC - Dependent Children	Dependent Siblings []	DP- Dependent Parents	☐ GD- Guardian ☐ PM – PMS	i
E-mail					
(PIs \checkmark) \square SE – Self \square SP - Spouse, \square D	DC - Dependent Children	Dependent Siblings	DP- Dependent Parents	☐ GD- Guardian ☐ PM – PMS	☐ CD – Custodian ☐ PO - POA
Status: Resident Individual (Mandatory, Please ✓)		NRI-Non Repatriation		☐ Trust ☐ HU	_
willor through gu		Fils	☐ PIO		ciety/Club Sole Proprietorship
· ·		NBFC	Bank	Others	
Non-Individual investors will require to fill separa fill a separate NPO form available on our website	te FATCA & Ultimate Beneficial Ow e mf.whiteoakamc.com.	nership (UBO) Form. Entiti	es registered as Non-Profit		cieties, etc will also be required to ins of FATCA, UBO & NPO Form)
Occupation: Private Sector Ser	vice Public Sector Service	Government Service	Business	☐ Professional ☐ Ag	riculturist
(Mandatory, Please ✓) ☐ Housewife	Student	Forex Dealer	Others	(please specify)	·
Gross Annual Income: Below 1 Lac	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	>25 Lacs-1 crore	>1 crore
OR Net worth* (for I	<u> </u>	_		as on DDMMY	(Not older than 1 year)
For Individuals [Please ✓]: ☐ I am Politica For Non Individuals, if involved in any of the b (i) Foreign Exchange / Money Changer Service	pelow mentioned services, please			□ Not applicable No (iii) Money Lending / Pawr	(^Please refer instruction 4.d) ning □ Yes □ No
Acknowledgement Slip (To be filled in	n by the Investor)				
Application No.					Collection Centre / WOCAMC Stamp & Signature
Received from Mr. / Ms			Date:/		
[Please Tick (✓)] Enclosed ☐ PAN/P	EKRN Proof KYC Co	omplied			



WhiteOak Capital Asset Management Limited.
Registerd Office: Unit No. B4, 6th Floor, Cnergy, Appasaheb Marathe Marg,

Prabhadevi, Mumbai – 400025
Toll Free Number: 1800 3000 3060 | Fax +91-22 62301191 | https://mf.whiteoakamc.com | CIN : U65990MH2017PLC294178







TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

5. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	l cheque)			Please Refer instruction no. 5)
	- Cheque		(Please Refer Instruction no. 5)
Name of the Bank				
Account No.	Account Type	□ NRE □ Current	☐ Savings ☐ NRO	Others
Bank Branch	Address			
Bank City	State		Pincode _	
MICR Code (9 digits) §IFSC Code	for NEFT / RTGS			1 Digit Number, kindly obtain cheque copy or Bank Branch.
6. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS				Please Refer instruction no. 6)
Mode of Holding: ☐ Single ☐ Joint ☐ Any	yone or Survivor*		*(Please note that the Defaul	t option is Anyone or Survivor)
6a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no join	nt holders) [Name and D	OB shall be as per PAN Card	ıj	
Name* Mr / Ms.				
Date of Birth* D D M M Y Y Y Y PAN/PEKRN*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	n			
Occuption: Private Sector Service Public Sector Service Govt	. Service Business	Professional	Agriculturist Retired	Housewife Student
	o □ CD Cuardian □ DC	December Children DC	Dependent Siblings DD DC	annudent Desente D. DO. DOA
Email:	e 🗌 GD - Guardian 🔲 DC	- Dependent Children	- Dependent Sibilings	ependent Palents PO-POA
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Siblings	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs		☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	kposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint h	nolders) [Name and DOB			
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: Resident Individual NRL Repatriation NRL Non Repatriation	n			
(Mandatory, Please ✓) Occuption:		Professional	Agriculturist Retired	Housewife Student
Mobile: (Pls ✓) □ SE - Self □ SP - Spous	e 🗌 GD - Guardian 🔲 DC	- Dependent Children DS	- Dependent Siblings 🔲 DP - De	ependent Parents
Email:				
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Siblings	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs (Mandatory, Please ✓)	s	☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	cposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
7a. MAILING ADDRESS			A PAN	
Local Address of 1st Applicant				
City			State	
Pin Code	Tel. Resi		Tel. Off.	
7b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applie	cant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
			Zip Cod	e:
Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details Cheque/DD No./UTR No.	
outette ratile	Fian / Option	Het Amount Faiu (\)	(in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				



https://mf.whiteoakamc.com

EMAIL: clientservice@whiteoakamc.com | WEBSITE:

