



IIFL
Mutual Fund

IIFL Dynamic Bond Fund

(An open ended Income Fund)

APPLICATION FORM

Application No. _____

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
ARN-109217		E150257	

*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:- <input type="checkbox"/> First Time Mutual Fund Investor <input type="checkbox"/> 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 APPLICANT'S 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms [Note: No Joint holding permitted in case of minor applicant]

Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

Guardian (Mandatory for Minor Applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms _____								
Date of Birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____ Relationship with Minor Applicant <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Note: *Enclose Supporting Document]	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Company <input type="checkbox"/> FIs <input type="checkbox"/> Minor through guardian <input type="checkbox"/> BOI <input type="checkbox"/> OCI
<input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP <input type="checkbox"/> Society/ Club <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> QFI <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others _____

b. Occupation Details [Please tick (✓)]
<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____

c. Gross Annual Income (Rs.) [Please tick (✓)] <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR								
Net-worth (Mandatory for Non-Individuals) ₹ _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)
<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

e. Non-Individual Investors involved/ providing any of the mentioned services
<input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming/ Gambling/ Lottery/ Casino Services <input type="checkbox"/> Money Lending/ Pawning <input type="checkbox"/> 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/FI/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 ✓] <input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report <input type="checkbox"/> All Statutory Returns / Information

MODE OF HOLDING (Please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Jointly <input type="checkbox"/> Either/ Anyone or Survivor (Default Option : Joint)
NAME OF THE SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms _____

Date of Birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

a. Occupation Details [Please tick (✓)] <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)

b. Gross Annual Income ₹ <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net worth ₹ _____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)
<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

Received from _____	ARN No: _____ Application No: _____								
Cheque/ DD/ RTGS/ NEFT No. _____ Dated: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature, Stamp & Date
D	D	M	M	Y	Y	Y	Y		
Drawn on Bank & Branch _____									
Scheme/ Plan/ Option/ Sub-Option _____									
Amount Rs. _____									

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.



IIFL
Mutual Fund

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

IIFL Dynamic Bond Fund

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: ☐ 1st ☐ 7th (Default) ☐ 14th ☐ 21st (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

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

ADDRESS OF NOMINEE/ GUARDIAN _____

OR City _____ Pin Code _____

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

For more than one nominee, please use nomination form.

Date of Birth (in case of minor)

Specimen Signature of Nominee / Guardian

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.



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

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



IIFL
Mutual Fund

IIFL Dividend Opportunities Index Fund

(An open ended Index Fund)

APPLICATION FORM

Please read the instructions before filling the Application Form

Application No. _____

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
ARN-109217		E150257	

*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 APPLICANT'S 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 ☐ FIs ☐ 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/FI/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

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

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IIFL
Mutual Fund

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

ARN No: _____ Application No: _____

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

8. SIP

Frequency (Please ✓) ☐ Monthly (Default) ☐ Quarterly ☐ SIP Date: ☐ 1st ☐ 7th (Default) ☐ 14th ☐ 21st (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

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

ADDRESS OF NOMINEE/ GUARDIAN

OR City Pin Code

Date of Birth (in case of minor)

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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

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.

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

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: ☐ 1st ☐ 7th (Default) ☐ 14th ☐ 21st (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

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

ADDRESS OF NOMINEE/ GUARDIAN

OR City Pin Code

Date of Birth (in case of minor)

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"/>	DP Name:	<input type="text"/>
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"/> Beneficiary Account No. <input type="text"/>	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"/> 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.



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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

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

Please read the instructions before filling the Application Form

Application No.

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
ARN-109217		E150257	

*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:- <input type="checkbox"/> First time Mutual Fund Investor <input type="checkbox"/> 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 APPLICANT'S 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms [Note: No Joint holding permitted in case of minor applicant]

Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

Guardian (Mandatory for Minor Applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms _____								
Date of Birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____ Relationship with Minor Applicant <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Note: *Enclose Supporting Document]	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

a. Status of First/ Sole Applicant [Please tick (✓)] <input type="checkbox"/> Individual <input type="checkbox"/> Non - Individual <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Company <input type="checkbox"/> FIs <input type="checkbox"/> Minor through guardian <input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> Body Corporate <input type="checkbox"/> LLP <input type="checkbox"/> Society/ Club <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> QFI <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others _____
--

b. Occupation Details [Please tick (✓)] <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____
--

c. Gross Annual Income (Rs.) [Please tick (✓)] <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net-worth (Mandatory for Non-Individuals) ₹ _____ as on <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

e. Non-Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming/ Gambling/ Lottery/ Casino Services <input type="checkbox"/> Money Lending/ Pawning <input type="checkbox"/> 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/FI/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 N B L O C K L E T T E R S

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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms _____								
Date of Birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> PAN _____ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y	

a. Occupation Details [Please tick (✓)] <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)
--

b. Gross Annual Income ₹ <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR Net worth ₹ _____
--

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

... continued overleaf

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)		IIFL Liquid Fund								
Received from _____	ARN No: _____	Application No: _____								
Cheque/ DD/ RTGS/ NEFT No. _____	Dated: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature, Stamp & Date
D	D	M	M	Y	Y	Y	Y			
Drawn on Bank & Branch _____										
Scheme/ Plan/ Option/ Sub-Option _____										
Amount Rs. _____										

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: <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"/> <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.

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