

5. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled 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 _____ [§]This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

6. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS (Please Refer instruction no. 6)

Mode of Holding: Single Joint Anyone or Survivor* *(Please note that the Default option is Anyone or Survivor)

6a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name* Mr / Ms. _____

Date of Birth*

D	D	M	M	Y	Y	Y	Y
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 PAN/PEKRN* _____ CKYC / KIN _____

Status: (Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

Occupation: Private Sector Service Public Sector Service Govt. Service Business Professional Agriculturist Retired Housewife Student
 Forex Dealer Others (Please specify)

Mobile: _____ (Pls ✓) SE - Self SP - Spouse GD - Guardian DC - Dependent Children DS - Dependent Siblings DP - Dependent Parents PO - POA

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 >25 Lacs-1 crore >1 crore as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

For Individuals : (Please ✓) I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

POA Name : (If applicable) _____ POA PAN : _____

6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]

Name* Mr / Ms. _____

Date of Birth*

D	D	M	M	Y	Y	Y	Y
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 PAN/PEKRN* _____ CKYC / KIN _____

Status: (Mandatory, Please ✓) Resident Individual NRI-Repatriation NRI-Non Repatriation

Occupation: Private Sector Service Public Sector Service Govt. Service Business Professional Agriculturist Retired Housewife Student
 Forex Dealer Others (Please specify)

Mobile: _____ (Pls ✓) SE - Self SP - Spouse GD - Guardian DC - Dependent Children DS - Dependent Siblings DP - Dependent Parents PO - POA

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 >25 Lacs-1 crore >1 crore as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

For Individuals : (Please ✓) I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

POA Name : (If applicable) _____ POA PAN : _____

7a. MAILING ADDRESS

Local Address of 1st Applicant _____

City _____ State _____

Pin Code _____ Tel. Resi. _____ Tel. Off. _____

7b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

[Please provide Full Address. P. O. Box address is not sufficient] _____

Zip Code: _____

Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
			Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				

Incase of a single scheme, the Cheque/ DD should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". Incase of multiple schemes, The Cheque/ DD should be drawn favouring "WhiteOak Capital MF Multi Collection A/c".

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 filing this section.

Sr. No.	Name of the Schemes	Plan Please (✓)	Option & Sub-Option Please (✓)	Investment Amount (₹)
1.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
2.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
3.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
4.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
			TOTAL AMOUNT	

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 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 ✓)	<input type="checkbox"/> Non-Third Party	<input type="checkbox"/> Third Party Payment (Pls fill third party declaration form)
Payment Details	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> Normal SIP (Pls fill SIP registration & OTM form)
Amount (INR)		
Mode of Payment (Please ✓)	Cheque / DD No. / UTR No.	Cheque / DD No. / UTR No.
<input type="checkbox"/> Cheque / DD <input type="checkbox"/> NEFT/RTGS		
Drawn on Bank & Date	Bank Name & Date	Bank Name & Date

Use Existing One Time Debit Mandate (If already registered in the Folio) (Please ✓ if applicable and provide the existing bank details)

Bank Name _____ Bank A/c No. _____

* 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)

*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. _____	DP ID IN _____ 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

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes 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.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ 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)
- Reason C ⇒ Others, please state the reason thereof: _____

*Address Type of Sole/1st Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 2nd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 3rd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
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*If the address type is not ticked the default will be considered as residential.

11. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please Refer instruction no. 10)

I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees. **(Please fill the nominee details in the table given below)**

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.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

Signature(s) All Unit holders are requested to sign here, irrespective of the mode of holding.

Sign of 1st Applicant / Guardian

Sign of 2nd Applicant

Sign of 3rd Applicant

12. DECLARATION AND SIGNATURES* (Please Refer instruction no. 11)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that WhiteOak Capital Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the Authorised Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓ if the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

13. CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

Yes No **Please tick (✓) any**

Signature(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian /
Authorised Signatory / POA

Sign of 2nd Applicant /
Authorised Signatory / POA

Sign of 3rd Applicant /
Authorised Signatory / POA

Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓	✓			✓			
HUF / Trust Deed					✓						✓
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non profit organization (NPO) form			✓			✓					

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.