FREE NUMBER:

100

8. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please Refer instruction no. 7) Please read Instruction No. 7 for the Terms and Conditions of Multiple Scheme Investments and refer to Scheme Information Document, Statement of Additional Information, Key Information Memorandum and Addendums issued of the respective section for the applicability before filling this section. Name of the Schemes Plan Please (√) Option & Sub-Option Please (</) Investment Amount (₹) No ☐ Growth 1. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment ☐ Growth 2. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment ☐ Growth 3. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment □ Growth □ IDCW Payout □ IDCW Re-investment □ Regular □ Direct In case of Multiple Scheme, the Cheque/DD to be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and in case of single TOTAL AMOUNT scheme, the Cheque /DD to be drawn in favour of Scheme Name. For e.g. "WhiteOak Capital Flexi Cap Fund' and the cheque amount should match with Total Investment amount mentioned here. Payment Type (Please √) Non-Third Party Third Party Payment (Pls fill third party declaration form) **Payment Details** Lumpsum ■ Normal SIP (Pls fill SIP registration & OTM form) Amount (INR) Mode of Payment (Please √) Cheque / DD No. / UTR No. Cheque / DD No. / UTR No. ☐ Cheque / DD ■ NEFT/RTGS Bank Name & Date Bank Name & Date Drawn on Bank & Date Use Existing One Time Debit Mandate (If already registered in the Folio) (Please vif applicable and provide the existing bank details) # If the payment mode is OTM, then the debit instructions will be sent to investor's bank within 1 working day from the date of application. 9. UNIT HOLDING OPTION **DEMAT MODE*** PHYSICAL MODE (Default) (Please Refer instruction no. 8) П *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode. National Securities Depository Limited Central Depository Services (India) Limited **DP Name DP Name** DP ID IN Beneficiary A/c No. Beneficiary A/c No. Enclosures - Please (🗸) 🔲 Client Masters List (CML) 🔲 Transaction cum Holding Statement 🖂 Delivery Instruction Slip (DIS) 10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Please Refer instruction no. 9) → Non-Individual investors will require to fill separate FATCA & Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com . (Refer instructions of FATCA, UBO & NPO Form) The below information is required for all applicants/guardian Place/City of Birth Country of Citizenship / Nationality **Particulars** Country of Birth First Applicant / Guardian ☐ Indian ☐ U.S. ☐ Others (Please specify) ☐ Indian ☐ U.S. ☐ Others (Please specify) Second Applicant Third Applicant ☐ Indian ☐ U.S. ☐ Others (Please specify) Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? \square Yes \square No [Please tick (✓)] If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries. If TIN is not available please tick (</ Identification Type Tax Identification Number or **Particulars** Country of Tax Residency the reason A, B or C (as defined below) Functional Equivalent (TIN or other please specify) First Applicant / Guardian Reason · A В□ С Second Applicant Reason: A В□ С Third Applicant Reason: A В□ С□

□ Reason C ⇒ Others, please state the reason thereof:

*Address Type of Sole/1st Holder:

□ Reason B

□ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

*Address Type of 2nd Holder:

Business

Business

*Address Type of 3rd Holder:

Registered Office

Residential

[☐] Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office

*If the address type is not ticked the default will be considered as residential.

