COMMON APPLICATION FORM

Application No.

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code#	Date & Time of Receipt
ARN - 1308				

*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.
#I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder

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.

TRANSACTION CHARGES
Please tick (✓)

☐ I am a First time investor across Mutual Funds (₹ 150 will be deducted) OR ☐ I am an existing investor in Mutual Funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI register distributor based on the investors' assessment of various factors including service rendered by the distributor.

1 EXISTING UNITHOLDERS DETAILS

Existing Folio No. _____ Name of Sole/ First Unit Holder _____

Note: All investor details like mode of holding, nomination, bank details, investor address and contact details, will be captured as per existing information under the given folio. Proceed directly to section 7. For registering different information, please **Do Not** fill-in this section.

2 NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink and read the instructions carefully, on page 1 to 4 before filling up the form

Name of Entity/Sole/First Applicant Mr. Ms. (as in PAN)

PAN/PEKRN _____ KYC ☐ Yes ☐ No Mode of Holding (Please ✓) ☐ Single ☐ Joint ☐ Either/ Anyone or Survivor (Default Option : Joint)

Date of Birth/Incorporation (Mandatory) D D M M Y Y Y Y Proof of Birth (Please ✓) ☐ Passport ☐ Birth Certificate ☐ Others _____

Status (Please ✓)
☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ HUF ☐ Trust /Charities / NGOs ☐ Society ☐ FI ☐ NRI
☐ Company/Body Corporate ☐ Sole Proprietor ☐ Defence Establishment ☐ PIO ☐ Bank ☐ FPI (as and when applicable) ☐ Government Body
☐ Partnership Firm ☐ Others _____
(For Non-Individual investors, FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form is mandatorily, and should be filled separately)

Non-Individual Investors involved/providing any of the mentioned services
Please (✓) (Applicable only for Non Individuals)
☐ Foreign Exchange/ Money Changer Services ☐ Money Lending/ Pawning
☐ Gaming/ Gambling/ Lottery/ Casino Services ☐ None of the above

Name of Guardian / Contact Person (Contact Person for non-individual applicant) Mr. Ms. (as in PAN)

PAN/PEKRN for Guardian / Contact Person _____ Date of Birth (Mandatory) D D M M Y Y Y Y

Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian (Refer instructions)

3 NAME OF THE SECOND APPLICANT Mr. Ms. (as in PAN)

Date of Birth (Mandatory) D D M M Y Y Y Y PAN/PEKRN _____ Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

4 NAME OF THE THIRD APPLICANT Mr. Ms. (as in PAN)

Date of Birth (Mandatory) D D M M Y Y Y Y PAN/PEKRN _____ Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

5 ADDRESS & CONTACT DETAILS OF FIRST/ SOLE APPLICANT (P.O. Box Address is not sufficient. Refer instruction no. 3)

Correspondence Address (address details will be updated as per your KYC records with CKYC / KRA.

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Overseas Address (Mandatory for NRI / FII Applicants)

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Tel. (Res.) _____ Tel. (Off.) _____ Mobile No. _____

Mobile No. provided pertains to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

Email ID (CAPITAL letters only) _____

Email ID provided pertains to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only) ☐ PMS

☐ I hereby authorise 360 ONE MF (Formerly known as IIFL MF) to send important scheme related information through SMS and Whatsapp.
Investors providing Email ID would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email.
☐ I wish to receive physical copy of the scheme wise annual report and abridged summary.

ACKNOWLEDGMENT SLIP
(To be filled in by the Applicant)

ARN No: _____ Application No.

Received from _____

Instrument No. _____ 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.

6 BANK ACCOUNT DETAILS (Mandatory) (Details of bank account in which redemption, IDCW or other payments to be credited.)

Account No.[$] | Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name (Do not abbreviate)

Branch | City | Pin Code

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

Please provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (9).

360 ONE Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

[$]For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. * indicates - Mandatory.

