



# IIFL Dynamic Bond Fund

(An open ended Income Fund)

## APPLICATION FORM

Application No. **W10537695**

Please read the instructions before filling the Application Form

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

**2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY**

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:-

First time Mutual Fund Investor  Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

**3. EXISTING UNITHOLDERS DETAILS** (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

**4. NEW APPLICANTS DETAILS** (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms [Note: No Joint holding permitted in case of minor applicant]

\_\_\_\_\_

Date of Birth (Mandatory for Minor Applicant - \*Enclose Supporting Document) | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_

Guardian (Mandatory for Minor Applicant)  Mr.  Ms \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_ | Relationship with Minor Applicant  Father  Mother  Legal Guardian [Note: \*Enclose Supporting Document]

**FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)**

**a. Status of First/ Sole Applicant [Please tick (✓)]**  Individual  Non - Individual

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  Fils  Minor through guardian  BOI  OCI

Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

**b. Occupation Details [Please tick (✓)]**

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_

**c. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR**

**Net-worth** (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on | D | D | M | M | Y | Y | Y | Y | (Not older than 1 year)

**d. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**e. Non-Individual Investors involved/ providing any of the mentioned services**

Foreign Exchange/ Money Changer Services  Gaming/ Gambling/ Lottery/ Casino Services  Money Lending/ Pawning  None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

\_\_\_\_\_ L A N D M A R K

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT DETAILS OF FIRST/ SOLE APPLICANT** (Please ensure that you fill in the contact details for us to serve you better)

Name \_\_\_\_\_ Phone (O) \_\_\_\_\_

Phone (R) \_\_\_\_\_ Mobile \_\_\_\_\_  I/We wish to receive updates via SMS on my mobile (Please ✓)

Fax \_\_\_\_\_ e-mail \_\_\_\_\_

I N B L O C K L E T T E R S

[We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓]  Account Statement  Newsletter  Annual Report  All Statutory Returns / Information

MODE OF HOLDING (Please ✓)  Single  Jointly  Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT  Mr.  Ms \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_ | Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**b. Gross Annual Income** ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR** Net worth ₹ \_\_\_\_\_

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)**

ARN No: \_\_\_\_\_ Application No. **W10537695**

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_ Dated: | D | D | M | M | Y | Y | Y | Y |

Drawn on Bank & Branch \_\_\_\_\_

Scheme/ Plan/ Option/ Sub-Option \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Signature, Stamp & Date \_\_\_\_\_

Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

NAME OF THE THIRD APPLICANT  Mr.  Ms

Date of Birth  PAN  Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details (Please tick (✓))  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  
 Proprietorship  Others (please specify)

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions]** (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate)

Account No.  Branch / City

Branch Address

Pin Code  Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others

MICR Code\*  RTGS/ NEFT / IFSC\* Code  (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

**6. PAYMENT DETAILS (Mandatory) [Refer Instructions]** (Details of account from which investment has been done.)

(I) Investment Amount\*  (II) DD Charges  Net Amount (I)+(II)

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from Bank A/c. No.  Name of 1st Bank A/c holder

Drawn on Bank  Name of 2nd Bank A/c holder

Branch & City  Name of 3rd Bank A/c holder

Third Party Payment  No  Yes (If YES then please attach "Third Party Declaration Form" as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer  Instruction to the Bank from the Unit holder to Debit the Account.  DD/ Pay Order/ Banker's Cheque and the like -  Declaration/ Acknowledgement from Bank  Copy of Passbook/ Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches/CAMS Investor Service Centres are not located.

**7. INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form**

IIFL Dynamic Bond Fund  Direct  Growth (Default Growth)  
 Regular  Dividend  Quarterly  Dividend Payout  Dividend Reinvestment (Default)  
 Bonus

**8. SIP**

Frequency (Please ✓)  Monthly (Default)  Quarterly  SIP Date:  1<sup>st</sup>  7<sup>th</sup> (Default)  14<sup>th</sup>  21<sup>st</sup> (Select any one SIP Date)  Micro SIP  
 Regular  Perpetual (Default)

Please fill SIP Registration Form enclosed herewith for investment through SIP.

