

COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words

Indiabulls
MUTUAL FUND

1	Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	Application No.
					C

Up front commission 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.

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.

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)
 I confirm that I am an existing time investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name Mr Ms M/s FIRST MIDDLE LAST Folio No

3 APPLICANT(S) INFORMATION Refer Instruction Number II

1st Applicant Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

OR
Net-worth (Mandatory for non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

Guardian (In case of Minor) / POA Holder Name Mr Ms M/s FIRST MIDDLE LAST

Relationship PAN PAN Proof Enclosed please KYC Proof Enclosed please

Mode of holding please Single Joint Anyone or Survivor(s) (Default Option - Joint)

Occupation please Business Professional Service Retired Student House wife Others SPECIFY

Status please Resi Individual Flls Society AOP/BOI Banks Fls Trust Company/Corporate Body

Partnership Firm HUF Minor NRI Repatriable NRI Non-Repatriable PIO Others SPECIFY

Mailing Address - 1st Applicant / Guardian / Corporate

ADDRESS LINE 1

ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Overseas Address - Mandatory for NRI / FII/ PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1

ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Contact Details of SOLE / FIRST Applicant

STD Code Residence Office Mobile No +91

Email Id Contact Person (in case of corporate)

2nd Applicant (Second Applicant not allowed in case of minor as first / Sole applicant)

Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional

Housewife Business Retired Agriculture Proprietorship Others (please specify)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

3rd Applicant (Third Applicant not allowed in case of minor as first / Sole applicant)

Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional

Housewife Business Retired Agriculture Proprietorship Others (please specify)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

I / We wish to receive communication through physical mode in lieu of email

Acknowledgement

Received from Mr / Ms / M/s an application for allotment of units under as per the details below.

Plan Direct Plan Existing/ Regular Plan

Options Growth

Dividend (Payout Reinvestment) Frequency:

Bonus (AIRF ABRF Both) 3 Years 5 Years (Payout Reinvestment)

APPLICATION NO. C

TIME STAMP & DATE OF RECEIVING OFFICE

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction Number IV) (Optional)

NSDL please ✓ Depository Participant (DP) ID Beneficiary Account Number

CDSL please ✓ Depository Participant (DP) ID

5 BANK ACCOUNT DETAILS (Refer Instruction No V) MANDATORY for Redemption / Dividend / Refunds, if any

A/c Type please (✓) SB Current NRO NRE A/c Number

Bank Name

Branch City

PIN Code 11 Digit IFSC Code 9 Digit MICR Code

If MICR and IFSC code for Redemption/Dividend/ Payout is available all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

6 INVESTMENT & PAYMENT DETAILS (Separate Application Forms are required for investment in each Plan / Option) (Refer instruction no VI) PAYMENT BY CASH IS NOT PERMITTED. Cheque should be made in favour of Scheme Name.

Scheme Name:

PLAN: Direct Plan Existing/ Regular Plan **OPTIONS:** Growth Dividend (Payout Reinvestment) (Frequency: _____) Bonus

Trigger options under bonus option: AIRF- Auto investment Redemption Facility (3 Years 5 Years) (Payout Reinvestment)

ABRF- Auto investment Redemption Facility (3 Years 5 Years) (Payout Reinvestment) Both: (3 Years 5 Years) (Payout Reinvestment)

LUMP SUM	Payment Mode: Please (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
	Cheque / DD / RTGS / NEFT No. <input type="text"/> Cheque / DD / RTGS / NEFT Date <input type="text"/>
	Amount in ₹ (Figures) <input type="text"/> Amount in ₹ (words) <input type="text"/>
	Source Bank Name <input type="text"/> Source Branch <input type="text"/>
	Source Bank A/C No. <input type="text"/> Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
	Cheque Issuer Name <input type="text"/> In case the cheque is issued by a person other than the investor
	Document attached in the case of third party payments <input type="checkbox"/> Proof / Bank Certificate for DD <input type="checkbox"/> Third Party Declarations

MICRO SIP	<input type="checkbox"/> SIP Through Post Dated Cheques <input type="checkbox"/> SIP Through Auto Debit (Please fill and attach the SIP Auto Debit Form)
	SIP Period From <input type="text"/> To <input type="text"/> SIP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th
	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Instalment Amount in ₹ (Figures) <input type="text"/> No. of Instalments <input type="text"/>
	Cheque Nos. From <input type="text"/> To <input type="text"/> Drawn on Bank A/c No. <input type="text"/>
	Bank Name <input type="text"/> Branch <input type="text"/>

7 NOMINATION Mandatory for single mode of holding (Please ✓, Refer instruction No VIII)

I / We wish to nominate I / We do not wish to nominate

I / We do hereby nominate the person(s) more particularly described here under / and* / cancel the nomination made by me / us.

Name & Address of the Nominee(s)	Name & Address of Guardian <i>Incase Nominee is a Minor</i>	Date of Birth (Minor)	Proportion(%) by which the units will be shared by each Nominee <i>(Should aggregate to 100%)</i>	Signature of Nominee / Guardian of Nominee (Optional)

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

8 DECLARATION

I/We would like to invest in _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I /We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the IBMF Limited liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me /us to the satisfaction of the mutual fund. (I/We hereby authorize the mutual fund, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law). I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a financial year. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I/We hereby confirm that I/We have not been offered / communicated any indicative portfolio and / or any indicative yield by the Fund / AMC/ Its Distributor Investment

APPLICABLE FOR NRI INVESTORS ONLY: I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I am /We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

Karvy Computershare Pvt. Ltd.
Unit: Indiabulls Mutual Fund
Karvy Registry House
#8-2-596, Avenue 4, Street No. 1
Banjara Hills, Hyderabad - 500034.
Email ID: indiabullsunite@karvy.com

Indiabulls Asset Management Company Ltd.
Indiabulls House,
Indiabulls Finance Centre, 11th Floor,
Senapati Bapat Marg, Elphinstone (West),
Mumbai - 400 013.
Email ID: customercare@indiabullsmf.com