7 FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			3rd Applicant		
Country#	Tax Payer[@] Ref. ID No	Identification Type	Country#	Tax Payer[@] Ref. ID No	Identification Type	Country#	Tax Payer[@] Ref. ID No	Identification Type
1			1			1		
2			2			2		
3			3			3		

[#]Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.
[@]In case Tax Identification Number is not available, kindly provide its functional equivalent.

Sole/First Applicant/Guardian		2nd Applicant		3rd Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided.

8 ADDITIONAL KYC DETAILS (Mandatory. Please read instructions no 5 & 6 under APPLICANT'S INFORMATION.)

OCCUPATION	Professional	Agriculturist	Housewife	Retired	Government Service/Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

GROSS ANNUAL INCOME DETAILS^	Below 1 Lac	1-5 Lacs	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH IN ₹	Date
1st Applicant	☐	☐	☐	☐	☐	☐		(Net worth should	D D M M Y Y Y Y
2nd Applicant	☐	☐	☐	☐	☐	☐		not be older	D D M M Y Y Y Y
3rd Applicant	☐	☐	☐	☐	☐	☐		than 1 year)	D D M M Y Y Y Y
Guardian	☐	☐	☐	☐	☐	☐			D D M M Y Y Y Y

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

^Please attach Proof for income and occupation.

9 PAYMENT & INVESTMENT DETAILS (Mandatory) (Details of account from which investment has been done.)

Scheme | Plan ☐ Regular ☐ Direct | Option

Amount (figures) | Payment mode ☐ Cheque ☐ DD ☐ Fund Transfer ☐ RTGS/NEFT | Instrument no. (Cheque/DD/UTR/UMR No.)

Account No. | A/c ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (Please specify)

Instrument Date (D D M M Y Y) | Bank | Branch

Types of Investment ☐ Lumpsum ☐ Lumpsum + SIP (for SIP please fill separate SIP cum Mandate registration form)

LEI No. | Valid Upto (D D M M Y Y Y Y)

Note: LEI no. is Mandatroy for transaction amount 50 crs above for Non individual. LEI number of 360 ONE Mutual Fund is 335800JVNCKDJJFV1I16

10 UNITHOLDING OPTION ☐ Demat Mode ☐ Physical Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. (I N)	Target ID No.

Enclosures (Please tick any one box) ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

asset 360 ONE

360 ONE Asset Management Limited (Formerly known as IIFL Asset Management Limited)
7th Floor, 360 ONE Center, Kamala Mills Compound, Lower Parel, Mumbai - 400013.
Email ID: service@360.one
Toll-free no. 1800-2108-606 I Website: www.360.one/asset-management/mutualfund/

11 NOMINATION (Mandatory*) (Please ✓ and confirm the option selected)

ANNEXURE - A — FORMAT FOR PROVIDING NOMINATION

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Sr. No.	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandatory Details			
1.	Name of the nominee(s) (Mr./Ms.)*			
2.	Share of each Nominee — Equally (If not equally, please specify percentage)	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3.	Relationship with the Applicant (If Any)			
4.	Minor Date of birth			
5.	Guardian name			
	*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)			
	Non Mandatory Details			
6.	Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code			
7.	Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	Mobile No. Tel. No.	Mobile No. Tel. No.	Mobile No. Tel. No.
8.	Email ID of nominee(s)/ Guardian in case of Minor			
9.	Nominee/ Guardian (in case of Minor) Identification details (Please tick any one of following and provide details of same)	☐ Photograph & Signature ☐ PAN ☐ Aadhaar Card ☐ Proof of Identity ☐ Saving Bank A/c no. ☐ Demat A/c ID	☐ Photograph & Signature ☐ PAN ☐ Aadhaar Card ☐ Proof of Identity ☐ Saving Bank A/c no. ☐ Demat A/c ID	☐ Photograph & Signature ☐ PAN ☐ Aadhaar Card ☐ Proof of Identity ☐ Saving Bank A/c no. ☐ Demat A/c ID
	*Name and Signature of Holder	First Unitholder Name First Unitholder Signature	Second Unitholder Name First Unitholder Signature	Third Unitholder Name First Unitholder Signature

*Witness Name

*Witness address

Witness Signature

If the account holder affixes thumb impression, instead of signature.

