TRANSACTION FORM

Please read the Terms and Condition, KIM, SID, SAI and any addendums issued for the respective schemes



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Sub Broker/Agent ARN Code **EUIN*** Name & Broker Code/ARN/RIA Code** **Sub Agent Code** ISC Date Time Stamp/Reference No. ARN-64917 E434563 ** By mentioning RIA /PMRN code, I/We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please 🗸 if applicable) *Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.) Folio No.: Name of Unit Holder: Middle Name 2. ADDITIONAL PURCHASE KYC compliance status: Please (✓) 1st Applicant O 2nd Applicant O 3rd Applicant Regular Plan O IDCW Payout \bigcirc Scheme ○ IDCW frequency* Growth (Default) Direct Plan ○ IDCW Reinvestment (Default) \bigcirc *IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Term Fund O Non-Third Party Payment Payment Type: Please (√) O Third Party Payment (Please attach 'Third Party Payment Declaration Form') Core Banking A/c No.: A/c. Type Please (✓) ONRE OCURRENT OSAVINGS ONRO Instrument No. / UTR No. Payment Type: Please (√) Amount (₹) Drawn on Bank / Branch, Date ☐ Cheque / DD ☐ RTGS / NEFT 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. 2A. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL) DP Name: DP Name: DP ID I Ν Benef. A/C No. 16 Digit A/C No. Enclosures: Please (✓) Olient Masters List (CML) Transaction cum Holding Statement O Delivery Instruction Slip (DIS) 3. REDEMPTION - I WISH TO REDEEM UNITS / AMOUNT AS UNDER: Regular Plan O IDCW Payout Scheme ○ IDCW Frequency* O Growth O Direct Plan O IDCW Reinvestment *IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Term Fund Amount (in figures) (₹): Or Units (in figures): Or All Units Amount (in words) (₹): Direct Credit to other than Default Bank Account: I / We request you to directly credit the proceeds to my for this transaction, which is one of the multiple bank already registered under the folio. 4. SWITCH REQUEST - I WISH TO SWITCH UNITS / AMOUNT AS UNDER: O Regular Plan **IDCW Payout** ○ IDCW frequency* From Scheme O Growth O Direct Plan O IDCW Reinvestment Amount (in figures) (₹): Or Units (in figures): Or All Units Amount (in words) (₹): Regular Plan O IDCW Payout To Scheme ○ IDCW frequency* O Growth **IDCW** Reinvestment Direct Plan \bigcirc (Default) (Default) *IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Term Fund. 5. DECLARATION AND SIGNATURES I/We have read and understood the contents of the respective Scheme Information Document. Statement of Additional Information and Key Information Memorandum of WhiteOak Capital Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. The ARN holder has disclosed tome/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 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. ☐ 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. **ACKNOWLEDGEMENT SLIP** Folio No.: Additional Purchase Redemption O Switch Date: D D M M Y Y Y

Amount (₹):

or Units:

To Scheme:

lease read the KIM, SID, SAI and any addendums issued for the respective schemes

Please read the

Scheme:

From Scheme (in case of switch): __

COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION



For existing unitholders holding units in physical mode. The relevant section to be filled in are indicated in the title of respective section. Please read documentation requirements and terms & conditions overleaf. Please fill in the information below in English and in BLOCK Letters.

ARN-64917 E434563 DATE: IMPORTANT: Please strike off the unused section(s) to prevent any unauthorised use. A. UNIT HOLDER'S INFORMATION (Mandatory) Folio No(s) Sole/1st Mr. Ms. M/s Applicant B. CHANGE OF BANK MANDATE (Please fill section A+B+G) MANDATORY TO ATTACH OLD AND NEW BANK ACCOUNT PROOF AS GIVEN IN THE INSTRUCTION NO.1 Account Savings Current NRE NRO Others Please Specify Number Type Name of Bank Branch City **Branch Name** 9 Digit MICR code 11 Digit IFSC C. PAN and Date of Birth Updation (Please fill section A+C+G) PAN of Sole/ Date of Enclosed KYC First Applicant/Guardian Birth' Acknowledgement Letter PAN of Second Applicant Date of **Enclosed KYC** Acknowledgement Letter Birth* **Enclosed KYC** Date of PAN of Third Applicant Acknowledgement Letter Birth* D. CONSOLIDATION OF FOLIOS (Please fill section A+D+G) Target Folio (MANDATORY): 1. Consolidation can take place only if a. Names of unit holders, b. Address of unit Source Folio: I/We wish to consolidate all my/our investments under specified folios into one folio. holders, c. Mode of holding, d. Order of unit holders, e. Tax status and Nominee Folios to be consolidated: details are identical in all the mentioned folios. 2. I/We agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios. 3. Bank particulars in the target folio has been retained for your redemption/dividend proceeds E. CHANGE OF IDCW OPTION (Please fill section A+E+G) SCHEME NAME OPTIONS PAYOUT TO REINVESTMENT REINVESTMENT TO PAYOUT REINVESTMENT TO PAYOUT PAYOUT TO REINVESTMENT PAYOUT TO REINVESTMENT REINVESTMENT TO PAYOUT *Please refer to SID,SAI, KIM and Addendums issued for the respective schemes F. CHANGE IN MODE OF HOLDING from Joint to Anyone or survivor or vice-versa (Please fill section A+F+G) Please tick (✓) All unit holders should sign the form irrespective of mode of holding in the folio Joint Anyone or Survivor G. INVESTOR(S) DECLARATION & SIGNATURE(S) I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. 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. I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment. I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. SIGNATURE OF SOLE / FIRST APPLICANT SIGNATURE OF SECOND APPLICANT SIGNATURE OF THIRD APPLICANT