**9. NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions**

I/We do hereby nominate the undermentioned Nominee 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 payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME  Mr.  Ms

Date of Birth (in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms

ADDRESS OF NOMINEE/ GUARDIAN

OR City  Pin Code

Specimen Signature of Nominee / Guardian

I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

**10. DOCUMENTS ENCLOSED (Please ✓)**

MOA & AOA  Trust Deed  Bye-Laws  Partnership Deed  Resolution/ Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA

**11. Demat Account Details (Optional) (Refer instructions)**

NSDL	CDSL
DP Name: <input type="text"/>	DP Name: <input type="text"/>
DP ID*: <input type="text"/> Beneficiary Account No. <input type="text"/>	Beneficiary Account No. <input type="text"/>

The Applicant may note that in case the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



**IIFL Mutual Fund**  
IIFL Centre, 6th Floor, Kamala City,  
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,  
S. B. Marg, Lower Parel, Mumbai - 400 013  
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267  
Email: service@iiflmf.com • Website: www.iiflmf.com





Please read the instructions before filling the Application Form

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE
Table with 4 columns: Distributor Name & ARN No., Sub-Broker Code, Employee Unique Identification No.\*, Date & Time of Receipt

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory".

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Form with 3 columns: First/ Sole Applicant/ Guardian, Second Applicant, Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor.

First time Mutual Fund Investor Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

3. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. Name of Sole/ First Unit Holder

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

4. NEW APPLICANTS DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT Mr. Ms [Note: No Joint holding permitted in case of minor applicant]

Date of Birth (Mandatory for Minor Applicant - \*Enclose Supporting Document) PAN

Guardian (Mandatory for Minor Applicant) Mr. Ms

Date of Birth Relationship with Minor Applicant Father Mother Legal Guardian [Note: \*Enclose Supporting Document]

FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership Trust HUF AOP PIO Company Fils Minor through guardian BOI OCI Body Corporate LLP Society/ Club Foreign National Resident in India QFI FPI Sole Proprietorship Non Profit Organisation Others

b. Occupation Details [Please tick (✓)]

Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others

c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR

Net-worth (Mandatory for Non-Individuals) ₹ as on Date (Not older than 1 year)

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP I am Related to PEP Not Applicable

e. Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange/ Money Changer Services Gaming/ Gambling/ Lottery/ Casino Services Money Lending/ Pawning None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

City State Country Pin Code

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

City State Country Zip Code

CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Name Phone (O) Phone (R) Mobile I/We wish to receive updates via SMS on my mobile (Please ✓) Fax e-mail

I/We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓] Account Statement Newsletter Annual Report All Statutory Returns/ Information

MODE OF HOLDING (Please ✓) Single Jointly Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT Mr. Ms

Date of Birth PAN Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)

b. Gross Annual Income ₹ Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR Net worth ₹

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP I am Related to PEP Not Applicable

... continued overleaf



ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) IIFL Dividend Opportunities Index Fund

ARN No. Application No. W10537696

Received from

Cheque/ DD/ RTGS/ NEFT No. Dated: DDMMYY

Drawn on Bank & Branch

Scheme/ Plan/ Option/ Sub-Option

Amount Rs.

Signature, Stamp & Date

Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

NAME OF THE THIRD APPLICANT  Mr.  Ms \_\_\_\_\_

Date of Birth           PAN \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details (Please tick (✓))  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  
 Proprietorship  Others \_\_\_\_\_ (please specify)

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions]** (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code       Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others \_\_\_\_\_

MICR Code\* \_\_\_\_\_ RTGS/ NEFT / IFSC\* Code \_\_\_\_\_ (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

**6. PAYMENT DETAILS (Mandatory) [Refer Instructions]** (Details of account from which investment has been done.)

(I) Investment Amount\* \_\_\_\_\_ (II) DD Charges \_\_\_\_\_ Net Amount (I)+(II) \_\_\_\_\_

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from Bank A/c. No. \_\_\_\_\_ Name of 1st Bank A/c holder \_\_\_\_\_

Drawn on Bank \_\_\_\_\_ Name of 2nd Bank A/c holder \_\_\_\_\_

Branch & City \_\_\_\_\_ Name of 3rd Bank A/c holder \_\_\_\_\_

Third Party Payment  No  Yes (If YES then please attach "Third Party Declaration Form" as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer  Instruction to the Bank from the Unit holder to Debit the Account.  DD / Pay Order / Banker's Cheque and the like -  Declaration / Acknowledgement from Bank  Copy of Passbook / Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches / CAMS Investor Service Centres are not located.