ANNEXURE - B — DECLARATION FOR OPTING-OUT OF NOMINATION

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio.

*Name and Signature of Holder	First Unitholder Name First Unitholder Signature	Second Unitholder Name First Unitholder Signature	Third Unitholder Name First Unitholder Signature

*Witness Name

*Witness address

Witness Signature

If the account holder affixes thumb impression, instead of signature.

12 POWER OF ATTORNEY (POA) HOLDER DETAILS

	PAN
First Applicant POA Name	
Second Applicant POA Name	
Third Applicant POA Name	

13 DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund www.360.one/asset-management/mutualfund/ and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment.The amount invested in the Scheme(s)is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder

SIP REGISTRATION CUM MANDATE FORM
(For investment through NACH)

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code#	Date & Time of Receipt
ARN - 1308				

*Please sign alongside in case the EUIN is left blank/not provided. 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.

Sign Here	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Up-front 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.

☐ #I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

1 UNITHOLDER INFORMATION

Folio Number/ Application No. PAN

Name of the First Holder

Scheme Option Plan

2 REQUEST FOR

☐ Registration of SIP ☐ Renewal of SIP

3 SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL)

Frequency	Enrolment Period From	Enrolment Period To	Perpetual	SIP Date	Instalment Amount	Step-Up (Optional) (Please refer inst. no. 10) Amount	Cap Amount	Frequency
☐ Monthly (Any date: 1st to 28th, 7th is default)	M M Y Y Y	M M Y Y Y	☐ Perpetual (Till 40 Years from SIP start date)	D D				☐ Half Yearly ☐ Yearly
☐ Quarterly (Any date: 1st to 28th, 7th is default)	M M Y Y Y	M M Y Y Y		D D				☐ Half Yearly ☐ Yearly
☐ Weekly (☐Mon ☐Tue ☐Wed ☐Thu ☐Fri)	D D M M Y Y Y	D D M M Y Y Y		NA		NA	NA	NA
☐ Fortnightly (2nd & 16th every month)	D D M M Y Y Y	D D M M Y Y Y		NA		NA	NA	NA

4 INVESTMENT DETAILS

First Installment Cheque Date D D M M Y Y Y Y Cheque No. Amount

Bank A/C No.

Bank Name Drawn on Bank and Branch

5 UNITHOLDING OPTION

☐ **Demat Mode** ☐ **Physical Mode** **These details are compulsory if the investor wishes to hold the units in DEMAT mode.**

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)	DP ID No. Beneficiary Account No.	Central Depository Securities Limited (CDSL)	Target ID No.
	I N		

Enclosures (Please tick any one box) ☐ **Client Master List (CML)** ☐ **Transaction cum Holding Statement** ☐ **Cancelled Delivery Instruction Slip (DIS)**

6 DECLARATION

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the 360 ONE Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorize the beneficiary or their authorized Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the 360 ONE Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that 360 ONE Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the diferent competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

7 AUTHORISATION AND SIGNATURE/S AS PER 360 ONE MUTUAL FUND RECORDS (MANDATORY)

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. Debited contributions may be passed on to the 360 ONE Mutual Fund / Service Provider as per rules, procedures and practices in force. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

Sole /1st AccountHolder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

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ONE TIME MANDATE (OTM)

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓)

CREATE	✓
MODIFY	☒
CANCEL	☒

I/We hereby authorize **360 ONE AMC** to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees (Amount in Words) ₹ (Amount in Figures)

FREQUENCY ~~☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly~~ ✓ As & when presented DEBIT TYPE ~~☒ Fixed Amount~~ ✓ Maximum Amount

PAN / Application No. Mobile No. +91

Reference Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debt my account as per latest schedule for charges of the bank.

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entitly/corporate or the bank where I have authorised the debit.

PERIOD

From	D D M M Y Y Y Y
To	D D M M Y Y Y Y

Maximum period is 40 year from start date

Signature of Primary Account Holder as per Bank records	Signature of Second Account Holder as per Bank records	Signature of Third Account Holder as per Bank records
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records