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

SIP REGISTRATION CUM SIP TOP UP & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES



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 authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please vi f applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMF1 registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor. Please Note: All field marked with asterisk (*) to be mandatorily filled.							
UNIT HOLDER INFORMATION	o be mandatorily filled.			Folio Number		continuation in Instructions for SIP mum ₹ 500 or in Multiples of % 10% 15% 20%)	
Applicant Name				PAN			
2. SIP INVESTMENT DETAILS	(SIP end dat	e cannot exceed 30 yea	rs)	ĭ		continuation in Instructions for SIP mum ₹ 500 or in Multiples of	
Scheme 1 - Whiteoak Capital	Scheme Name		Regular Plan	Direct Plan	59	%, 10%, 15%, 20%)	
Option: ☐ Growth (Default) OR Income Distribution Cum Capital Withdrawal: ☐ Payout ☐ Reinvestment (PIs ✓)						Percentage (%) Frequency*	
Frequency (PIs ✓) Weekly (PIs S	pecify Day) Fortnight	ly Monthly* (Defau	lt) Quarterly* (Defa	ult Date 10th)	₹	OR % □ Half Yearly	
IP Date: □ □ □ SIP Amt. (₹): SIP Period: From M M Y Y Y Y To M M Y Y Y Y					TOP UP CAP Amount ₹ Some of the control o		
Scheme 2 - Whiteoak Capital	Scheme Name		Regular Plan			Percentage (%) Frequency*	
	Income Distribution Cum Capi	tal Withdrawal:		ment (PIs ✓)		☐ Yearly	
Frequency (Pls ✓)							
SIP Date: □ □ SIP Amt. (₹): SIP Period: From M M Y Y Y Y To M M Y Y Y Y					Amount (₹) or Percentage (%) Frequency* TOP UP CAP Amount ₹ OR % Frequency* Amount (₹) or Percentage (%) Frequency* TOP UP CAP Amount ₹ OR Month-Year: Amount (₹) or Percentage (%) Frequency* Amount (₹) or Percentage (%) Frequency*		
Scheme 3 - Whiteoak Capital	Scheme Name		Regular Plan			Percentage (%) Frequency*	
Option: Growth (Default) OR	Income Distribution Cum Capi	tal Withdrawal:		ment (Die 🗸)		☐ Yearly	
	pecify Day) Fortnight				₹	OR % ☐ Yearly ☐ Half Yearly Amount ₹ ☐ GG	
				′	OP UP CAP	Amount ₹	
SIP Date: □ □ SIP Amt. (₹):	SIP Period	: From M M Y Y	TO M M	<u> </u>	R Month-Ye	ar:	
3. SIP PAYMENT DETAILS 1st SIP Cheque No. Chq Date Amt. Mandatory Enclosures* OR Payment through Existing OTM already Registered in the Folio including the First Installment Bank Name Bank A/c No. Bank Cancelled Cheque Leaf Copy of Cheque Leaf of the new OTM bank account to be provided in case in case in case in the OTM is not registered in folio or not provided, then the below OTM Debit Mandate Form will be required to be filled for SIP instalment payments. Mandatory Enclosures* Cancelled Cheque Leaf Copy of Cheque (Name of the 1st applicant must be pre-printed on the cheque.) *Blank Cancelled Cheque Leaf of the new OTM bank account to be provided in case							
OR 🗌 Payment through Existing OTM already Registered in the Folio including the First Installment					Name of the 1st	heque Leaf Copy of Cheque applicant must be pre-printed on the cheque.	
Bank NameBank A/c No					new OTM bar	Cheque Leaf or Copy of Cheque Leaf of the lak account to be provided in case in case cheque is different from the OTM Mandate.	
4. DECLARATION(S) & SIGNATURE	E(S) should be as it appears in the F	olio / on the Application Form	n and in the same order. In ca	ase the mode of holding			
4. DECLARATION(S) & 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. We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or the appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We understate to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all he 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 Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.							
Sign of 1st Applicant /		Sign of 2nd App				3rd Applicant /	
Sign of 1st Applicant / Authorised Signatory / POA Sign of 2nd Applicant / Authorised Signatory / POA Sign of 2nd Applicant / Authorised Signatory / POA Signa							
5. OTM DEBIT MANDATE FORM (Ap	plicable for Lumpsum additional p	urchases as well as SIP R	Registrations)				
WHITEOAK UMRN L		Bank use			Date		
THE ART AND SCIENCE OF INVESTING Sponsor Bank Cod		use		CREATE	IOM X		
Utility Code	Bank	use Book A	autho		Capital Mutual F	-und	
Fo Debit (tick ✓) SB CA CO With Bank	SB-NRE SB-NRC		4/C	IFSC / MICR			
An Amount Of Rupees							
·	•				X Yrly	✓ As & when presented	
eference 1 Folio No. Reference 2					Scheme Name		
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation /							
amendment request to the user entity / corporate or the ba	nk where I have authorized the debit.			and the	», «pp	,,	
From D D M M Y Y Y	Υ						
To D M M Y Y Y	Y Signature	Of Primary Account Hol	der Signature Of	Joint Account Hold	ler S	ignature Of Joint Account Holder	
Phone No. (End date cannot exceed 30 years)		Primary Account Holde	r 2 Name Of Io	int Account Holder	2	Name Of Joint Account Holder	

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder