

TRANSACTION FORM



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

Name & Broker Code/ARN/RIA Code** ARN-64917	Sub Broker/Agent ARN Code	Sub Agent Code	EUIN* E434563	ISC Date Time Stamp/Reference No.
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** 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.

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No.: PAN

Name of Unit Holder: First Name Middle Name Last Name

2. ADDITIONAL PURCHASE KYC compliance status: Please (✓) 1st Applicant 2nd Applicant 3rd Applicant

Scheme Please Specify	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment (Default)	<input type="radio"/> IDCW frequency*
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*IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Term Fund

Payment Type: Please (✓) Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Core Banking A/c No.: A/c. Type Please (✓) NRE CURRENT SAVINGS NRO

Payment Type: Please (✓) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> RTGS / NEFT	Instrument No. / UTR No.	Amount (₹)	Drawn on Bank / Branch, Date
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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 N Benef. A/C No. 16 Digit A/C No.

Enclosures: Please (✓) Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

3. REDEMPTION - I WISH TO REDEEM UNITS / AMOUNT AS UNDER:

Scheme Please Specify	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> IDCW Frequency*
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*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 (Bank Name) 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:

From Scheme Please Specify	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> IDCW frequency*
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Amount (in figures) (₹): Or Units (in figures): Or All Units

Amount (in words) (₹):

To Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment (Default)	<input type="radio"/> IDCW frequency*
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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 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 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.

<input type="text"/> Signature of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta	<input type="text"/> Signature of 2nd Applicant/Authorised Signatory/PoA	<input type="text"/> Signature of 3rd Applicant/Authorised Signatory/PoA
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ACKNOWLEDGEMENT SLIP

Folio No.: Additional Purchase Redemption Switch Date:

Scheme: Amount (₹): or Units:

From Scheme (in case of switch): To Scheme:

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

