## Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

## **COMMON APPLICATION FORM FOR MULTIPLE SCHEMES**



(For all schemes of WhiteOak Capital Mutual Fund except NFO schemes)

Application No.

Please read the Instructions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

1. DISTRIBUTOR INFORMATION*					(Please Refer instruction no. 1)
Name & Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
**By mentioning RIA/PMRN code, I/We author	prize you to share with the Investment	aont Advisor / Portfolio Ma	unager the details of myles	ur transactions in the	L:('. (' ('D. ( ( (
scheme(s) of WhiteOak Capital Mutual Fund.	(Please ✓ if applicable) Incase the	EUIN box has been left bla	ank, please refer the point r	elated to EUIN in the	Initiative (Refer instruction no.12)  n – Physical  Opt-out – Email
Declaration & Signatures section overleaf. Upf on the investor's assessment of various factors			investor to the AMFI registe	red distributor, based	
2. TRANSACTION CHARGES FOR	APPLICATIONS THROUG	H DISTRIBUTORS (	ONLY* (Please ✓ an	y one of the below)	(Please Refer instruction no. 2)
☐ I confirm that I am a First time investor	in Mutual Funds.	OR		I confirm that I am an existi	ng investor in Mutual Funds.
3. FOLIO NUMBER		The detail	s in our records under the fol	io number mentioned alongside will a	apply for this application.
4. APPLICANT(S) NAME AND INF	ORMATION (If the 1st / Sole	Applicant is Minor, th	en please provide deta	nils of natural / legal guardian	) (Please Refer instruction no. 4)
SOLE / FIRST APPLICANT Mr. / Ms. / M	/s. Name as per PAN	Card			
LEI Code for Non Individuals				(Please Refer instr	ruction no. 4a)
PAN		CH	(YC ID No. (KIN)		
POA / GUARDIAN (In case 1st Applicant	s a Minor)			Relationship	with Minor (Please ✓ )
Mr. / Ms. / M/s.	Name as per PAN Card			Mother	Father Legal Guardian
POA / GUARDIAN CKYC ID No. (KIN)			POA / GUARD	DIAN PAN	
*Date of Birth / Incorporation (Individual) (Non-Individual)	YYYY	Proof of Date of Birth (Pl (For minor appli	ease v )		eaving Certificate / Mark Sheet (Please specify)
Mobile / Email ID Details - Please confirm	n that the Mobile No. and Email ID t	pelongs to (Please ✓ below		Others	(Please refer instructions 4[f])
Mobile		•		•	ons, Statement of Accounts and
	•		•	Email Id should be provided	
(Pls ✓) □ SE – Self □ SP - Spouse, □	DC - Dependent Children	Dependent Siblings 🗆 I	DP- Dependent Parents L	□ GD- Guardian □ PM = PMS	CD - Custodian DPO - POA
E-mail					
(PIs ✓) □ SE – Self □ SP - Spouse, □	·		_ '	_	□ CD – Custodian □ PO - POA
Status: Resident Individu  (Mandatory, Please ✓)		<ul><li></li></ul>	☐ Partnership ☐ PIO	☐ Trust ☐ HU ☐ Body Corporate ☐ So	F AOP ciety/Club Sole Proprietorship
	iardian	☐ NBFC	Bank	Others	ciety/Club Gold Frophictorship
_			_	_	siation ato will also be required to
Non-Individual investors will require to fill separa fill a separate NPO form available on our websit	e mf.whiteoakamc.com.	neisnip (OBO) i omi. Enuu	es registered as Nort-Front	(Refer instruction	ins of FATCA, UBO & NPO Form)
Occupation: Private Sector Se	rvice Public Sector Service	Government Service	Business	☐ Professional ☐ Agr	riculturist
(Mandatory, Please ✓) ☐ Housewife	Student	Forex Dealer	Others	(please specify)	
Gross Annual Income: Below 1 Lac	1-5 Lacs	5-10 Lacs	☐ 10-25 Lacs	>25 Lacs-1 crore	>1 crore
OR Net worth* (for	<u> </u>		F 10 (DDFD)	as on DDMMY	(^Please refer instruction 4.d)
For Individuals [Please ✓]:		I am Related to Politically the appropriate option		Not applicable	("Please feler instruction 4.d)
(i) Foreign Exchange / Money Changer Service			sino Services  Yes	No (iii) Money Lending / Pawr	ning 🗌 Yes 🗌 No
Acknowledgement Slip (To be filled	in by the Investor)				· <del>&gt;</del>
	2, 310 11110001/				Collection Centre /
Application No.					WOCAMC Stamp & Signature
Received from Mr. / Ms			Date:/		
[Please Tick (✓)] Enclosed ☐ PAN/F	EKRN Proof KYC C	omplied			



Prabhadevi, Mumbai – 400025
Toll Free Number: 1800 3000 3060 | Fax +91-22 62301191 | https://mf.whiteoakamc.com | CIN : U65990MH2017PLC294178







TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

5. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	l cheque)			Please Refer instruction no. 5)
	- Cheque		(	Please Refer Instruction no. 5)
Name of the Bank				
Account No.	Account Type	□ NRE □ Current	☐ Savings ☐ NRO	Others
Bank Branch	Address			
Bank City	State		Pincode _	
MICR Code (9 digits) §IFSC Code	for NEFT / RTGS			1 Digit Number, kindly obtain cheque copy or Bank Branch.
6. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS				Please Refer instruction no. 6)
Mode of Holding: ☐ Single ☐ Joint ☐ Any	yone or Survivor*		*(Please note that the Defaul	t option is Anyone or Survivor)
6a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no join	nt holders) [Name and D	OB shall be as per PAN Card	ıj	
Name* Mr / Ms.				
Date of Birth* D D M M Y Y Y Y PAN/PEKRN*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	n			
Occuption: Private Sector Service Public Sector Service Govt	. Service Business	Professional	Agriculturist Retired	Housewife Student
	o □ CD Cuardian □ DC	December Children DC	Dependent Siblings DD DC	annudent Desente D. DO. DOA
Email:	e 🗌 GD - Guardian 🔲 DC	- Dependent Children	- Dependent Sibilings	ependent Palents   PO-POA
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Siblings	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs		☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	kposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint h	nolders) [Name and DOB			
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: Resident Individual NRL Repatriation NRL Non Repatriation	n			
(Mandatory, Please ✓)  Occuption:		Professional	Agriculturist Retired	Housewife Student
Mobile:         (Pls ✓) □ SE - Self □ SP - Spous	e 🗌 GD - Guardian 🔲 DC	- Dependent Children   DS	- Dependent Siblings 🔲 DP - De	ependent Parents
Email:				
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Siblings	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs (Mandatory, Please ✓)	s	☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	cposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
7a. MAILING ADDRESS			A PAN	
Local Address of 1st Applicant				
City			State	
Pin Code	Tel. Resi		Tel. Off.	
7b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applie	cant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
			Zip Cod	e:
Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details Cheque/DD No./UTR No.	
outette ratile	Fian / Option	Het Amount Faiu (\)	(in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				



https://mf.whiteoakamc.com

EMAIL: clientservice@whiteoakamc.com | WEBSITE:

FREE NUMBER:

100

## 8. 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. Name of the Schemes Plan Please (√) Option & Sub-Option Please (</) Investment Amount (₹) No ☐ Growth 1. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment □ Growth 2. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment ☐ Growth 3. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment □ Growth □ IDCW Payout □ IDCW Re-investment □ Regular □ Direct In case of Multiple Scheme, the Cheque/DD to be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and in case of single TOTAL AMOUNT scheme, the Cheque /DD 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. Payment Type (Please √) Non-Third Party Third Party Payment (Pls fill third party declaration form) **Payment Details** Lumpsum ■ Normal SIP (Pls fill SIP registration & OTM form) Amount (INR) Mode of Payment (Please √) Cheque / DD No. / UTR No. Cheque / DD No. / UTR No. ☐ Cheque / DD ■ NEFT/RTGS Bank Name & Date Bank Name & Date Drawn on Bank & Date Use Existing One Time Debit Mandate (If already registered in the Folio) (Please vif applicable and provide the existing bank details) # 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. 9. UNIT HOLDING OPTION **DEMAT MODE\*** PHYSICAL MODE (Default) (Please Refer instruction no. 8) П \*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) 10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (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 Place/City of Birth Country of Citizenship / Nationality **Particulars** Country of Birth First Applicant / Guardian ☐ Indian ☐ U.S. ☐ Others (Please specify) ☐ Indian ☐ U.S. ☐ Others (Please specify) Second Applicant Third Applicant ☐ Indian ☐ U.S. ☐ Others (Please specify) Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? $\square$ Yes $\square$ 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. If TIN is not available please tick (</ Identification Type Tax Identification Number or **Particulars** Country of Tax Residency the reason A, B or C (as defined below) Functional Equivalent (TIN or other please specify) First Applicant / Guardian Reason · A В□ С Second Applicant Reason: A В□ С Third Applicant Reason: A В□ С□

□ Reason C ⇒ Others, please state the reason thereof:

\*Address Type of Sole/1st Holder:

□ Reason B

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

⇒ 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)

\*Address Type of 2nd Holder:

Business

Business

\*Address Type of 3rd Holder:

Registered Office

Residential

Residential Registered Office Business Residential Registered Office

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

Demat Account Details (Client Master List Copy)3

FATCA CRS/UBO Declaration



11. NOMINATION DETAILS* (To be fil	lea in by inal		singly or joining	, i manaator j		o opt to ne	* * * **		·	er instruct	
I/We do hereby nominate the undermer my/our credit in my/our folio in the ever payment and settlements made to such acknowledging receipt thereof, shall be a (Please fill the nominee details in the	nt of my/our de Nominee(s) a valid discharg	ath. I/We nd Signa e by the /	also understand ture of the Nomi	d that all nee(s)	R units held in my/our r of nominee(s) and fu our legal heirs would such competent auth	mutual fund irther are av I need to su	folio and un vare that in comit all the re	derstand the issuase of death of a equisite documen	ues involved all the accord nts issued l	d in non-a unt holde by Court	ppointmer r(s), my or other
If you do not wish to no	minate (Opt Out	of Nominat	ion), it is mandatory	y to sign as per t	he mode of holding in signatur	re space prov	ded below i.e.	in Nomination Deta	ils section		
Name and Address of Nominee(s)	with	Relationship with Applicant Date of Birth Name and Address of Guardian (to be furnished in case the Nominee is a minor)		- S Gi		minee (Optional)/ ninee (Mandatory)	the units v	ion (%) in which will be shared oh Nominee ggregate to 10	hared by ee		
Nominee 1										33 3	
Nominee 2											
Nominee 3											
ignature(s) All Unit holders are requested to	sign here, irrespe	ctive of the	e mode of holding.								
Sign of 1st Applicant / Guardia				Sign of 2nd	d Applicant			Sign of 3rd	Applicant		
e hereby confirm and declare as under:- I/We have read a denda thereto, issued from time to time and the Instruction. I regulations of the relevant Scheme(s). I/We have neither timate sources only and is not designed for the purpose of commissions (in the form of trail commission or any other in in sourcet, complete and truly stated. In the event of my/o he applicable NAV as on the date of such redemption. I/W self-certification changes. For investors investing in Dire e do not have any existing Micro investments which together firm that the funds for subscription have been remitted for transition provided in this form is true and correct to the bes- ting about any changes/modification to the above informati- vided by melus, includina all changes, undetect to such informati-	contravention or eva node), payable to him ur not fulfilling the KY e agree that WhiteOa ect Plan: I/We hereby er with the current an abroad through n or of my/our knowledge	ision of any An for the diffe (C process to k Capital Muy agree that pplication will rmal banking and belief.	nct, Regulation, Rule, Nent competing Scheme the satisfaction of the Atual Fund can debit fror the AMC has not recom I result in aggregate inv channels or f r om fund In case any of the abov	otification, Direction of various Mutual AMC/WhiteOak Cap m my Folio Transact mended or advised restments exceeding is in my/our Non-R re specified informat	is or any other applicable laws enact Funds from amongst which the Sch ital Mutual Fund, I/We hereby autho tion Charges as applicable. I/We agr ime/us regarding the suitabilityor ag g.s. 50,000 in a year. Applicable t esident External / Ordinary Account. tion is found to be false or untrue or in the suitable of the control of the control of the the suitable the suitable of the control of the the suitable the suitable the the suitable the the suitable the the suitable the the the the the the the th	ted by the Gover eme(s) is/are being the AMC/Wi ree to notify Whitopropriateness of to NRIs: I/We count / FCNR Account misleading or mi	nment of India or ng recommended iteOak Capital Mu eOak Capital Ass the product/schein firm that I am/Wu (s). FATCA and srepresenting, I/M	any Statutory Authority. to me/us. I/We declare utual Fund to redeem the et Management Limited me/plan. Applicable to e are Non-Resident(s) of I CRS Declaration: I/W /e shall be liable for it. I/	The ARN holde that the informate units against to immediately in Micro Investor of Indian Nationale hereby acknow We also underting the information of the indian Nationale hereby acknow We also underting the information of	er has disclos ation given in the funds involute the event the rs: I/We here ality/Origin and owledge and ot take to keep y	this applica ested by me e informatio by declare and I/We her confirm that you informe
imate sources only and is not designed for the purpose of commissions (in the form of trail commission or any other is correct, complete and truly stated. In the event of my/o e applicable NAV as on the date of such redemption. INV self-certification changes. For investors investing in Dir of on thave any existing Micro investments which toget irm that the funds for subscription have been remitted fror mation provided in this form is true and correct to the besing about any changes/modification to the above information date of the subscription thanks of the subscription thanks of the subscription have been remitted fror mitted you me/us, including all changes, updates to such informities/agencies including but not limited to the Financial In Please of if the EUIN space is left blank: I / We hereby condistributor or notwithstanding the advice of in-appropriatenes.  3. CONFIRMATION CLAUSE  The hereby give consent to the Company or its Authorized A disclosure of the information contained herein to its affiliates are the subscription of the subscription of privacy policy as available at the website of the Company.	contravention or eva- node), payable to him ur not fulfilling the KY a agree that WhiteOa et Plan: IWe herebe er with the current aj abroad through n or of mylour knowledge on in future and also urmation as and when telligence Unit-India imm that the EUIN box ss, if any, provided by gents and third party as/group companies- ected/provided by m	sion of any /s for the diffe C process to k Capital Mu y agree that polication will rmal banking e and belief. undertake to n provided by (FIU-IND), the has been inte the employee service provor their Author.	nct, Regulation, Rule, N terrent competing Scheme the satisfaction of the I tual Fund can debit fror the AMC has not recom I result in aggregate inv channels or f r om fund in case any of the abov provide any other addit y melus to Mutual Fund te tax I/revenue authoriti ntionally left blank by me I/relationship manager/sa i/ders to use information circed Agents or Third P	otification, Direction so of various Mutual AMC/WhiteOak Cap m my Folio Transaci mended or advised restments exceeding si in my Folio Transaci es expecified information as in myfour Non-R es pecified information as in its Sponsor, Asset ies and other investi es and other investigations of the distribution of t	is or any other applicable laws enact Funds from amongst which the Sche itald Mutual Fund, I/We hereby autho tion Charges as applicable. I/We agr I me/us regarding the suitabilityor ap ig Rs. 50,000 in a year. Applicable t esident External / Ordinary Account. tion is found to be false or untrue or ir may be required at your end. I/We I. Management Company, trustees, the igation agencies without any obligation cution-only transaction without any intributor and the distributor has not char me to contact me through any channers in order to provide information ar ers in order to provide architecture architectu	ted by the Gover eme(s) is/are be wrise the AMC/WI ree to notify Whi propriateness of to NRIs: I/We co / FCNR Account misleading or misleading or misleading or divising m teraction or advising m teraction or advisory and the state of properties of misleading or misleading or misleading misleading or misleading or misleading or misleading misl	mment of India or ong recommended itleOak Capital Ms eOak Capital Ass the product/sche infirm that I am/W. (s).FATCA and srepresenting, I/W you to disclose, so the Authorised Pe e/us of the same. by the employee/r fees on this transa-	any Statutory Authority.  In the Management Limited mel/plan. Applicable to eare Non-Resident(s) of CRS Declaration: I/W eshall be liable for it. I/I share, remit in any form, rities') or any Indian or to the Management of the M	The ARN holde that the informat that the informat that the informat whice Investor for Indian Nation to the the state of the Indian that the Indian that the Indian that the Indian that the Indian that In	ar has disclos ation given in the funds invu the event the rs: I/We here allity/Origin at wide go and to take to keep yeer, all/any of nental or statusebove	sed to me/u this applica ested by m e informatic by declare nd I/We he confirm that you informa the informa utory or jud
