

4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque)

(Please Refer instruction no. 5)

| | | | | | | | | | | | |
|----------------------|--|--|--|--|---------------------------|------------------------------|----------------------------------|----------------------------------|------------------------------|---------------------------------|--|
| Name of the Bank | | | | | | | | | | | |
| Account No. | | | | | Account Type | <input type="checkbox"/> NRE | <input type="checkbox"/> Current | <input type="checkbox"/> Savings | <input type="checkbox"/> NRO | <input type="checkbox"/> Others | |
| Bank Branch | | | | | Address | | | | | | |
| Bank City | | | | | State | | | | | | |
| MICR Code (9 digits) | | | | | IFSC Code for NEFT / RTGS | | | | | | |

\$ This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

(Please Refer instruction no. 6)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|----------------------------------|------------------------------------|----------------------------------|---------------------------------------|--|----------------------------|----------------------------|----------------------------|--|--|--|--|--|
| Mode of Holding: | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Anyone or Survivor* | *(Please note that the Default option is Anyone or Survivor) | | | | | | | | | | | | | | | |
| 5a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN] | | | | | | | | | | | | | | | | | | | |
| Name* Mr / Ms. | | | | | | | | | | | | | | | | | | | |
| Date of Birth* | <input type="checkbox"/> D | <input type="checkbox"/> D | <input type="checkbox"/> M | <input type="checkbox"/> M | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | PAN/PEKRN* | <input type="checkbox"/> CKYC / KIN | | | | | | | | | |
| Status: (Mandatory, Please ✓) | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation | | | | | | | | | | | | | | | | | | |
| Occupation: | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Govt. Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Others (Please specify) | | | | | | | | |
| Mobile: | <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | |
| Email: | <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | |
| (Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | | |
| Gross Annual Income: | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore | <input type="checkbox"/> >1 crore | as on | <input type="checkbox"/> D | <input type="checkbox"/> D | <input type="checkbox"/> M | <input type="checkbox"/> M | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | | | | | |
| (Not older than 1 year) | | | | | | | | | | | | | | | | | | | |
| For Individuals : (Please ✓) | <input type="checkbox"/> I am Politically Exposed Person (PEP)^ | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable | | | | | | | | | | | | | | | | |
| POA Name : (If applicable) | POA PAN : <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

5b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN]

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|-------------------------------------|---|--|----------------------------------|------------------------------------|----------------------------------|---------------------------------------|--|----------------------------|----------------------------|----------------------------|--|--|--|--|--|
| Name* Mr / Ms. | | | | | | | | | | | | | | | | | | | |
| Date of Birth* | <input type="checkbox"/> D | <input type="checkbox"/> D | <input type="checkbox"/> M | <input type="checkbox"/> M | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | PAN/PEKRN* | <input type="checkbox"/> CKYC / KIN | | | | | | | | | |
| Status: (Mandatory, Please ✓) | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation | | | | | | | | | | | | | | | | | | |
| Occupation: | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Govt. Service | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired | <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Others (Please specify) | | | | | | | | |
| Mobile: | <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | |
| Email: | <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | |
| (Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA | | | | | | | | | | | | | | | | | | | |
| Gross Annual Income: | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore | <input type="checkbox"/> >1 crore | as on | <input type="checkbox"/> D | <input type="checkbox"/> D | <input type="checkbox"/> M | <input type="checkbox"/> M | <input type="checkbox"/> Y | <input type="checkbox"/> Y | <input type="checkbox"/> Y | | | | | |
| (Not older than 1 year) | | | | | | | | | | | | | | | | | | | |
| For Individuals : (Please ✓) | <input type="checkbox"/> I am Politically Exposed Person (PEP)^ | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable | | | | | | | | | | | | | | | | |
| POA Name : (If applicable) | POA PAN : <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

6a. MAILING ADDRESS

| | | |
|--------------------------------|------------|-----------|
| Local Address of 1st Applicant | City | State |
| Pin Code | Tel. Resi. | Tel. Off. |

6b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

| | |
|--|-----------|
| [Please provide Full Address. P. O. Box address is not sufficient] | Zip Code: |
|--|-----------|

| Scheme Name | Plan / Option | Net Amount Paid (₹) | Payment Details | |
|-------------|---------------|---------------------|--|-----------------|
| | | | Cheque/UTR No. (in case of NEFT/RTGS) | Bank and Branch |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

In case of a single scheme, the Cheque should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". In case of multiple schemes, The Cheque should be drawn favouring "WhiteOak Capital MF Multi Collection A/c".

7. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque.

(Please Refer instruction no. 7)

Please read Instruction No. 7 for the Terms and Conditions of Multiple Scheme Investments and refer to Scheme Information Document, Statement of Additional Information, Key Information Memorandum and Addendums issued of the respective section for the applicability before filling this section.

| Sr. No. | Name of the Schemes | Plan Please (✓) | Option & Sub-Option Please (✓) | Investment Amount (₹) |
|--|---------------------|--|---|-----------------------|
| 1. | Scheme Name | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment | |
| 2. | Scheme Name | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment | |
| 3. | Scheme Name | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment | |
| 4. | Scheme Name | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment | |
| In case of Multiple Scheme, the Cheque to be drawn in favour of 'WhiteOak Capital MF Multi Collection A/c' and in case of single scheme, the Cheque to be drawn in favour of Scheme Name. For e.g. 'WhiteOak Capital Flexi Cap Fund' and the cheque amount should match with Total Investment amount mentioned here. | | | TOTAL AMOUNT | |

| | | |
|--|--|--|
| Payment Type (Please ✓) | <input type="checkbox"/> Non-Third Party | <input type="checkbox"/> Third Party Payment (Pls fill third party declaration form) |
| Payment Details | <input type="checkbox"/> Lumpsum | <input type="checkbox"/> SIP Top Up* <input type="checkbox"/> Flex SIP* <input type="checkbox"/> Goal SIP* |
| Amount (INR) | | |
| Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/RTGS | Cheque No. / UTR No. | Cheque / UTR No. |
| Drawn on Bank & Date | Bank Name & Date | Bank Name & Date |

Use Existing One Time Debit Mandate (If already registered in the Folio) (Please✓ if applicable and provide the existing bank details) *If you wish to register SIP Top Up / Flex SIP / Goal SIP, kindly fill the relevant SIP registration / Flex SIP Registration / Goal SIP Registration & OTM Debit Mandate Form. In case your OTM is already registered in the existing folio kindly fill the existing OTM details.

Bank Name _____ Bank A / c No. _____

* If the payment mode is OTM, then the debit instructions will be sent to investor's bank within 1 working day from the date of application.

8. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (Please Refer instruction no. 8)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

| | | | |
|--|---|---------------------|---------------------|
| National Securities Depository Limited | Central Depository Services (India) Limited | | |
| DP Name | DP Name | | |
| DP ID | IN | Beneficiary A/c No. | Beneficiary A/c No. |

Enclosures - Please (✓) Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) [Mandatory] (Please Refer instruction no. 9)

→ Non-Individual investors will require to fill separate FATCA & Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com . (Refer instructions of FATCA, UBO & NPO Form)

The below information is required for all applicants/guardian

| Particulars | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality |
|----------------------------|---------------------|------------------|--|
| First Applicant / Guardian | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Second Applicant | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Third Applicant | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

| Particulars | Country of Tax Residency | Tax Identification Number or Functional Equivalent (Mandatory) | Identification Type (TIN or other please specify) | If TIN is not available please tick (✓) the reason A, B or C (as defined below) |
|----------------------------|--------------------------|--|---|---|
| First Applicant / Guardian | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Second Applicant | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Third Applicant | | | | Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C ⇒ Others, please state the reason thereof:

| | | |
|--|---|---|
| *Address Type of Sole/1st Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | *Address Type of 2nd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | *Address Type of 3rd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |
|--|---|---|

*If the address type is not ticked the default will be considered as residential.

