

IIFL Dynamic Bond Fund (An open ended Income Fund)

Mutual Fu			APPLICATIO	N FORM	Provide All
Please read the instructions before				<i>P</i>	application No.
DISTRIBUTOR INFORMATIO Distributor Name & ARN No		ub-Broker Code	Employee Unique Ide	entification No *	Date & Time of Receipt
ARN-109217	. 3	ab broker code	E150257	erraneation 140.	Date a Time of Receipt
*Purpose of EUIN is to capture the ider			o manager of the distributor in		vestor, irrespective of whether the transaction is
"Execution only" or "Advisory". Howev			· · · · · · · · · · · · · · · · · · ·		nk and sign the following declaration; ce by the employee/relationship manager/sales
					iger/sales person of the distributor/sub broker."
First/ Sole Applicant/ G	uardian	Seco	ond Applicant		Third Applicant
				t of various factors incl	uding the service rendered by the distributor.
2. TRANSACTION CHARGES FO				gos Ps 150/ /for fire	t time Mutual Fund investor) or Rs.100/- (for
investor other than first time Mutual	Fund investor) will be	deducted from the subso	cription amount and paid to	the Distributor. Unit	s will be issued against the balance amount
invested. Investors are advised to conf First time Mutual Fund Investor					ansaction Charges shall be accordingly deducted)
3. EXISTING UNITHOLDERS DI	ETAILS (Please note tha	at the applicant details and	mode of holding will be as pe	er the existing Folio N	umber) [Refer Instructions]
Existing Folio No.		of Sole/ First Unit Holder			
					n (3) and proceed to Section (6) of the Form.
4. NEW APPLICANT'S DETAILS			g permitted in case of minor a		nk between two words)
Name of first / sole applicant[IVII IVIS	[Note: No Joint Holdin	g permitted in case of minor a	pplicantj	
		.1 - 1 -		I DANI	
Date of Birth (Mandatory for Minor Ap	plicant - *Enclose Supp	orting Document)) M M Y Y Y	Y PAN	
Guardian (Mandatory for Minor Applicant) [Mr. Ms				
Date of Birth DDMMYYYY	/ PAN	Relations	hip with Minor Applicant 🗌 Fat	her Mother Leg	al Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DETA					
 a. Status of First/ Sole Applicant [Ple Resident Individual NRI-Repatriation 			THUE □ AOP □ PIO □ Comr	nany 🗆 FIIs 🗀 Minor	through guardian ROL ROCI
Body Corporate LLP Society/ C	· ·	the state of the s	· · · · · · · · · · · · · · · · · · ·	*	3 3
b. Occupation Details [Please tick (
Service Private Sector Public Sec					
c. Gross Annual Income (Rs.) [Please Net-worth (Mandatory for Non-India		ac	The second second second second	cs - 1 Crore > 1 Cro	
d. Politically Exposed Person (F		us on			* *
☐ I am PEP ☐ I am Related to PE					·
e. Non-Individual Investors inventors invento				ending/ Pawning 🗆	None of the above
ADDRESS OF FIRST/ SOLE APPLICANT [P.C		<u> </u>			
ADDRESS OF TIKST/ SOLE AT LICANT [1.0	o. box Address is not suit	icientj		L	A N D M A R K
City	State		Country		Pin Code
OVERSEAS ADDRESS (in case the First Ap	pplicant is NRI/FII/PIO) [P.O	. Box Address is not sufficier	nt] {Refer Instructions}		
CONTACT DETAILS OF FIRST/ SO	State State	anarma that war fill in th	Country	amia vali hattau\	Zip Code
Name Name	DLE APPLICAINT (Flease	ensure that you fill in tr		ione (O)	
Phone (R)	Mobile			We wish to receive	updates via SMS on my mobile (Please √)
Fax	e-mail	I N		ETTERS	
•				ewsletter Annual R	eport All Statutory Returns / Information
MODE OF HOLDING (Please √)	ngle Jointly El	ther/ Anyone or Survivor (I	Detault Option : Joint)		
NAME OF THE SECOND APPLICANT [
Date of Birth DDMMYYYY	Y PAN L				r are enclosed to your Application Form
a. Occupation Details (Please tick (*)	Proprietorship C		vernment service [] student[_	」 Protessional ∐ Hou	sewife Business Retired Agriculture
b. Gross Annual Income ₹ ☐ B	Below 1 Lac 🗌 1 - 5	Lacs 🗌 5 - 10 Lacs 🗌	10 - 25 Lacs □ >25 Lacs	- 1 Crore □>1 C	Crore OR Net worth ₹
c. Politically Exposed Person (P		icable for authorised signate	ories/ Promoters/ Karta/ Trustee	/ Whole time Director	
☐ I am PEP ☐ I am Related to PE ————————————————————————————————————	— — — — —		*		continued overleat
ACKN	OWLEDGMENT	SLIP (To be filled	in by the Applicant)		IIFL Dynamic Bond Fund
Mutual Fund			ARN No:	Арр	lication No.
Received from					
Cheque/ DD/ RTGS/ NEFT No.			Dated: DDMN	ИУ У У У	
Drawn on Bank & Branch					
Scheme/ Plan/ Option/ Sub-Option					Cianatura Ctaran & Data

