

	ION AF	PPLICATIO	N FOR	RM		Application No					
Distributor Name & ARN No.	Sub-Broker Co	ode Employee Unique Ide	entification No.*	RIA Name &	RIA Code [#]	Date & Time of Receipt					
We hereby confirm that the EUIN box has stributor/sub broker or notwithstanding the	been intentionally left badvice of in-appropriaten	plank by me/us as this transaction is e ess, if any, provided by the employee/re	xecuted without any in lationship manager/sal	tributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advis ank and sign the following declaration; scuted without any interaction or advice by the employee/relationship manager/sales person of the altionship manager/sales person of the distributor/sub broker. setments under Direct Plan to the above mentioned RIA.							
First Unitholder/ Guardia	n/ POA	Second	Unitholder			Third Unitholder					
front commission shall be paid directly by TRANSACTION CHARGES Please tick (✓)	I am a First (₹ 150 will be d	time investor across Mutual Fu	inds OR	I am an exis	ting investor i	in Mutual Funds cut by the investor to the AMFI register distributor based or					
EXISTING UNITHOLDERS DETA	AILS										
cisting Folio No.		Name of Sole/ First Unit Holder									
lote: All investor details like mode of hold or registering different information, please			tails, will be captured a	s per existing info	rmation under th	e given folio. Proceed directly to section 7.					
NEW APPLICANT'S DETAILS		LETTERS with black/blue ink and read	the instructions carefu	lly, on page 1 to 4	before filling up	the form					
── Name of Entity/Sole/First Applicar											
		IOVO TV TN- Modo	of Holding (Dlasse	() Cingle		Tithor/ Apyono or Curriyor (b. fact order a la					
N/PEKRN			of Holding (Please ✓		Joint	Either/ Anyone or Survivor (Default Option : Jo					
te of Birth (Mandatory for Minor Applicant)	D D M	M Y Y Y Y Pro	oof of Birth (Please ✓) Passport	Birth	Certificate Others					
Partnership Firm (For Non-Individual investors, FATG on-Individual Investors involved/p aase (ü) (Applicable only for Non Individuals) ame of Guardian / Contact Person ontact Person for non-individual applicant)	roviding any of the r	ial Ownership (UBO) Self Certification Form i	Foreign Exchar	be filled separately) nge/ Money Cha ling/ Lottery/ Ca	•	= ' ' '					
N/PEKRN for Guardian / Contact Pe	erson		Relationship with	Minor F	ather Mo	other Legal Guardian (Refer instruction					
NAME OF THE SECOND APPLI				1							
te of Birth DDMMY	Y Y Y PAN/P	PEKRN		Self-attested copy of	f PAN/PEKRN along	with KYC acknowledgment should be attached					
NAME OF THE THIRD APPLICA	Mr. Ms.	PEKRN		Self-attested copy of	f PAN/PEKRN along	with KYC acknowledgment should be attached					
ADDRESS & CONTACT DETAIL	e of fibet/ eoi f	APPLICANT (PO Boy Address is	not sufficient Referi	nstruction no. 3)							
			1								
errespondence Address (address deta		our KYC records with CKYC / KRA.	Overseas Address (Mandatory for NRI / FII Applicants)								
	HOUSE / FLAT NO.		HOUSE / FLAT NO.								
	STREET ADDRESS				STREET A	DDRESS					
CITY / TOWN		STATE		CITY / TOWN		STATE					
COUNTRY		PIN CODE		COUNTRY	′	PIN CODE					
Tel. (Res.)		Tel. (Off.)		Mobile No	D						
Mobile No. provided pertains to	Self Spous	e Dependent Children	Dependent Siblin	gs Depe	ndent Parents	A Guardian in case of a minor					
nobile 140. provided pertains to											
		e Dependent Children	Dependent Siblin	as Depe	ndent Parents						
Email ID (CAPITAL letters only) Email ID provided pertains to I hereby authorise 360 ONE MF (Formerly k	receive E - Statement of Ac	nportant scheme related information through counts in lieu of physical Statement of Accou	SMS and Whatsapp.			A Guardian in case of a minor					
Email ID (CAPITAL letters only) Email ID provided pertains to I hereby authorise 360 ONE MF (Formerly k Investors providing Email ID would mandatorily	mown as IIFL MF) to send in receive E - Statement of Ace wise annual report and ab	nportant scheme related information through counts in lieu of physical Statement of Accou	SMS and Whatsapp.			A Guardian in case of a minor Application No.					
Email ID (CAPITAL letters only) Email ID provided pertains to I hereby authorise 360 ONE MF (Formerly k investors providing Email ID would mandatorily I wish to receive physical copy of the schem ACKNOWLEDGI To be filled in by the	mown as IIFL MF) to send in receive E - Statement of Ace wise annual report and ab	nportant scheme related information through counts in lieu of physical Statement of Accou	SMS and Whatsapp. Ints and the annual report of the control of th								

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 ACCOL	JNT DETAILS (Mandat	ory) (Deta	ils of bank	account in v	vhich rede	mption, IDCW o	r other pay	ments to be credit	ed.)			
Account No. ^{\$}									Account Type Please ✓)	Savings	Current	NRO	NRE FCNR
Bank Name		-					(Do no	ot abbreviat					
Branch								City			Pin Co	do T	
		<u> </u>						City _		//FOO/NEET I			
FSC Code*						Code*				(IFSC/ NEFT code		ect credit)	
Please provide a cance 360 ONE Mutual Fund s										•	n in Section (9).		
For unit holders opting													
7 FATCA and CI	RS DETAILS F	or Indi	viduals (Mandator	y) Non Indi	vidual in	estors includ	ing HUF r	nandatorily fill s	eparate FATCA/	CRS details fo	orm	
							2nd Appli			<u>'</u>		plicant	
	First Applica			fication					Identification				Identification
Country#	Tax Paye Ref. ID N	lo		ype	Cou	ntry#	Tax Paye Ref. ID I	No	Туре	Country#	Ref.	Payer [®] ID No	Туре
1					1					1			
2					2					2			
3					3					3			
Please indicate all Col In case Tax Identificat							Identification Nu	mber and it	s Identification type	eg. TIN etc.			
			, ,,	novide IIS TL	incuonai equi	vaiciii.	2nd Annlie	cant			3rd ∆r	nlicant	
Country of Birth	Sole/First Applicant/Guardian			Country	2nd Applicant Country of Birth				Country of Bi		3rd Applicant		
Country of Nationa	ality				<u> </u>	of Natior	nality			Country of N			
case Country of Tax		y India t	hen details	of Country				d.					
8 ADDITIONAL	KVC DETAILS	(Manda	tory Plan	en road inc	tructions no	5 & 6 und	or ADDLICANT'S	LINEODMA	TION)				
		•								F. D. J. (Marie de Britan	1. 0 1 (04
OCCUPATION	Profession	al Agr	culturist	Housew	ife Retired	Govern	ment Service	/Public S	ector Business	Forex Dealer	Student Priva	ite Sector s	Service Others
1st Applicant		-											
2nd Applicant					\perp								
3rd Applicant		-											
Guardian	INCOME DET	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		41	451	451		40.05.1	051 4	0 110	L LIET WOR		D:4:
GROSS ANNUAL	INCOME DE IA	AIL5"	Belo	ow 1 Lac	1-5 Lacs	1-5 Lacs	5 5-10 Lacs	10-25 La	cs 25 Lacs-1	Crore >1 Crore	NET-WOR		Date
1st Applicant											(Net worth		DDMMYYY
2nd Applicant											not be		DDMMYYY
3rd Applicant Guardian				<u> </u>							than 1	year)	D D M M Y Y Y D D M M Y Y Y
PEP DETAILS						10	t Applicant		2nd Applicant	3rd	Applicant		
Are you a Politicall	v Evpood Por	on (Di	-D)				Yes No		Yes No		es No		Yes No
				ED)				l					
Are you related to Please attach Pro				∟ Γ <i>)</i>			Yes No		Yes No) <u> </u>	es		Yes No
9 PAYMENT & II			<u> </u>	atory) (De	ails of acco	unt from w	hich investmen	has heen	done.)				
_	WESTIMENT L		- (marra	mory/(De	Lano-or acco	ant from W	on investment				Out to		
Scheme								Pl	an Regula	r Direct	Option		
mount gures)			Payme	ent mode	Cheq	ue 🗌 D	D Fund	Transfer	RTGS/NEF	Τ	Instrument no	Cheq	ue/DD/UTR/UMR No.
Account No.			A/d	c Sav	/ing 🔲 Cu	rrent	NRO NR	E _ FCI	IR Others	Please specify	Instrument D	ate 🗖	D M M Y
ank								Ві	anch				
ypes of Investment		mpsum	1 🗆	Lumpsum	ı + SIP	(for SIP n	lease fill senarati	e SIP cum N	landate registration	ı form)			
				poun		, o p				,			
LEI No.									alid Upto	D M M Y	YYY		
Note: LEI no. is Ma	andatroy for tra	nsactio	n amount	50 crs ab	ove for Nor	individua	I. LEI number o	of 360 ON	E Mutual Fund is	335800JVNCKD	JJFV1I16		
10 UNITHOLDING	OPTION		De	emat Mod	e 🔲 F	hysical N	lode These d	etails are con	pulsory if the investor	wishes to hold the unit	s in DEMAT mode.		
lease ensure that t	<u>.</u>					tion form	matches with	hat of the					
	National Sec	urities	Deposit	ory Limit	ed (NSDL)				Central	Depository Sec	urities Limite	d (CDSL)	
DP ID No. Ber	neficiary Accou	nt No.	1 1	N				Target ID	No.				
Enclosures (Please ti	ick any one hox)		Client Ma	aster List (CML)	Tra	nsaction cum l	Holding St	atement	Cancelled D	elivery Instruct	ion Slin (DI	5)

