

Please read the instructions before filling the Application Form

Application No. **W10541541**

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
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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 ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Minor through guardian
☐ Non - Individual ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ Fils ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP ☐ Society/ Club ☐ Foreign National Resident in India
☐ QFI ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____ ☐ There is/ are Ultimate Beneficiary Owner(s) (Attached Mandatory UBO Form)

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/ Karta/ Trustee/ Whole time Directors)
☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

e. Non-Individual Investors involved/ providing any of the mentioned services
☐ Foreign Exchange/ Money Changer Services ☐ Gaming/ Gambling/ Lottery/ Casino Services ☐ Money Lending/ Pawning ☐ None of the above

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

City _____ State _____ Country _____ Pin Code _____

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

City _____ State _____ Country _____ Zip Code _____

CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)			
Name			Phone (O)
Phone (R)	Mobile	<input type="checkbox"/> I/We wish to receive updates via SMS on my mobile (Please ✓)	
Fax	e-mail	IN BLOCK LETTERS	

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/ Karta/ Trustee/ Whole time Directors)
☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

... continued overleaf

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

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms. _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 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

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 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 (6).
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

D	D	M	M	Y	Y	Y	Y
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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 India Growth Fund ☐ Direct ☐ Growth (Default Growth)

☐ Regular ☐ Dividend Payout ☐ Dividend Re-investment (Default Dividend Payout)

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) (Not applicable for existing investors where nomination is already done) - 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)

D	D	M	M	Y	Y	Y	Y
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Specimen Signature of Nominee / Guardian

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

For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

10. DOCUMENTS ENCLOSED (Please ✓)

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

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

NSDL

CDSL

DP Name: _____

DP Name: _____

DP ID*:

I	N						
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 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			
		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 ^)			