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

SIP REGISTRATION CUM SIP TOP UP & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES



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GOAL SIP REGISTRATION & OTM DEBIT MANDATE FORM



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 authoriz Incase the EUIN box has been left blank, please red distributor, based on the investor's assessment of v	fer the point related to EUIN in the Dec	claration & Signatures section			
1. UNIT HOLDER INFORMATION					
Existing Folio Number	Name	FIRST NA	ME		LAST NAME
Use Existing One Time Debit Mandate (If already	registered in the Folio) (Please ✓ if app	licable and provide the existing b	ank details)		
Bank Name		Bank	A /c No.		
2. GOAL SIP INVESTMENT & PAYM	ENT DETAILS			Deguler Dien	
IP Scheme - WhiteOak Capital	SCHEME	NAME	(PIs √)	☐ Regular Plan☐ Direct Plan	owth SIP Frequency Monthly (Default)
SIP Date* D D SIP Start M	M Y Y Y Y (*You ma	y select any date from 1:			th would be the default SIP Date)
enure of SIP - (Please any one) 8	Years 10 Years	12 Years (Defa	ult) 15 Years	20 Years	25 Years 30 Years
SIP Amount (₹ in figures)	(₹ in words)				
vestors/unit holders subscribing for this facility are	required to submit the request at least	st 30 days prior to the SIP d	ate.		(Refer point P)
WP Scheme - Please Specify				(PIs ✓) ☐ Regula	r Plan 🗌 Direct Plan 🛭 🗹 Growth
WP Amount (₹ in figures):	(₹in	words) :			
SIP Top Up Facility (Optional) (Fixed [#] OR Va	riable ^{\$} (Please fill the applicab	ole section below) SIP Top	Up Frequency	Half Yearly OR Yearly
Fixed Top Up Amount: ₹	OR	\$Variable Top Up Pe	rcentage: 5%	10% 15% 20	% Others (Multiple of 5% only)
P Top Up amount has to be in multiple of ₹500/- only			ntage is not selected the default s		choose only one option either CAP amount or CAI
SIP Top Up Cap Amount*:₹	OR	SIP Top Up Ca	ap Month M M Y	month - year) In case of multiple	e selection, Top Up Cap amount will be considered a
				a default selectio	n
For Micro SIP only: I hereby declare that I do not have any expenses and the supplementation of the supplementatio	kisting Micro SIPs which together with the cu	Sign of 2nd App	licant /	Sig	gn of 3rd Applicant /
Authorised Signatory / POA		Authorised Signato	Dry / PUA	Autho	prised Signatory / POA
					· >
4. OTM DEBIT MANDATE FORM (App	olicable for Lumpsum additional pu	rchases as well as SIP Re	egistrations)		
WHITEOAK UMRN		Bank use		Date	
Sponsor Bank Cod	le Bank u	ge	✓ (CREATE X M	MODIFY X CANCEL
Utility Code	Bank .	ise	I/We h		ual Fund
Debit (tick ✓) SB CA CC	SB-NRE SB-NRO	Other Bank A/			
ith Bank	Name of customers	bank		IFSC / MICR	
Amount Of Rupees				₹	
EBIT TYPE X Fixed Amount	Maximum Amount	FREQUENCY	Mthly X Qtly	X H-Yrly X Yrl	y As & when presented
eference 1	Folio No.		eference 2	Scheme I	
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nendment request to the user entily / corporate or the bar	ık wilere i nave authorized the debit.				
From D D M M Y Y Y	Υ				
To D D M M Y Y Y					
(End date cannot exceed 30 years)	Y Signature Of	Primary Account Hold	er Signature Of J	oint Account Holder	Signature Of Joint Account Holder

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

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN



Please read the Terms and Conditions carefully and strike off any sections that are not relevant or not applicable.

Application No.:

1. DISTRIB	UTION IN	IFORMAT	ION*											
ARN co	ode	RI	A /PMRI	N code**		ARN / RIA	/ PM Na	ıme		Sub brok	er ARN cod	e Sub b	roker code	EUIN*
ARN-6	4917													E434563
*Incase the EUII	N box has I	oeen left bla	nk, pleas	e refer the	point related to	e Investment Adviser/ Portfol EUIN in the Declaration & S ors, including the service rend	Signatures	section over	eaf. Upfro					Fund. (Please ü if applicable) the investor to the AMFI
2. EXISTING						, , , , , , , , , , , , , , , , , , , ,								
Investor Name	IVIF. IV	ls. M/s.												
Folio No.														
PAN/PEKRN*													Enclosed:	KYC Compliance
3. SYSTEM	ATIC TRA	NSFER P	LAN (ST	TP) (To b	e submitted a	tleast 3 business days be	efore the	1st due dat	e for trar	nsfer) (Refe	r STP			
From Scheme						Plan	Т	o Scheme					Plan	
Option (Please	e ü any one	e) 🗌 G	rowth		DCW Payout	DCW Reinvestme	ent 0	ption (Please	ü any or	ne) Gro	wth	DCW Pa	yout	DCW Reinvestment
IDCW Freque (In case of IDCW				Please s				OCW Frequer				(Pleas	e specify)	
	YSTEMATI	C TRANSF				Please ü if applicab				CIATION SV	STEMATIC TE	RANSFER PLA	IN (CASTD)	Please ü if applicable
FSTP Freque		Daily)	Weekly (A	Any day from Monday to Frid	dav)			_	_		ur (OASIP)	ouss () ii applicable
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					(To be submit	tted atleast 5 business da	ays befor	e the due d	ate for tra	ansfer) Refe	er SWP			
Scheme								an						
Option (Pleas	se ü any on	e) [G	rowth	IDCW	Payout	DCW Reinvestment		OCW Frequer case of IDCW (
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Version: 20-06-2023

ADDITIONAL SYSTEMATIC WITHDRAWAL PLAN APPLICATION FORM



Please read the instructions carefully and strike off any sections that are not relevant or not applicable. Please Note: All field marked with asterisk (*) to be mandatorily filled

Application No.:

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RN code	RIA	/PMRN code**	ARN / RIA / PM Nam	ne Sub bro	ker ARN code	Sub broker code	EUIN*
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- will be processed on the following Business Day's applicable NAV.
- The request for enrollment of additional SWP in the prescribed form should be received at any OPA / ISC at least 5 Business Days in advance before the execution /commencement date.
- In case the balance in the scheme goes below the total SWP installment amount (including additional SWP), then the SWP shall be processed for the available balance. In case of 3 consecutive reversals of SWP installments on account of NIL balance in the scheme, the SWP in the scheme shall be discontinued.
- The request for discontinuation of SWP shall be given in writing and should be received at any official point of acceptance / Investor Service Center at least 5 Business Days in advance before the execution / commencement date.
- Please note that the discontinuation of addition SWP will be considered as cancellation of entire SWP.
- A request for additional SWP will be treated as a request for Redemption from/Subscription into the respective Option(s)/Plan(s) of the Scheme(s) as opted by the Investor, at the applicable NAV.
- In case the investor wishes to register Additional SWP in multiple schemes under the same folio, then the investor should fill a separate registration form.

 Please note WhiteOak Capital Mutual Fund reserves the right to reject the application in case of any discrepancy or ambiguity in the information provided in the Application Form.

→ WHITEOAK CAPITAL MUTUAL FUND THE ART AND SCIENCE OF INVESTING	ACKNOWLEDGMENT SLIF	P (To be filled in by the investor)	Application No.:
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