FATCA CRS/UBO Declaration

Non profit organization (NPO) form



my/our credit in my/our folio in the ever payment and settlements made to such	nt of my/our	death. I/We	also under		OR OR I / We hereby confirm the units held in my/our mu of nominee(s) and furth	itual fund	olio and und	derstand the issu	ies involved in	non-appointme
acknowledging receipt thereof, shall be a										
(Please fill the nominee details in the	table given	below)			such competent authori			•	,	
If you do not wish to no	ominate (Opt O	ut of Nominat	tion), it is man	datory to sign as	per the mode of holding in signature s	space provid	led below i.e.	in Nomination Detai	ils section	
Name and Address of Nominee(s)	Relationship with Applicant		Date of B	Date of Birth Name and Address of Guardian		Się	Signature of Nominee (Optional)/		Proportion (%) in whice the units will be shared	be shared by
Name and Address of Norminee(s)			(to be furnished in case the Nominee is a minor)		Gua	Guardian of Nominee (Mandatory	inee (Mandatory)	each Nominee (should aggregate to 100		
Nominee 1										
Nominee 2										
Nominee 3										
ignature(s) All Unit holders are requested to	sign here, irres	spective of the	e mode of hole	ding.						
Sign of 1st Applicant / Guardia					of 2nd Applicant			Sign of 3rd	Applicant	
2. DECLARATION AND SIGNATUR e hereby confirm and declare as under I/We have read a lenda thereto, issued from time to time and the instruction. regulations of the relevant Scheme(s). I/We have neither timate sources only and is not designed for the purpose of	RES*							((Please Refer ins	truction no. 1
irm that the funds for subscription have been remitted fror mation provided in this form is true and correct to the bes	n abroad through i t of my/our knowle	n ormal banking edge and belief.	channels or f r o In case any of th	om funds i n my/our ne above specified in	Non-Resident External / Ordinary Account / FC formation is found to be false or untrue or misl	ONR Account (leading or mis	s). FATCA and representing, I/W	CRS Declaration: I/We e shall be liable for it. I/	e hereby acknowledg We also undertake to	e and confirm that keep you informed
irm that the funds for subscription have been remitted from mation provided in this form is true and correct to the bes no about any changes/modification to the above informatic ided by me/us, including all changes, updates to such inforities/agencies including but not limited to the Financial In Please \(\sigma \) if the EUIN space is left blank: I / We hereby condition or notwithstanding the advice of in-appropriatene 3. CONFIRMATION CLAUSE a hereby give consent to the Company or its Authorized A	m abroad through it of my/our knowle on in future and al- or mation as and w ntelligence Unit-In- firm that the EUIN b sss, if any, provided	n ormal banking idge and belief. so undertake to when provided by dia (FIU-IND), th oox has been inte by the employee arty service prov	channels or f r c In case any of th provide any othe y me/us to Mutua ne tax /revenue a entionally left bland r/relationship man	om funds i n my/our le above specified in er additional informa al Fund, its Sponsor authorities and other k by me/us as this is agger/sales person of ormation/data provid	Non-Resident External / Ordinary Account / FC formation is found to be false or untrue or misl tion as may be required at your end. I/We here Asset Management Company, trustees, their investigation agencies without any obligation c an "execution-only" transaction without any interact the distributor and the distributor has not charged ed by me to contact me through any channel or	CNR Account (leading or mis by authorise to employees ("ti of advising me ction or advice any advisory fi	s). FATCA and representing, I/W you to disclose, sine Authorised Par us of the same. by the employee/reses on this transaction including but	CRS Declaration: I/W e shall be liable for it. I/ hare, remit in any form, rties') or any Indian or f elationship manager/sale: tion.	e hereby acknowledg We also undertake to mode or manner, all/ oreign governmental s person of the above	e and confirm that keep you informany of the informany or statutory or jud
firm that the funds for subscription have been remitted from mation provided in this form is true and correct to the bes ng about any changes/modification to the above informativided by me/us, including all changes, updates to such informities/agencies including but not limited to the Financial Information or the subscription of the financial limited to the Financial Information or notwithstanding the advice of in-appropriatene as CONFIRMATION CLAUSE. The the teneby give consent to the Company or its Authorized A disclosure of the information contained herein to its affiliate en that all personal or transactional related information col privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy as available at the website of the Company privacy policy and privacy