NAME OF THE THIRD APPLI	CANT Mr. Ms					
Date of Birth DDMM	Y Y Y PAN	Kindly ensure	that Copy of PA	AN & KYC Acknowl	edgement Letter are en	closed to your Application Form
a. Occupation Details [Pleas	se tick (✓) ☐ Service ☐ Private Sector☐ Publi☐ Proprietorship ☐ Others ————————————————————————————————————	ic Sector Governme (please specify)	ent Service 🗌 -	Student Profes	ssional Housewife	Business ☐ Retired ☐ Agriculture
b. Gross Annual Incom	ne ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5	- 10 Lacs 🗌 10 -	25 Lacs 🗆 >	>25 Lacs - 1 C	rore 🗆 > 1 Crore O	R Net worth ₹
	Person (PEP) Status (Also applicable for au ted to PEP □ Not Applicable	thorised signatories/ F	Promoters/ Kan	ta/ Trustee/ Whole	e time Directors)	
	DETAILS (Mandatory) [Refer Instructions	1 (Details of bank ac	count in which	redemption, divide	and or other payments to	be credited.)
	DETAILS (Mandatory) [Neter Instructions	I (Betans or Barnt de	eodine iii viiiieii	reacmption, airrae	na or ourer payments to	be created.
Bank Name (Do not abbreviate)						
Account No.			Bran	nch / City		
Branch Address						
Pin Code	Account Type (Please √) For Residents Sa	avings Current F	For Non-Resider	nt NRO N	RE Others	
MICR Code*	RTGS/ NEFT / IFSC* Code					(IFSC/ NEFT code required for Direct cred
	d cheque leaf of the same bank account as menti					
	e held responsible for delays or errors in proc S (Mandatory) [Refer Instructions] (Det	37			ncomplete or inaccura	ate. [* indicates - Mandatory]
	<u> </u>		meninvesamene		at Amount	
l) Investment Amount*	(II) DD Charge	S			et Amount)+(II)	
Mode of Payment (Please √)	Cheque DD RTGS NEFT	ECS Fund	s Transfer	*Cheque / DD / RT	GS / NEFT No.	
Account Type (Please √)	Savings Current NRE NRO	FCNR NRSR	R		Dated D	D M M Y Y Y
Payment from Bank A/c. No.			Name of 1st E	Bank A/c holder		
Drawn on Bank		1	Name of 2nd I	Bank A/c holder		
Branch & City			Name of 3rd B	tank A/c holder		
	Yes (If YES then please attach 'Third Party Declara					
	ocuments as indicated below as per the M nt. DD/ Pay Order/ Banker's Cheque and					
* Please mention the Applicat nstruments favouring "Name	tion No., PAN and Name of the First Unit holder e of the Scheme A/c. First Investor Name" OR "I Payee Only" * To be filled in by investors residing a	r on the reverse of the Name of the Scheme	Payment Instr A/c. Permanen	ument. To prevent t Account Number	t fraudulent practices I er" OR "Name of the So	nvestors are urged to make the Payme theme A/c. Folio Number" and the san
_	TAILS (Please √) Choice of Scheme/ Plan/					
IIFL Dynamic Bond Fund	☐ Direct ☐ Growth (Default Growth) ☐ Regular ☐ Dividend ☐ Quarterl ☐ Bonus) _		idend Reinvestm		
8. SIP	E policis					
□ Regular □	Perpetual (Default)	P Date: □ 1 st □ 7 th (D	efault) □ 14	I th □ 21 st (Selec	ct any one SIP Date)	☐ Micro SIP
	orm enclosed herewith for investment throug	,				
100/	lease √ and confirm the option selected to the undermentioned Nominee to receive the Units allotted		and the second	£ /	/e also understand that all p	avments and settlements made to such Nomi
and Signature of the Nomin NOMINEE'S NAME Mr.	ee acknowledging receipt thereof, shall be valid discharge	e by the AMC/ Mutual Fun	d/Trustees. In cas	e of units held in dem	at mode, the nomination u	nder demat account will be considered.
				1	Date of Birth (in case of minor)	D M M Y Y Y
NAME OF PARENT/ LEGAL GU	JARDIAN (in case of minor)] Ms			(iii case or minor)	
Address of Nominee/ Gua	RDIAN					
OR City L		Pin Code			Specimen Si	gnature of Nominee / Guardian
	nate a nominee in my/our folio.					
For more than one nominee,	please use nomination form.	Signature of 1st U	nit Holder	Signature	of 2nd Unit Holder	Signature of 3rd Unit Holde
10. DOCUMENTS ENC	CLOSED (Please √)	Signature of 15t of	THE FIGURE	Signature	or zila offic floider	Signature of Sia Office Holae
MOA & AOA 🔲 Trust D	eed Bye-Laws Partnership Deed Re	esolution/ Authorisation	on to invest	List of Authoris	ed Signatories with Sp	ecimen Signatue(s) 🔲 POA
11. Demat Accoun	nt Details (Optional) (Refer instructions)					
	NSDL				CDSL	
DP Name:			DP Name:			
DP ID*: I N	Beneficiary Account No.		Beneficiary Account No.			
The Applicant may note that incase				and PAN Number d	isclosed in Depository Data	Base the Application is liable to be rejected.
						nvestor Grievance please contact
***	IIFL Mutual Fund			IIFL Mutual Mr.Chandan		re, 6th Floor, Kamala City,



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

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

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	f section(s) that is/are not applicable)
Our cor	mpany is a Listed Company listed on recognized stock e mpany is a subsidiary of the Listed Company mpany is controlled by a Listed Company	change in India					
	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applicat						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary ry [v] applicable category]: d Company Partnership Firm Limited Liability Parti Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company □ Un	[plea	se specify	,	lic Charitable Trust	☐ Religious Trust
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 acknowledgement
#Attached	documents should be self-certified by the UBO and certified by t	he Applicant/Investor Author	ized S	ianatowijes			
ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of p interest of more than 15% of the capital or profits of the property or capital or profits of the property or capital or profits of the juridical person through other med 0-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if exercising ultimate effective control over the Trust thr DECLARATION UBO DROWLEDGE and confirm that the information proving the province of the prov	of the juridical person [Ir resson [Investor], where ins exercised through what the controlling owner nior managing official [applicable], UBO-9: The ough a chain of control	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persic cases where there exists doub erts control through ownershi ie settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
information and/or reform with beneficial also unde	on is/are found to be false/incorrect and/or the werse the allotment of units and the AMC/Mutton h all SEBI Registered Intermediaries and they can owner, with no declaration to submit. I/We also rtake to provide any other additional information as r	declaration is not pro I Fund/Trustee shall no rely on the same. In c undertake to keep you	ovide ot be ase t u info	ed, then the AMC e liable for the sar the above informa	Trustee/Mutual Fund shime. I/We hereby authorization is not provided, it w	all reserve the r e sharing of the vill be presumed	ight to reject the application information furnished in thi that applicant is the ultimat
I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme an may be mo	including the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the ter d such other scheme(s) of the Mutual Fund [Scheme(s)] into oved pursuant to any instruction received from me/us to si to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or cl. Whe further dedare that the amount invested by me/us in gittimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable suced by any governmental or statutory authority from time to ave read and understood the contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the subscription a	al Fund) for units of the ms and conditions, of the which my/our investment weep/switch, the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts a: Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
invest in th [AMC], its vires the re	nent. er confirm that I/we have the express authority from the ne units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible i levant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has di	gement Company Ltd. f the investment is ultra	SIGNATURES	Signature of	APPLICANT SIGNA	ature p	OA HOLDER SIGNATURE
commission competing recommen I/We author from making debit my/co in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which a ded to me/us. orize AMC to reject the application, reverse the units cong any further investment in any of the Scheme/s of IIEL bur folio(s) with the penal interest and take any approprials cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover /	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We here redemptio my/our Bar	iatsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thr Ordinary A	I (Whe hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. y authorise AMC to provide my/our information, as mentioning part of my/our Folio details, to AMCs Registrar and a country of the country of	ve been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name		
providers e	rming part of my/our Folio details, to AMC's Registrar and T ngaged by R&T, for effectively carrying out the maintenance Iers'related activities.	ranster Agent or service , storage and processing			Enclosed (please √) PA	AN KYC	(Attach copy of PAN & KYC^)