**7. INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form**

IIFL Dividend Opportunities Index Fund  Regular Plan  Direct Plan  Growth Option (Default)  Dividend Option

**8. SIP**

Frequency (Please ✓)  Monthly (Default)  Quarterly SIP Date:  1<sup>st</sup>  7<sup>th</sup> (Default)  14<sup>th</sup>  21<sup>st</sup> (Select any one SIP Date)  Micro SIP

Regular  Perpetual (Default)

Please fill SIP Registration Form enclosed herewith for investment through SIP.

**9. NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions**

I/We do hereby nominate the undermentioned Nominee 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 payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC / Mutual Fund / Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME  Mr.  Ms \_\_\_\_\_

\_\_\_\_\_

Date of Birth (in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms \_\_\_\_\_

ADDRESS OF NOMINEE/ GUARDIAN \_\_\_\_\_

OR City \_\_\_\_\_ Pin Code \_\_\_\_\_

Specimen Signature of Nominee / Guardian

I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

**10. DOCUMENTS ENCLOSED (Please ✓)**

MOA & AOA  Trust Deed  Bye-Laws  Partnership Deed  Resolution/ Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA

**11. Demat Account Details (Optional) (Refer instructions)**

NSDL	CDSL
DP Name: _____	DP Name: _____
DP ID*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Beneficiary Account No. _____	Beneficiary Account No. _____

The Applicant may note that in case the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



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For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,  
S. B. Marg, Lower Parel, Mumbai - 400 013  
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267  
Email: service@iiflmf.com • Website: www.iiflmf.com

**12. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO]** (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

**Part I: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]**

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

**Part II: Non-individuals other than Listed Company / its subsidiary company**

(i) Category [ applicable category]:

- Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association/ body of individuals  Public Charitable Trust  Religious Trust
- Private Trust  Trust created by a Will  Others \_\_\_\_\_ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction below]	KYC (Yes/No) [Please attach KYC acknowledgement copy]

# Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

**UBO Code Description**

**UBO-1:** Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company, **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership, **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals, **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests], **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above], **UBO-6:** The settlor(s) of the trust, **UBO-7:** Trustee(s) of the Trust, **UBO-8:**The Protector(s) of the Trust [if applicable], **UBO-9:** The beneficiaries with 15% or more interest in the trust if they are natural person(s) **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

**Part III: DECLARATION UBO**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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.

**13. DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units of the Scheme(s) as indicated above [“the Scheme”] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.

I/We further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the India Infoline Asset Management Company Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm that the ARN holder (Broker/Sub-Broker) 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) has been recommended to me/us.

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover/ debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

Applicable to NRIs only: I/We confirm that I am/ we are Non-Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.

I/We hereby authorize AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMC's Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders' related activities.

<b>SIGNATURES</b>	Signature of 1st Applicant / POA Holder / Guardian	<p style="text-align: center;">APPLICANT SIGNATURE</p> <p>POA Details - POA Name _____</p> <p>POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN &amp; KYC ^)</p>	<p style="text-align: center;">POA HOLDER SIGNATURE</p>
	Signature of 2nd Applicant / POA Holder	<p style="text-align: center;">APPLICANT SIGNATURE</p> <p>POA Details - POA Name _____</p> <p>POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN &amp; KYC ^)</p>	<p style="text-align: center;">POA HOLDER SIGNATURE</p>
	Signature of 3rd Applicant / POA Holder	<p style="text-align: center;">APPLICANT SIGNATURE</p> <p>POA Details - POA Name _____</p> <p>POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN &amp; KYC ^)</p>	<p style="text-align: center;">POA HOLDER SIGNATURE</p>



# IIFL Short Term Income Fund

(An open ended Income Scheme)

## APPLICATION FORM

Please read the instructions before filling the Application Form

Application No. **W10537697**

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

_____	_____	_____
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

**2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY**

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:-

First time Mutual Fund Investor  Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

**3. EXISTING UNITHOLDERS DETAILS** (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (1) and proceed to Section (7) of the Form.