timate sources only and is not designed for the purpose of commissions (in the form of trail commission or any other in is correct, complete and truly stated. In the event of my/o he applicable NAV as on the date of such redemption. INW self-certification changes. For investors investing in Dir e do not have any existing Micro investments which together than the funds for subscription have been remitted from mation provided in this form is true and correct to the bessing about any changes/modification to the above informativided by me/us, including all changes, updates to such infonctities/agencies including but not limited to the Financial Informative for the formation or the formation of the formation of the formation or notwithstanding the advice of in-appropriatenes.  3. CONFIRMATION CLAUSE  The hereby give consent to the Company or its Authorized A disclosure of the information contained herein to its affiliate ere that all personal or transactional related information or privacy policy as available at the website of the Company.  Yes No Please tick (/) any	contravention or eva node), payable to him ur not fulfilling the KY a agree that WhiteOa ctef Plan: IWe hereby er with the current an abroad through n or of my/our knowledge in in future and also irmation as and when telligence Unit-India irm that the EUIN box ss, if any, provided by gents and third party as/group companies ected/provided by m	sion of any / in for the diffe C process to k Capital Muy y agree that topplication will primal banking e and belief. undertake to provided by (FIU-IND), the has been inte the employee service provor their Authe	cxt, Regulation, Rule, N rent competing Scheme the satisfaction of the I tual Fund can debit fror the AMC has not recom result in aggregate inv channels or f r om fund in case any of the abov provide any other addit y melus to Mutual Fund ne tax /revenue authoriti ntionally left blank by me /relationship manager/sa /riders to use information prized Agents or Third P red/transferred and discontinuation.	otification, Direction so of various Mutual AMC/WhiteOak Cap m my Folio Transaci mended or advised restments exceeding sin en your Normal sin in mylour Non-Restrict of the singular si	is or any other applicable laws enact Funds from amongst which the Sche that Mutual Fund, I/We hereby autho tion Charges as applicable. I/We agr ime/us regarding the suitabilityor ap g Rs. 50,000 in a year. Applicable t esident External / Ordinary Account. tion is found to be false or untrue or imay be required at your end. I/We I Management Company, trustees, the igation agencies without any obligating cution-only transaction without any intributor and the distributor has not char the provided of the provide information are me to contact me through any chan ers in order to provide information are me mentioned parties including with an er mentioned parties including with ar er.	ted by the Gover eme(s) is/are be wrise the AMC/WI ree to notify Whi propropriateness of to NRIs: I/We cc / FCNR Account misleading or mi hereby authorise heir employees ( ion of advising m teraction or advict ged any advisory mel of communic and updates to m my regulatory, sta	nment of India or ng recommended iteOak Capital Ms eOak Capital As the product/scheen firm that I am/W. (s). FATCA and serepresenting, I/M you to disclose, sethe Authorised Pa/us of the same. by the employee/refees on this transation including but on various finance tutory or judicial and the production of the same.	any Statutory Authority.  In the Management Limited me/plan. Applicable to eare Non-Resident(s) of CRS Declaration: I/W shall be liable for it. I/I shall be liable for it	The ARN holde that the informat that the informat that the informat whice Investor for Indian Nation to the the state of the Indian that the Indian that the Indian that the Indian that the Indian that In	ar has disclos ation given in the funds invu the event the rs: I/We here allity/Origin at wide go and to take to keep yeer, all/any of nental or statusebove	sed to me/u this applica ested by m e informatic by declare nd I/We he confirm that you informe the informa utory or jud
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Non profit organization (NPO) form

3. Self attestation is mandatory

4. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided

3. In case Units are applied in Electronic (Demat) mode.