IIFL Dividend Opportunities Index Fund (An open ended Index Fund)

APPLICATION FORM

lease read the instructions before filling		Α	Application No. I
 DISTRIBUTOR INFORMATION & A Distributor Name & ARN No. 	PPLICATION RECEIPT DATE Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
ARN-109217	Sub-blokel Code	E150257	Date & Time of Neceipt
Purpose of EUIN is to capture the identification		manager of the distributor interacting with the inv	
	* *	such interaction, the investor can keep EUIN box bla ansaction is executed without any interaction or advi	3
		ess, if any, provided by the employee/relationship mana	
First/ Sole Applicant/ Guardian	Seco	and Applicant	Third Applicant
**	l .	sed on the investor's assessment of various factors incl	* *
2. TRANSACTION CHARGES FOR API			
nvestor other than first time Mutual Fund invested. Investors are advised to confirm if h	nvestor) will be deducted from the subsci e/she is a First Time Mutual Fund Investor b	I to receive Transaction charges Rs.150/- (for first ription amount and paid to the Distributor. Unit by selecting [please] one of the options:- sumed that the Applicant(s) is not a First Time Investor and Tra	ts will be issued against the balance amount
3. EXISTING UNITHOLDERS DETAILS	(Please note that the applicant details and	mode of holding will be as per the existing Folio N	umber) [Refer Instructions]
xisting Folio No.	Name of Sole/ First Unit Holder		
		their folio number & first holder name in Section	
4. NEW APPLICANT'S DETAILS (Please	fill in BLOCK LETTERS with black/blue ink, (use one box for one alphabet leaving one box bla	nk between two words)
IAME OF FIRST / SOLE APPLICANT Mr.	☐ Ms [Note: No Joint holding	g permitted in case of minor applicant]	
ate of Birth (Mandatory for Minor Applicant	- *Enclose Supporting Document)	M M Y Y Y Y PAN	
uardian (Mandatory for Minor Applicant) Mr.			
ate of Birth DDMMYYYY PAN		hip with Minor Applicant 🔲 Father 🔲 Mother 🔲 Leg	al Guardian (Note: *Enclose Supporting Decument)
IRST/ SOLE APPLICANT OTHER DETAILS (Ma		The matter of the state of the	an dualitian [Note. Enclose supporting Document]
. Status of First/ Sole Applicant [Please tic] Resident Individual NRI-Repatriation NI	k (√) ☐ Individual ☐ Non - Individual RI-Non Repatriation ☐ Partnership ☐ Trust ☐	HUF AOP PIO Company Fils Minor PI Sole Proprietorship Non Profit Organisation	3 3
. Occupation Details [Please tick (✓)] Service ☐ Private Sector ☐ Public Sector ☐	Government Service Student Profession	nal 🗌 Housewife 🔲 Business 🦳 Retired 🔲 Agricultur	re Proprietorship Others
Gross Annual Income (Rs.) [Please tick (acs 🔲 10 - 25 Lacs 🔲 >25 Lacs - 1 Crore 🔲 >1 Cror	
Net-worth (Mandatory for Non-Individuals)	₹ as on DDD	M M Y Y Y Y (Not older than 1	year)
] I am PEP ☐ I am Related to PEP ☐ N	lot Applicable	ories/ Promoters/ Karta/ Trustee/ Whole time Director.	s)
	rvices Gaming/ Gambling/ Lottery/ C	Services Casino Services Money Lending/ Pawning	None of the above
.DDRESS OF FIRST/ SOLE APPLICANT [P.O. Box A	ddress is not sufficient]		
itu l		Country	A N D IVI A R R
ity []: VERSEAS ADDRESS (in case the First Applicant I	State [Pin Code
Land to the state of the state	s,, [e. sox / daress ise. sameen	t (neter instructions)	
ity	State	Country	Zip Code
CONTACT DETAILS OF FIRST/ SOLE APP	LICANT (Please ensure that you fill in the	e contact details for us to serve you better)	
Name		Phone (O)	
Phone (R)	Mobile		updates via SMS on my mobile (Please √)
Fax	e-mail N	BLOCK LETTERS	All Chairbans Dahrung / Infarmastian
	Jointly Either/ Anyone or Survivor (D	Account Statement Newsletter Annual Re	eport All Statutory Returns / Information
TIODE OF FIOLDING (Flease V)		relault Option : Jointy	
IAME OF THE SECOND APPLICANT Mr.			
ate of Birth DDMMYYYY PA		nsure that Copy of PAN & KYC Acknowledgement Lette	
	vice	vernment Service Student Professional Hous	sewife Business Retired Agriculture
	•	 10 - 25 Lacs □ >25 Lacs - 1 Crore □ >1 C	Frore OR Net worth ₹
		pries/ Promoters/ Karta/ Trustee/ Whole time Directors	
I am PEP ☐ I am Related to PEP ☐ N	lot Applicable		continued overleaf
A C C C C C C C C C C C C C C C C C C C			al Opposition III I I I I
Mutual Fund ACKNOWL	EDGINIEM STIL (10 DE IIIIEQ II	n by the Applicant) IIFL Dividen ARN No: App	lication No.
eceived from			
heque/ DD/ RTGS/ NEFT No.		Dated: D D M M Y Y Y Y	
rawn on Bank & Branch			
cheme/ Plan/ Option/ Sub-Option			6' 1 6: 0 =

NAME OF THE THIRD APPLICANT Mr. Ms			
Date of Birth DDMMYYYYY PAN Kind	ly ensure that Copy of PAI	N & KYC Acknowledgement Letter are enclo	osed to your Application Form
a. Occupation Details [Please tick (*)		tudent Professional Housewife	Business Retired Agriculture
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 sign ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable	natories/ Promoters/ Karta	a/ Trustee/ Whole time Directors)	
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of	of bank account in which n	edemption, dividend or other payments to l	pe credited.)
Bank Name (Do not abbreviate)			
Account No.	Brand	ch / City	
Branch Address			
Pin Code Account Type (Please √) For Residents Savings C	iurrent For Non-Resident	NRO NRE Others	
MICR Code* RTGS/ NEFT / IFSC* Code		(1	FSC/ NEFT code required for Direct credit)
Please also provide a cancelled cheque leaf of the same bank account as mentioned above IIFL Mutual Fund shall not be held responsible for delays or errors in processing your	incase the bank account or request if the informati	letails differ from investment bank accou on provided is incomplete or inaccurat	nt details given in Section (7). e. [* indicates - Mandatory]
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account	nt from which investment I	nas 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 D	D M M Y Y Y Y
Payment from Bank A/c. No.	Name of 1st Ba	nk A/c holder	
Drawn on Bank	Name of 2nd Ba	nk A/c holder	
Branch & City	Name of 3rd Ba	nk A/c holder	
Third Party Payment No Yes (If YES then please attach 'Third Party Declaration Form' as:	available on our website w	vw.iiflmf.com)	
Please enclose relevant documents as indicated below as per the Mode of Pay holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like -			
* Please mention the Application No., PAN and Name of the First Unit holder on the reve Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the should be crossed "Account Payee Only" * To be filled in by investors residing at the location	rse of the Payment Instru Scheme A/c. Permanent n, where the AMC Branch	ment. To prevent fraudulent practices In Account Number" OR "Name of the Sch es/CAMS Investor Service Centres are not	vestors are urged to make the Payment eme A/c. Folio Number" and the same located.
7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - F	Please ensure there is	only one cheque/DD per application	on form
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Grow	th Option (Default)	Dividend Option	
8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1st	□ 7 th (Default) □ 14 ^t	□ 21 st (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) - Pleas	e Refer Instructions		
I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our cred and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/I	lit in my/our folio in the event	of my/our death. I/We also understand that all pay	ments and settlements made to such Nominee
NOMINEE'S NAME Mr. Ms		Date of Birth	
NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms		(in case of minor)	
Think of material teachers as more than as a minory			
ADDRESS OF NOMINEE/ GUARDIAN			
OR City Pin Coc	de	Specimen Sig	nature of Nominee / Guardian
I/We do not wish to nominate a nominee in my/our folio.			
	of 1st Unit Holder	Signature of 2nd Unit Holder	Signature of 3rd Unit Holder
10. DOCUMENTS ENCLOSED (Please √)		The control of the control of	
MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution/ Au	uthorisation to invest	J List of Authorised Signatories with Spe	cimen Signatue(s) POA
11. Demat Account Details (Optional) (Refer instructions)		CDCI	
NSDL DR Name:	DP Name:	CDSL	
DP Name: DP ID*: I N	Di Name		
Beneficiary Account No.	Beneficiary Ac	count No.	
The Applicant may note that incase the DP ID. Client ID and PAN Number mentioned in the Form do not	t match with DP ID. Client ID.	and PAN Number disclosed in Denositon/ Data R	ase 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

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	f section(s) that is/are not applicable)
Our cor	mpany is a Listed Company listed on recognized stock e mpany is a subsidiary of the Listed Company mpany is controlled by a Listed Company	change in India					
	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applicat						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary ry [v] applicable category]: d Company Partnership Firm Limited Liability Parti Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company □ Un	[plea	se specify	,	lic Charitable Trust	☐ Religious Trust
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 acknowledgement
#Attached	documents should be self-certified by the UBO and certified by t	he Applicant/Investor Author	ized S	ianatowijes			
ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of p interest of more than 15% of the capital or profits of the property or capital or profits of the property or capital or profits of the juridical person through other med 0-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if exercising ultimate effective control over the Trust thr DECLARATION UBO DROWLEDGE and confirm that the information proving the province of the prov	of the juridical person [Ir resson [Investor], where ins exercised through what the controlling owner nior managing official [applicable], UBO-9: The ough a chain of control	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persic cases where there exists doub erts control through ownershi ie settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
information and/or reform with beneficial also unde	on is/are found to be false/incorrect and/or the werse the allotment of units and the AMC/Mutton h all SEBI Registered Intermediaries and they can owner, with no declaration to submit. I/We also rtake to provide any other additional information as r	declaration is not pro I Fund/Trustee shall no rely on the same. In c undertake to keep you	ovide ot be ase t u info	ed, then the AMC e liable for the sar the above informa	Trustee/Mutual Fund shime. I/We hereby authorization is not provided, it w	all reserve the r e sharing of the vill be presumed	ight to reject the application information furnished in thi that applicant is the ultimat
I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme an may be mo	including the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the ter d such other scheme(s) of the Mutual Fund [Scheme(s)] into oved pursuant to any instruction received from me/us to si to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or cl. Whe further dedare that the amount invested by me/us in gittimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable suced by any governmental or statutory authority from time to ave read and understood the contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the subscription a	al Fund) for units of the ms and conditions, of the which my/our investment weep/switch, the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts a: Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
invest in th [AMC], its vires the re	nent. er confirm that I/we have the express authority from the ne units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible i levant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has di	gement Company Ltd. f the investment is ultra	SIGNATURES	Signature of	APPLICANT SIGNA	ature p	OA HOLDER SIGNATURE
commission competing recommen I/We author from making debit my/co in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which a ded to me/us. orize AMC to reject the application, reverse the units cong any further investment in any of the Scheme/s of IIEL bur folio(s) with the penal interest and take any approprials cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover /	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We here redemptio my/our Bar	iatsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thr Ordinary A	I (Whe hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. y authorise AMC to provide my/our information, as mentioning part of my/our Folio details, to AMCs Registrar and a country of the country of	ve been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name		
providers e	rming part of my/our Folio details, to AMC's Registrar and T ngaged by R&T, for effectively carrying out the maintenance Iers'related activities.	ranster Agent or service , storage and processing			Enclosed (please √) PA	AN KYC	(Attach copy of PAN & KYC^)



IIFL Short Term Income Fund

(An open ended Income Scheme)