10. NOMINATION DETAILS* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please Refer instruction no. 10)

I/We do hereby nominate the following person (s) who shall receive all the assets held in my / our account / folio in the event of my / our demises, as trustee and on behalf of my / our legal heir(s)
 (Please fill the nominee details in the table given below)

OR

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

| Nomination can be made upto three nominees in the account. | Details of 1st Nominee | Details of 2nd Nominee | Details of 3rd Nominee |
|--|------------------------|------------------------|------------------------|
|--|------------------------|------------------------|------------------------|

| Mandatory information | | | | |
|-----------------------|---|---|---|---|
| 1 | Name of the nominee(s) | Mr./Ms. | Mr./Ms. | Mr./Ms. |
| 2 | Share of each Nominee# | % | % | % |
| 3 | Date of Birth (for Minor) | dd-mmm-yyyy | dd-mmm-yyyy | dd-mmm-yyyy |
| 4 | Relationship with the Applicant (select one) | <input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/> | <input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/> | <input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/> |
| 5 | Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required]. | <input type="radio"/> PAN _____ <input type="radio"/> Aadhaar (masked last 4 digits) **** * * * * <input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="radio"/> Driving License | <input type="radio"/> PAN _____ <input type="radio"/> Aadhaar (masked last 4 digits) **** * * * * <input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="radio"/> Driving License | <input type="radio"/> PAN _____ <input type="radio"/> Aadhaar (masked last 4 digits) **** * * * * <input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="radio"/> Driving License |
| 6 | Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country | Pincode: | Pincode: | Pincode: |
| 7 | Mobile of nominee(s)/ Guardian in case of Minor | | | |
| 8 | Email ID of nominee(s)/ Guardian in case of Minor | | | |
| 9 | Nominee Guardian Name (in case Nominee is Minor) | | | |

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows: (please tick, as appropriate)

Name of nominee(s) with %

Nomination: Yes / No (Default)

This nomination shall supersede any prior nomination made by the account holder(s), if any

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

| | | |
|-------------------------------|---|---|
| Sole / First Holder (Mr./Ms.) | Name: Witness 1 Name & Address: Witness 2 Name & Address: | Signature /Thumb Impression: Witness 1 Signature: Witness 2 Name & Address: |
|-------------------------------|---|---|

| | | |
|---|---|---|
| Second Holder (Mr./Ms.) | Name: Witness 1 Name & Address: Witness 2 Name & Address: | Signature /Thumb Impression: Witness 1 Signature: Witness 2 Name & Address: |
| Third Holder (Mr./Ms.) | Name: Witness 1 Name & Address: Witness 2 Name & Address: | Signature /Thumb Impression: Witness 1 Signature: Witness 2 Name & Address: |
| <p>* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form. Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)</p> | | |



Scan and View
Supporting documents required with this application form.

| | | | |
|--|---|---------------------------------|---------------------------------|
| Signature(s) | All Unit holders are requested to sign here, irrespective of the mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature. | | |
| Sign of 1st Applicant / Guardian / Witness | | Sign of 2nd Applicant / Witness | Sign of 3rd Applicant / Witness |

11. DECLARATION AND SIGNATURES*

(Please Refer instruction no. 11)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. **For Investors Investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please if the EUNI space is left blank: I/ We hereby confirm that the EUNI box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

12. CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

Yes No Please tick (✓) any

Signature(s) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

| | | |
|--|---|---|
| Sign of 1st Applicant / Guardian / Authorised Signatory / POA | Sign of 2nd Applicant / Authorised Signatory / POA | Sign of 3rd Applicant / Authorised Signatory / POA |
|--|---|---|