policy privacy policy as available at the website of the Company privacy policy privacy policy privacy policy at the privacy policy privacy p	in abroad through it of mylour knowle to finylour knowle on in future and ali ormation as and w intelligence Unit-In- firm that the EUIN b sss, if any, provided segents and third pa es/group compani lected/provided by	n ormal banking ddge and belief, so undertake to when provided by dia (FIU-IND), the pox has been inte by the employee arty service pro- ies or their Auth- y me can be sha	channels or f r of In case any of the In case any of the In case any of the Income and Income	om funds in my/our le above specified in er additional informa al Fund, its Sponsor authorities and other k by melus as this is agger/sales person of ormation/data provid Third Party Service and disclosed with the	Non-Resident External / Ordinary Account / FC formation is found to be false or untrue or mist formation is found to be false or untrue or mist formation as may be required at your end. I/We here , Asset Management Company, trustees, their investigation agencies without any obligation can "execution-only" transaction without any interact the distributor and the distributor has not charged ed by me to contact me through any channel or Providers in order to provide information and use above mentioned parties including with any residence.	NR Account (leading or mis byo authorise e employees (ti of advising me ction or advice any advisory fi of communica pdates to me egulatory, stati	s), FATCA and representing, from to disclose, si ne Authorised Parus of the same. by the employee/represent this transaction including but on various financitory or judicial authory or judicial authors.	CRS Declaration: I/W e shall be liable for it. I/ hare, remit in any form, rties') or any Indian or f lationship manager/sale: lotion. not limited to email, tel ial and investment prod thorities for compliance	e hereby acknowledg We also undertake mode or manner, allo oreign governmental s person of the above lephone, sms, etc. ar uucts and offering of c	e and confirm that keep you information any of the information or statutory or judy or statutory or judy and further authorise there services. I/W.
irm that the funds for subscription have been remitted from mation provided in this form is true and correct to the bes ng about any changes/modification to the above informatio ided by me/us, including all changes, updates to such inforities/agencies including but not limited to the Financial limites/agencies including but not limited to the Agencies and the substitution of the Company or its Authorized Adisclosure of the information contained herein to its affiliate that la personal or transactional related information col privacy policy as available at the website of the Company. Yes No Please tick () any	in abroad through it of mylour knowle to finylour knowle on in future and ali ormation as and w intelligence Unit-In- firm that the EUIN b sss, if any, provided segents and third pa es/group compani lected/provided by	n ormal banking ddge and belief, so undertake to when provided by dia (FIU-IND), the pox has been inte by the employee arty service pro- ies or their Auth- y me can be sha	channels or f r of In case any of the In case any of the In case any of the Income and Income	om funds in my/our le above specified in er additional informa al Fund, its Sponsor authorities and other k by melus as this is agger/sales person of ormation/data provid Third Party Service and disclosed with the	Non-Resident External / Ordinary Account / FC formation is found to be false or untrue or misl tion as may be required at your end. I/We here Asset Management Company, trustees, their investigation agencies without any obligation or an "execution-only" transaction without any interact the distributor and the distributor has not charged ed by me to contact me through any channel or Providers in order to provide information and u	NR Account (leading or mis byo authorise e employees (ti of advising me ction or advice any advisory fi of communica pdates to me egulatory, stati	s), FATCA and representing, from to disclose, si ne Authorised Parus of the same. by the employee/represent this transaction including but on various financitory or judicial authory or judicial authors.	CRS Declaration: I/W e shall be liable for it. I/ hare, remit in any form, rties') or any Indian or f lationship manager/sale: lotion. not limited to email, tel ial and investment prod thorities for compliance	e hereby acknowledg We also undertake mode or manner, allo oreign governmental s person of the above lephone, sms, etc. ar uucts and offering of c	e and confirm that keep you information any of the information or statutory or judy or statutory or judy and further authorise there services. I/W.
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^{1.} Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.