APPLICATION FORM

Please read the instructions bef	•			F	Application No. ■
DISTRIBUTOR INFORMAT Distributor Name & ARN		Sub-Broker Code	Employee Unique Identif	fication No *	Date & Time of Receipt
ARN-109217	110.	Tab Broker Code	E150257		Bute a fille of freedipt
*Purpose of EUIN is to capture the i			nip manager of the distributor intera		vestor, irrespective of whether the transaction is
			· · · · · · · · · · · · · · · · · · ·		ank and sign the following declaration; rice by the employee/relationship manager/sales
					ager/sales person of the distributor/sub broker."
First/ Sole Applicant	•		cond Applicant		Third Applicant
	, ,			arious factors inc	luding the service rendered by the distributor.
2. TRANSACTION CHARGES In case the subscription amount is				Rs.150/- (for firs	st time Mutual Fund investor) or Rs.100/- (for
investor other than first time Mut	tual Fund investor) will be	e deducted from the subs		Distributor. Uni	ts will be issued against the balance amount
First time Mutual Fund Investor	Existing Investor (Note:	: If this section is left blank, it is a	assumed that the Applicant(s) is not a First	Time Investor and Ti	ransaction Charges shall be accordingly deducted)
3. EXISTING UNITHOLDERS	DETAILS (Please note th	at the applicant details an	d mode of holding will be as per th	e existing Folio N	umber) [Refer Instructions]
Existing Folio No.		of Sole/ First Unit Holder		r name in Sectio	n (1) and proceed to Section (7) of the Form.
	•		, use one box for one alphabet lea		
NAME OF FIRST / SOLE APPLICA	•		ng permitted in case of minor applic		· · · · · · · · · · · · · · · · · · ·
Date of Birth (Mandatory for Minor		porting Document)	D M M Y Y Y Y	PAN	
	1	Jording Documenty			
Guardian (Mandatory for Minor Applicar Date of Birth DDMMYY	PAN	Relation	oshin with Minor Applicant T Father [gal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DI		Relation	Brilly With Willion Applicant [Truther [gar Guardian [Note. Enclose Supporting Document]
a. Status of First/ Sole Applicant		lual Non - Individual			
•	the second secon	· · · · · · · · · · · · · · · · · · ·	HUF AOP PIO Company		3 3
		Resident in India LIQFI L	FPI Sole Proprietorship Non Pr	rofit Organisation	Others
b. Occupation Details [Please tick ☐ Service ☐ Private Sector ☐ Public		vice ☐ Student ☐ Professi	onal Housewife Business Re	etired Agricultu	ıre Proprietorship Others
c. Gross Annual Income (Rs.) [Ple	ase tick (✓)] ☐ Below 1 L		Lacs	Crore □>1 Crc	ore OR
Net-worth (Mandatory for Non-I			4 To 1 1 To 1 To 1 To 1 To 1 To 1 To 1 T	(Not older than 1	
		olicable for authorised signa	atories/ Promoters/ Karta/ Trustee/ Wh	nole time Director	rs)
☐ I am PEP ☐ I am Related to e. Non-Individual Investors i		ny of the mentioned	services		
			Casino Services Money Lendi	ng/ Pawning [None of the above
ADDRESS OF FIRST/ SOLE APPLICANT	[P.O. Box Address is not suf	ficient]			
				L	A N D M A R K
City	State State		Country		Pin Code
OVERSEAS ADDRESS (in case the First	: Applicant is NRI/FII/PIO) [P.C). Box Address is not sufficie	ent] {Refer Instructions}		
City	State		Country		Zip Code
	SOLE APPLICANT (Please	e ensure that you fill in t	the contact details for us to serve	you better)	
Name	1		Phone		
Phone (R)	Mobile e-mail	I N	·	wish to receive	updates via SMS on my mobile (Please √)
					Report All Statutory Returns / Information
	Single Dointly E				
NAME OF THE SECOND APPLICAN	JT				
Date of Birth D D M M Y Y	Y Y PAN	Kindly	ensure that Copy of PAN & KYC Ackno		er are enclosed to your Application Form
a. Occupation Details [Please tick		iector Public Sector ☐ G			sewife Business Retired Agriculture
	Proprietorship (
			10 - 25 Lacs >25 Lacs - 1		
☐ I am PEP ☐ I am Related to			tories/ Fromoters/ Rarta/ Trustee/ VVI	iole time birector	continued overleaf
		CLID (To be filled	in by the Applicant)		FL Short Term Income Fund
Mutual Fund	VIACAAFEDGINIEIAI	SEIF (10 De IIIIed	ARN No:		olication No.
Received from			,		
Cheque/ DD/ RTGS/ NEFT No.			Dated: D D M M Y	YYY	
Drawn on Bank & Branch					
Scheme/ Plan/ Option/ Sub-Option					Cignatura Ctaren 9 Dete

NAME OF THE THIRD APPLICANT Mr. Ms Ms		
Date of Birth DDMMYYYY PAN	Kindly ensure that Copy of PAN & KYC Acknow	wledgement Letter are enclosed to your Application Form
a. Occupation Details [Please tick (√) ☐ Service ☐ Private Sec ☐ Proprietorship ☐ Ot		fessional Housewife Business Retired Agriculture
b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 L	.acs □ 5 - 10 Lacs □ 10 - 25 Lacs □ >25 Lacs - 1	Crore □>1 Crore OR Net worth ₹
c. Politically Exposed Person (PEP) Status (Also applic ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable	able for authorised signatories/ Promoters/ Karta/ Trustee/ Who	ole time Directors)
5. BANK ACCOUNT DETAILS (Mandatory) [Refer In:	structions] (Details of bank account in which redemption, divid	dend or other payments to be credited.)
Bank Name (Do not abbreviate)		
Account No.	Branch / City	
Branch Address		
Pin Code Account Type (Please √) For Resid	dents 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 accou IIFL Mutual Fund shall not be held responsible for delays or err 6. PAYMENT DETAILS (Mandatory) [Refer Instruction		s incomplete or inaccurate. [* indicates - Mandatory]
(I) Investment (II		Net Amount
Amount*	NEFT DECS Funds Transfer *Cheque / DD / I	(I)+(II)
Account Type (Please √) Savings □ Current □ NRE	□ NRO □ FCNR □ NRSR	Dated D D M M Y Y Y Y
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 P	Party Declaration Form' as available on our website www.iiflmf.com)	
Please enclose relevant documents as indicated below as holder to Debit the Account. DD/ Pay Order/ Banker's C * Please mention the Application No., PAN and Name of the First Instruments favouring "Name of the Scheme A/c. First Investor N	heque and the like - Declaration / Acknowledgement	t from Bank 🔲 Copy of Passbook / Bank Statement
Instruments favouring "Name of the Scheme A/c. First Investor N should be crossed "Account Payee Only" * To be filled in by investor	ame" OR "Name of the Scheme A/c. Permanent Account Numl's residing at the location, where the AMC Branches/CAMS Inves	ber" OR "Name of the Scheme A/c. Folio Number" and the same stor Service Centres are not located.
7. INVESTMENT DETAILS (Please $\sqrt{\ }$) Choice of Scheme	me/ Plan/ Option) - Please ensure there is only one ch	eque/DD per application form
IIFL Short Term Income Fund	ault Growth) Monthly Dividend Payout Dividend Reinvest	tment (<i>Default</i>)
Regular □ Perpetual (Default) □ Quarterly □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment	SIP Date: \Box 1 st \Box 7 th (Default) \Box 14 th \Box 21 st (Sel nent through SIP.	lect any one SIP Date)
9. NOMINATION (Please √ and confirm the option	·	/We also understand that all payments and settlements made to such Nominee
and Signature of the Nominee acknowledging receipt thereof, shall be a NOMINEE'S NAME Mr. Ms	alid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in de	mat mode, the nomination under demat account will be considered. Date of Birth
NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)	Mr. Ms	(in case of minor)
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	e 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 Author	
NSDL	DP Name:	CDSL
DP Name: Beneficiary Beneficiary	Beneficiary	
DP ID*: I N Account No. The Applicant may note that incase the DP ID, Client ID and PAN Number me	Account No.	r disclosed in Denository Data Rase the Annication is liable to be rejected
pp roog note and medde are brind, elicite b and mid with Nathbell Inc	6 *	and a supposition of some state of the population is made 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