**4. NEW APPLICANTS DETAILS** (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms [Note: No Joint holding permitted in case of minor applicant]

\_\_\_\_\_

Date of Birth (Mandatory for Minor Applicant - \*Enclose Supporting Document) | D | D | M | M | Y | Y | Y | Y | PAN | \_\_\_\_\_

Guardian (Mandatory for Minor Applicant)  Mr.  Ms | \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN | \_\_\_\_\_ | Relationship with Minor Applicant  Father  Mother  Legal Guardian [Note: \*Enclose Supporting Document]

**FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)**

**a. Status of First/ Sole Applicant [Please tick (✓)]**  Individual  Non - Individual

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  Fils  Minor through guardian  BOI  OCI

Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

**b. Occupation Details [Please tick (✓)]**

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_

**c. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR**

**Net-worth** (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on | D | D | M | M | Y | Y | Y | Y | (Not older than 1 year)

**d. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**e. Non-Individual Investors involved/ providing any of the mentioned services**

Foreign Exchange/ Money Changer Services  Gaming/ Gambling/ Lottery/ Casino Services  Money Lending/ Pawning  None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

\_\_\_\_\_ L A N D M A R K

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT DETAILS OF FIRST/ SOLE APPLICANT** (Please ensure that you fill in the contact details for us to serve you better)

Name \_\_\_\_\_ Phone (O) \_\_\_\_\_

Phone (R) \_\_\_\_\_ Mobile \_\_\_\_\_  I/We wish to receive updates via SMS on my mobile (Please ✓)

Fax \_\_\_\_\_ e-mail \_\_\_\_\_

I N B L O C K L E T T E R S

We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓]  Account Statement  Newsletter  Annual Report  All Statutory Returns / Information

MODE OF HOLDING (Please ✓)  Single  Jointly  Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT  Mr.  Ms \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN | \_\_\_\_\_ | Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**b. Gross Annual Income** ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR** Net worth ₹ \_\_\_\_\_

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

... continued overleaf

<p><b>ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)</b></p> <p>ARN No: _____</p> <p>Received from _____</p> <p>Cheque/ DD/ RTGS/ NEFT No. _____ Dated:   D   D   M   M   Y   Y   Y   Y  </p> <p>Drawn on Bank &amp; Branch _____</p> <p>Scheme/ Plan/ Option/ Sub-Option _____</p> <p>Amount Rs. _____</p> <p>Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.</p>	<p style="text-align: right;"><b>IIFL Short Term Income Fund</b></p> <p style="text-align: right;">Application No. <b>W10537697</b></p> <div style="border: 1px solid black; height: 100px; width: 100%; text-align: center; padding-top: 50px;">Signature, Stamp &amp; Date</div>
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NAME OF THE THIRD APPLICANT  Mr.  Ms

Date of Birth  PAN  Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details (Please tick (✓))  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  
 Proprietorship  Others (please specify)

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions]** (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate)

Account No.  Branch / City

Branch Address

Pin Code  Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others

MICR Code\*  RTGS/ NEFT / IFSC\* Code  (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

**6. PAYMENT DETAILS (Mandatory) [Refer Instructions]** (Details of account from which investment has been done.)

(I) Investment Amount\*  (II) DD Charges  Net Amount (I)+(II)

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from Bank A/c. No.  Name of 1st Bank A/c holder

Drawn on Bank  Name of 2nd Bank A/c holder

Branch & City  Name of 3rd Bank A/c holder

Third Party Payment  No  Yes (If YES then please attach "Third Party Declaration Form" as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer  Instruction to the Bank from the Unit holder to Debit the Account.  DD/ Pay Order/ Banker's Cheque and the like -  Declaration/ Acknowledgement from Bank  Copy of Passbook/ Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches / CAMS Investor Service Centres are not located.

**7. INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form**

IIFL Short Term Income Fund  Direct  Growth (Default Growth)  
 Regular  Dividend  Monthly  Dividend Payout  Dividend Reinvestment (Default)  
 Bonus

**8. SIP**

Frequency (Please ✓)  Monthly (Default)  Quarterly SIP Date:  1<sup>st</sup>  7<sup>th</sup> (Default)  14<sup>th</sup>  21<sup>st</sup> (Select any one SIP Date)  Micro SIP

Regular  Perpetual (Default)

Please fill SIP Registration Form enclosed herewith for investment through SIP.

**9. NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions**

I/We do hereby nominate the undermentioned Nominee 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 payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME  Mr.  Ms

Date of Birth (in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms

ADDRESS OF NOMINEE/ GUARDIAN

OR City  Pin Code

Specimen Signature of Nominee / Guardian

I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

**10. DOCUMENTS ENCLOSED (Please ✓)**

MOA & AOA  Trust Deed  Bye-Laws  Partnership Deed  Resolution/ Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA

NSDL		CDSL	
DP Name: <input type="text"/>	Beneficiary Account No. <input type="text"/>	DP Name: <input type="text"/>	Beneficiary Account No. <input type="text"/>
DP ID*: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Applicant may note that in case the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



**IIFL Mutual Fund**  
IIFL Centre, 6th Floor, Kamala City,  
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,  
S. B. Marg, Lower Parel, Mumbai - 400 013  
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267  
Email: service@iiflmf.com • Website: www.iiflmf.com



**12. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO]** (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

**Part I: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]**

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

**Part II: Non-individuals other than Listed Company / its subsidiary company**

(i) Category [ applicable category]:

- Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association/ body of individuals  Public Charitable Trust  Religious Trust
- Private Trust  Trust created by a Will  Others \_\_\_\_\_ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction below]	KYC (Yes/No) [Please attach KYC acknowledgement copy]

# Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

**UBO Code Description**

**UBO-1:** Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company, **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership, **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals, **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests], **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above], **UBO-6:** The settlor(s) of the trust, **UBO-7:** Trustee(s) of the Trust, **UBO-8:**The Protector(s) of the Trust [if applicable], **UBO-9:** The beneficiaries with 15% or more interest in the trust if they are natural person(s) **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

**Part III: DECLARATION UBO**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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.

**13. DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units of the Scheme(s) as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.

I/We further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the India Infoline Asset Management Company Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm that the ARN holder (Broker/Sub-Broker) 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) has been recommended to me/us.

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover/ debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

Applicable to NRIs only: I/We confirm that I am/ we are Non-Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.

I/We hereby authorize AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMC's Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders related activities.

<b>SIGNATURES</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	Signature of 1st Applicant / POA Holder / Guardian	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
<b>SIGNATURES</b>	Signature of 2nd Applicant / POA Holder	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
<b>SIGNATURES</b>	Signature of 3rd Applicant / POA Holder	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE



Please read the instructions before filling the Application Form

Application No. **W10537698**

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

_____	_____	_____
First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

**2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY**

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:-

First time Mutual Fund Investor  Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

**3. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]**

Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

**4. NEW APPLICANTS DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)**

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms [Note: No Joint holding permitted in case of minor applicant]  
\_\_\_\_\_

Date of Birth (Mandatory for Minor Applicant - \*Enclose Supporting Document) | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_

Guardian (Mandatory for Minor Applicant)  Mr.  Ms \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_ Relationship with Minor Applicant  Father  Mother  Legal Guardian [Note: \*Enclose Supporting Document]

**FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)**

a. Status of First/ Sole Applicant [Please tick (✓)]  Individual  Non - Individual

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  Fils  Minor through guardian  BOI  OCI  
 Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

b. Occupation Details [Please tick (✓)]

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_

c. Gross Annual Income (Rs.) [Please tick (✓)]  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR**

Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on | D | D | M | M | Y | Y | Y | Y | (Not older than 1 year)

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

e. Non-individual Investors involved/ providing any of the mentioned services

Foreign Exchange/ Money Changer Services  Gaming/ Gambling/ Lottery/ Casino Services  Money Lending/ Pawning  None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

\_\_\_\_\_  
L A N D M A R K  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)**

Name _____	Phone (O) _____
Phone (R) _____	Mobile _____ <input type="checkbox"/> I/We wish to receive updates via SMS on my mobile (Please ✓)
Fax _____	e-mail _____

I/We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓]  Account Statement  Newsletter  Annual Report  All Statutory Returns / Information

MODE OF HOLDING (Please ✓)  Single  Jointly  Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT  Mr.  Ms \_\_\_\_\_

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details [Please tick (✓)]  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  
 Proprietorship  Others \_\_\_\_\_ (please specify)

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore **OR** Net worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

... continued overleaf



**ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)**

ARN No: \_\_\_\_\_ Application No. **W10537698**

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_ Dated: | D | D | M | M | Y | Y | Y | Y |

Drawn on Bank & Branch \_\_\_\_\_

Scheme/ Plan/ Option/ Sub-Option \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Signature, Stamp & Date

Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

NAME OF THE THIRD APPLICANT  Mr.  Ms \_\_\_\_\_

Date of Birth           PAN \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details (Please tick (✓))  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  
 Proprietorship  Others \_\_\_\_\_ (please specify)

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

**5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions]** (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code       Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others \_\_\_\_\_

MICR Code\* \_\_\_\_\_ RTGS/ NEFT / IFSC\* Code \_\_\_\_\_ (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

**6. PAYMENT DETAILS (Mandatory) [Refer Instructions]** (Details of account from which investment has been done.)

(I) Investment Amount\* \_\_\_\_\_ (II) DD Charges \_\_\_\_\_ Net Amount (I)+(II) \_\_\_\_\_

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from Bank A/c. No. \_\_\_\_\_ Name of 1st Bank A/c holder \_\_\_\_\_

Drawn on Bank \_\_\_\_\_ Name of 2nd Bank A/c holder \_\_\_\_\_

Branch & City \_\_\_\_\_ Name of 3rd Bank A/c holder \_\_\_\_\_

Third Party Payment  No  Yes (If YES then please attach "Third Party Declaration Form" as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer  Instruction to the Bank from the Unit holder to Debit the Account.  DD/ Pay Order/ Banker's Cheque and the like -  Declaration/ Acknowledgement from Bank  Copy of Passbook/ Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches / CAMS Investor Service Centres are not located.

**7. INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form**

IIFL Liquid Fund  Direct  Growth (Default Growth)  
 Regular  Dividend  Dividend Payout  Dividend Reinvestment (Default)  
 Daily  Weekly Dividend payout facility is not available for Daily option.  
 Dividend Payout (Default)  Dividend Reinvestment

**8. NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions**

I/We do hereby nominate the undermentioned Nominee 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 payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME  Mr.  Ms \_\_\_\_\_

Date of Birth

(in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms \_\_\_\_\_

ADDRESS OF NOMINEE/ GUARDIAN \_\_\_\_\_

OR City \_\_\_\_\_ Pin Code \_\_\_\_\_

Specimen Signature of Nominee/ Guardian

I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

**9. DOCUMENTS ENCLOSED (Please ✓)**

MOA & AOA  Trust Deed  Bye-Laws  Partnership Deed  Resolution/ Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA

**10. Demat Account Details (Optional) (Refer instructions)**

NSDL		CDSL	
DP Name: _____	Beneficiary Account No. _____	DP Name: _____	Beneficiary Account No. _____
DP ID*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

The Applicant may note that in case the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



**IIFL Mutual Fund**  
IIFL Centre, 6th Floor, Kamala City,  
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,  
S. B. Marg, Lower Parel, Mumbai - 400 013  
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267  
Email: service@iiflmf.com • Website: www.iiflmf.com

**11. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO]** (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

**Part I: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]**

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

**Part II: Non-individuals other than Listed Company / its subsidiary company**

(i) Category [ applicable category]:

- Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association/ body of individuals  Public Charitable Trust  Religious Trust
- Private Trust  Trust created by a Will  Others \_\_\_\_\_ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction below]	KYC (Yes/No) [Please attach KYC acknowledgement copy]

# Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

**UBO Code Description**

**UBO-1:** Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company, **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership, **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals, **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests], **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above], **UBO-6:** The settlor(s) of the trust, **UBO-7:** Trustee(s) of the Trust, **UBO-8:**The Protector(s) of the Trust [if applicable], **UBO-9:** The beneficiaries with 15% or more interest in the trust if they are natural person(s) **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

**Part III: DECLARATION UBO**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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.

**12. DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units of the Scheme(s) as indicated above [the Scheme] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.

I/We further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the India Infoline Asset Management Company Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm that the ARN holder (Broker/Sub-Broker) 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) has been recommended to me/us.

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover/ debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

Applicable to NRIs only: I/We confirm that I am/ we are Non-Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.

I/We hereby authorize AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMC's Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders related activities.

<b>SIGNATURES</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	Signature of 1st Applicant / POA Holder / Guardian	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
<b>SIGNATURES</b>	Signature of 2nd Applicant / POA Holder	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
<b>SIGNATURES</b>	Signature of 3rd Applicant / POA Holder	POA Details - POA Name _____ POA PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC ^)
	APPLICANT SIGNATURE	POA HOLDER SIGNATURE