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	f section(s) that is/are not applicable)
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	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applicat						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary ry [v] applicable category]: d Company Partnership Firm Limited Liability Parti Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company □ Un	[plea	se specify	,	lic Charitable Trust	☐ Religious Trust
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 acknowledgement
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ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of p interest of more than 15% of the capital or profits of the property or capital or profits of the property or capital or profits of the juridical person through other med 0-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if exercising ultimate effective control over the Trust thr DECLARATION UBO DROWLEDGE and confirm that the information proving the province of the prov	of the juridical person [Ir resson [Investor], where ins exercised through what the controlling owner nior managing official [applicable], UBO-9: The ough a chain of control	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persic cases where there exists doub erts control through ownershi ie settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
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I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme an may be mo	including the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the ter d such other scheme(s) of the Mutual Fund [Scheme(s)] into oved pursuant to any instruction received from me/us to si to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or cl. Whe further dedare that the amount invested by me/us in gittimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable suced by any governmental or statutory authority from time to ave read and understood the contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life contents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or this subscription and life to ontents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the contents on "Third Party Paymer or the subscription and the subscription a	al Fund) for units of the ms and conditions, of the which my/our investment weep/switch, the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts a: Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
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commission competing recommen I/We author from making debit my/co in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which a ded to me/us. orize AMC to reject the application, reverse the units cong any further investment in any of the Scheme/s of IIEL bur folio(s) with the penal interest and take any approprials cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover /	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We here redemptio my/our Bar	iatsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thr Ordinary A	I (Whe hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. y authorise AMC to provide my/our information, as mentioning part of my/our Folio details, to AMCs Registrar and a country of the country of	ve been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name		
providers e	rming part of my/our Folio details, to AMC's Registrar and T ngaged by R&T, for effectively carrying out the maintenance Iers'related activities.	ranster Agent or service , storage and processing			Enclosed (please √) PA	AN KYC	(Attach copy of PAN & KYC^)



IIFL Liquid Fund (An open ended Liquid Scheme)

APPLICATION FORM

Application No.

Please read the instructions					,	spiredion No.
1. DISTRIBUTOR INFORM			Enoug	lavas Uniova Islantifi	estion No *	Data 9 Time of Descipt
Distributor Name & AF		Sub-Broker Code	Emp	loyee Unique Identific	Cation No."	Date & Time of Receipt
ARN-109217				E150257	at the state of	
						vestor, irrespective of whether the transaction is ank and sign the following declaration;
"I/We hereby confirm that the E	UIN box has been inten	tionally left blank by me/us a	as this transaction is	executed without any in	nteraction or adv	rice by the employee/relationship manager/sales
person of the above distributor/s	ub broker or notwithsta	nding the advice of in-approp	priateness, if any, pr	ovided by the employee/r	elationship man	ager/sales person of the distributor/sub broker."
First/ Sole Applic	cant/ Guardian		Second Applica	<u></u>		Third Applicant
	· · · · · · · · · · · · · · · · · · ·	the AMFI registered Distribu			L arious factors inc	luding the service rendered by the distributor.
		ONS THROUGH DISTRIB				
					Rs.150/- (for firs	st time Mutual Fund investor) or Rs.100/- (for
investor other than first time N invested. Investors are advised t						ts will be issued against the balance amount
						ransaction Charges shall be accordingly deducted)
3. EXISTING UNITHOLDE	ERS DETAILS (Please	note that the applicant deta	ails and mode of h	olding will be as per the	e existing Folio N	lumber) [Refer Instructions]
Existing Folio No.	•	Name of Sole/ First Unit H		,		
3				number & first holder	name in Section	n (3) and proceed to Section (6) of the Form.
		OCK LETTERS with black/blu				
NAME OF FIRST / SOLE APPLI				l in case of minor applica		
NAME OF THIST / SOLE AFTER	CANT IVII. IV	is [Note: No Joint	t floiding permitted	Till case of fillitor applica	antj	
Date of Birth (Mandatory for Mi	nor Applicant - *Enclos	se Supporting Document)	D D M N	YYYY	PAN	
Cuardian (Mandaton) for Minor Ann	licant)					
Guardian (Mandatory for Minor Appl		15	. 1. 2		7.4.4.	10 8 2
Date of Birth DDMMY	Y Y PAN	R	elationship with Mir	nor Applicant L Father L	Mother Leg	gal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER	DETAILS (Mandatory)				
a. Status of First/ Sole Applica						
						through guardian BOI OCI
Body Corporate LLP So		ational Resident in India 🔲	QFI L FPI L SOIE	Proprietorsnip Non Pro	offt Organisation	
b. Occupation Details [Please : ☐ Service ☐ Private Sector ☐ Pu		ont Sonico 🏻 Student 🗖 Pr	rofossional 🗖 Hous	owifo Pusinoss Pot	irod 🗆 Agricultu	ura Proprietorchia Othore
						
c. Gross Annual Income (Rs.) [the state of the s		
Net-worth (Mandatory for No			D M M		Not older than 1	* *
d. Politically Exposed Pers		* *	d signatories/ Promo	oters/ Karta/ Trustee/ Who	ole time Directo	rs)
☐ I am PEP ☐ I am Related e. Non-Individual Investor			anad contiess			
Foreign Exchange/ Money				vices□Monev Lendin	nα/ Pawning Γ	None of the above
		. , , ,				
ADDRESS OF FIRST/ SOLE APPLICA	ANT [P.O. BOX Address is	not sufficientj				
	1 1		1	i i		A N D M A R K
City	State			ıntry		Pin Code
OVERSEAS ADDRESS (in case the	First Applicant is NRI/FII/F	PIO) [P.O. Box Address is not s	sufficient] {Refer Ins	structions}		
	1. 1		1	1		
City	State			untry		Zip Code
	RST/ SOLE APPLICANT	(Please ensure that you fi	ill in the contact			
Name	1	. 1		Phone		
Phone (R)	Mobi			 :		updates via SMS on my mobile (Please √)
Fax	e-mai				TERS	
I/We wish to receive the following					tter 🔛 Annual F	Report All Statutory Returns / Information
MODE OF HOLDING (Please √)	Single Jointly	/ Either/ Anyone or Sur	rvivor (Default Opt	ion : Joint)		
NAME OF THE SECOND APPLIC	CANT Mr. Ms					
Date of Birth D D M M Y	Y Y PAN	[1	Kindly ensure that C	opy of PAN & KYC Acknow	wledgement Lette	er are enclosed to your Application Form
a. Occupation Details [Please ti	ick (✓) ☐ Service ☐ Pr		-	* *	_	sewife Business Retired Agriculture
	☐ Proprietorsh	(-1	specify)			
b. Gross Annual Income	₹ 🗌 Below 1 Lac 🗆]1 - 5 Lacs	acs 🗌 10 - 25 L	acs 🗆 >25 Lacs - 1	Crore □>1	Crore OR Net worth ₹
c. Politically Exposed Pers	son (PEP) Status (A	lso applicable for authorised	I signatories/ Promo	oters/ Karta/ Trustee/ Who	ole time Director	rs)
☐ I am PEP ☐ I am Related	to PEP Not Appl	icable				continued overlead
**						
X¥X III	ACKNOWLEDGN	IENT SLIP (To be fi	-		100	FL Liquid Fund
Mutual Fund			Α	RN No:	App	olication No.
Received from						
Cheque/ DD/ RTGS/ NEFT No.				Pated: D D M M Y	YYY	
Drawn on Bank & Branch						
Scheme/ Plan/ Option/ Sub-Opti	on				_	
1						Signature, Stamp & Date

NAME OF THE THIRD APPI	LICANT Mr. Ms			
Date of Birth DDMM	Y Y Y PAN	Kindly ensure that Copy of PAN	& KYC Acknowledgement Letter are enclos	ed to your Application Form
a. Occupation Details [Plea	ase tick (✓) ☐ Service ☐ Private Sector☐ Pu☐ Proprietorship ☐ Others—	blic Sector Government Service St (please specify)	udent Professional Housewife B	usiness Retired Agriculture
b. Gross Annual Incor	me ₹ 🗌 Below 1 Lac 🔲 1 - 5 Lacs 🔲	5 - 10 Lacs □ 10 - 25 Lacs □ >2	5 Lacs - 1 Crore □>1 Crore OR I	Net worth ₹
	Person (PEP) Status (Also applicable for ated to PEP ☐ Not Applicable	authorised signatories/ Promoters/ Karta/	Trustee/ Whole time Directors)	
	DETAILS (Mandatory) [Refer Instructio	ns] (Details of bank account in which red	demption, dividend or other payments to be	credited.)
Bank Name		-		
(Do not abbreviate)		Drawal		
Account No Branch Address		Branci	n / City	
Pin Code	Account Type (Please √) For Residents	Savings Current For Non-Resident	NRO NRE Others	
MICR Code*	RTGS/ NEFT / IFSC* Code	Journal Content		C/ NEET and a vacuited for Direct availab
	ed cheque leaf of the same bank account as me	ntioned above incase the bank account de		GC/ NEFT code required for Direct credit) details given in Section (7).
	be held responsible for delays or errors in pr LS (Mandatory) [Refer Instructions]	37 1		[* indicates - Mandatory]
(I) Investment	(II) DD Chai	rges	Net Amount	
Amount* Mode of Payment (Please √)	Cheque DD RTGS NEFT	ECS Funds Transfer *C	heque / DD / RTGS / NEFT No.	
Account Type (Please √)	Savings Current NRE NRO	FCNR NRSR	Dated D D	
Payment from	<u> </u>	Name of 1st Ban	1	
Bank A/c. No. Drawn on Bank		Name of 2nd Bar		
Branch & City		Name of 3rd Ban		
			•	
	Yes (If YES then please attach 'Third Party Deck			
holder to Debit the Accou	locuments as indicated below as per the unt. DD/ Pay Order/ Banker's Cheque a	and the like - Declaration / Acknow	wledgement from Bank 🔲 Copy of I	Passbook / Bank Statement
should be crossed "Account I	ation No., PAN and Name of the First Unit hol ne of the Scheme A/c. First Investor Name" OF Payee Only" * To be filled in by investors residing	g at the location, where the AMC Branche	s/CAMS Investor Service Centres are not Ic	ocated.
IIFL Liquid Fund	TAILS (Please √) Choice of Scheme/ Plan □ Direct □ Growth (Default Grow		only one cheque/DD per application	n torm
III E Elquiu Turiu		end Payout Dividend Reinvestmer	nt (Default)	
	☐ Daily ☐ Week		r Daily option. Dividend Payout (Default) Divid	end Reinvestment
8. NOMINATION (I	Please $\sqrt{}$ and confirm the option sele			
I/We do hereby nominate t and Signature of the Nomi	the undermentioned Nominee to receive the Units allot inee acknowledging receipt thereof, shall be valid discha	ted to my/our credit in my/our folio in the event of arge by the AMC/ Mutual Fund/ Trustees. In case o	my/our death. I/We also understand that all paym funits held in demat mode, the nomination under	nents and settlements made to such Nominee r demat account will be considered.
NOMINEE'S NAME Mr	r. Ms		Date of Birth D	D M M Y Y Y Y
			(in case of minor)	
NAME OF PARENT/ LEGAL G	SUARDIAN (in case of minor)	Ms		
ADDRESS OF NOMINEE/ GUA	ARDIAN			
ADDITESS OF NOMINELY GO.	אהוטורו			
City		Pin Code	Specimen Signa	ature of Nominee / Guardian
OR City				
☐ I/We do not wish to nom	ninate a nominee in my/our folio.			
For more than one nominee	e, please use nomination form.	Signature of 1st Unit Holder	Signature of 2nd Unit Holder	Signature of 3rd Unit Holder
9. DOCUMENTS EN	ICLOSED (Please √)			
	Deed Bye-Laws Partnership Deed	Resolution/ Authorisation to invest	List of Authorised Signatories with Speci	men Signatue(s)
10. Demat Accou	nt Details (Optional) (Refer instructions)		CDC!	
DP Name:	NSDL	DP Name:	CDSL	
DP ID*: I N	Beneficiary	Beneficiary		
	Account Ño. See the DP ID, Client ID and PAN Number mentioned in	Account No.		e the Application is liable to be rejected
, pp. can it may note that lited				

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. D	DECLARATION FOR ULTIMATE BENEFICIAL OW	/NERSHIP [UBO] (Man	datory	for Non-individual Applica	ant/Investor) To be filled in BLOCK L	ETTERS (Please str	ike off sect	tion(s) that is/are not applicable)	
Part I: List	ted Company / its subsidiary company [Part III De	tails NOT APPLICABLE]							
	ereby declare that -								
	npany is a Listed Company listed on recognized stock ex	change in India							
	npany is a subsidiary of the Listed Company npany is controlled by a Listed Company								
	npany is controlled by a listed Company of Listed Company ^								
	ange on which listed	Security ISIN							
	s of holding/parent company to be provided in case the applican								
Part II: Nor	n-individuals other than Listed Company / its subsidiary o	company							
i) Category	y [✓ applicable category]:	. ,							
	Company \square Partnership Firm \square Limited Liability Partr				body of individuals Pub	lic Charitable T	rust 🗌	Religious Trust	
	Trust Trust created by a Will Others		[pleas	se specify					
	of Ultimate Beneficiary Owners: • the space provided is insufficient, please provide the in	formation by attaching s	onara	ate declaration form	e)				
(III Case	e the space provided is insufficient, please provide the in	, ,	·	ate decidiation forms	5)				
		PAN or any other valid ID proof		Position /		UBO Co	de	KYC (Yes/No) [Please attach	
Sr.	Name of UBO	for those where PAN is not		Designation o be provided	Applicable Period	[Mandat	ory]	KYC	
No.	[Mandatory]	applicable#	-	wherever		[Refe		acknowledgement copy]	
		[Mandatory]		applicable]		below			
Frustee(s) (person(s) (Part III: D We ackn nformatic	UBO-5: Natural person who holds the position of see of the Trust, UBO-8: The Protector(s) of the Trust [if a exercising ultimate effective control over the Trust three ECLARATION UBO nowledge and confirm that the information provon is/are found to be false/incorrect and/or the verse the allotment of units and the AMC/Mutual	pplicable], UBO-9: The bugh a chain of control of ded above is/are true declaration is not pro	ben or ov e and ovide	eficiaries with 15% vnership. d correct to the k d, then the AMC	or more interest in the true pest of my/our knowledg Trustee/Mutual Fund sh	ust if they are ge and belief all reserve th	natural f. In the	person(s) UBO-10: Natura e event any of the above to reject the application	
orm with	all SEBI Registered Intermediaries and they can rowner, with no declaration to submit. I/We also	rely on the same. In ca	ase t	he above informa	tion is not provided, it v	vill be presun	ned tha	it applicant is the ultimate	
peneficial also under	owner, with no declaration to submit. I/We also rake to provide any other additional information as n	undertake to keep you hay be required at your e	info end.	ormed in writing a	bout any changes/modif	cation to the	above	information in future and	
	DECLARATION AND SIGNATURES	lay be required at your c	er rei						
We have r	read and understood the contents of the Scheme Informa	tion Document/s to the							
cheme(s) ir We hereb	ncluding the sections on "Prevention of Money Laundering and y apply to the Trustees of the IIFL Mutual Fund (the Mutua	Know Your Customers".							
cheme(s) a	y apply to the Trustees of the IIFL Mutual Fund (the Mutua sindicated above ["the Scheme"] and agree to abide by the ter d such other scheme(s) of the Mutual Fund [Scheme(s)] into v	ms and conditions, of the which my/our investment							
nay be mo	oved pursuant to any instruction received from me/us to sv o my/our investment including any further transaction under t	veep/switch the units as			APPLICANT SIGNA	ATURE	POA	HOLDER SIGNATURE	
ot received	o my/our investment including any further transaction under to d nor have been induced by any rebate or gifts, directly or I/We further declare that the amount invested by me/us in	indirectly, in making this		Signature of					
hrough lea	itimate sources and is not held or designed for the nurnose of	contravention of any act		Signature of 1st Applicant /	POA Details - POA Name				
ules, and re lirections is	egulations or any statute or legislation or any other applicable sued by any governmental or statutory authority from time to t ave read and understood the contents on "Third Party Paymer	laws or any notifications, ime. I/We hereby confirm		POA Holder /	POA PAN				
hat I/We ha	ave read and understood the contents on "Third Party Paymer	nts" and confirm that the		Guardian	Enclosed (please √) □ PA	AN KYC	(A	Attach copy of PAN & KYC^)	
ayment to accounts as	or this subscription application has been made from my/ous spermitted by SEBI/AMFI and provided in the said section of vant declaration and documents as mandated herein have bee	n Account or from such on Third Party Payments.			т т т т т т т т т т т т т т т т т т т		٧		
urther, relea	vant declaration and documents as mandated herein have bee ent.	en provided for the mode							
We furthe	er confirm that I/we have the express authority from the i	relevant constitution to	S						
AMC], its 1	e units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible if	the investment is ultra	URE		APPLICANT SIGNA	ATURE	POA	HOLDER SIGNATURE	
ires the rel	evant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has dis		IAT	Signature of	1		. 5/-		
ommission	ns (in the form of trail commission or any other mode), payabl	e to him for the different	SIGNATURES	2nd Applicant /	POA Details - POA Name				
	Schemes of various Mutual Funds from amongst which t ded to me/us.	he Scheme(s) has been	S	POA Holder	POA PAN				
We autho	prize AMC to reject the application, reverse the units or	redited, restrain me/us			Enclosed (please √) PA	AN KYC	<u></u> (д	Attach copy of PAN & KYC^)	
ebit my/o	ng any further investment in any of the Scheme/s of IIFL ur folio(s) with the penal interest and take any appropria	te action against me/us			4: 4			13 7	
case the	cheque(s)/ payment instrument is/are returned unpaid by	by my/our bank for any							
We hereb	by further agree that AMC can directly credit all the	dividend payouts and							
edemption ıy/our Bar	n amount to my/our bank account, where AMC has su	ucn arrangement with							
					APPLICANT SIGNA	ATURE	$P \cap \Lambda$	HOLDER SIGNATURE	
pplicable	nk. to NRIs only: I/We confirm that I am/ we are Non- Residen	ts of Indian Nationality/		Signature of	APPLICANT SIGNA	ATURE	POA	HOLDER SIGNATURE	
Origin and broad thro	nk. to NRIs only: I/We confirm that I am/ we are Non-Residen I/We hereby confirm that the funds for subscription ha ough approved banking channels or from funds in my/our I	ts of Indian Nationality/ ve been remitted from		3rd Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE	POA	HOLDER SIGNATURE	
Origin and abroad thro Ordinary Ac	nk. to NRIs only: I/We confirm that I am/ we are Non- Residen I/We hereby confirm that the funds for subscription ha bugh approved banking channels or from funds in my/our I ccount/FCNR Account.	ts of Indian Nationality/ ve been remitted from Non-Residents External/			POA Details - POA Name	ATURE	POA	HOLDER SIGNATURE	
Origin and abroad thro Ordinary Ao I/We hereby form or fori	nk. to NRIs only: I/We confirm that I am/ we are Non-Residen I/We hereby confirm that the funds for subscription ha ough approved banking channels or from funds in my/our I	ts of Indian Nationality/ we been remitted from Non-Residents External/ oned in this application ransfer Agent or service		3rd Applicant /	1			Attach copy of PAN & KYC^)	