360 Z

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 | Website: www.iiflmf.com

I / We hereby confirm that I / We do not w	tale to an actual continuous												
nominee(s) and further are aware that in c authority, based on the value of assets hel	case of death of all the	account holder(s), my / our											
First Unitholder/ Guardian	/ POA	Seco	nd Unitholder			Third I	Unitho	older					
PART B – NOMINATION OPT-IN													
I/We hereby Nominate the person(s) more	e particularly described	I hereunder to receive the L	Jnits held my/our Folio/s listed below i	n the even	t of my / our	death.							
Details	Nomine	e 1	Nominee 2		Nominee 3								
Nominee Name													
Nominee Address													
Relationship with the Investor													
Allocation % (Total to be 100%)													
Nominee PAN													
Mobile No.													
Email ID													
Date of Birth	(D D / M N	I / Y Y Y Y)	(D D / M M / Y Y Y)		(D D / M M / Y Y Y Y)								
		In case if Nomin	ee is a Minor (Mandatory)										
Guardian Name													
Guardian Address													
Guardian's Relationship with the Minor (attach Proof)													
Nominee/Guardian Signature													
12 POWER OF ATTORNEY (POA) HOL	DER DETAILS						PAN	1					
First Applicant POA Name													
Second Applicant POA Name													
Third Applicant POA Name													
13 DECLARATION & SIGNATURES													
I/ We have read, understood and agree to come the Scheme(s), Foreign Account Tax Comp Privacy Policy of 360 ONE Asset Managem and all applicable rules and regulations and disclosed to me/us all the commissions (in the Scheme is being recommended to me/us. In United States persons as per applicable Reference Resident External / Non-Resident Ordinary I/We hereby accord my/our consent and he third party or another body corporate or any Authority of India ("UIDAI") by itself or throug me through any mode of communication. (ii mobile number and email provided by me/us	liance Act and Commonent Limited (360 ONE) hereby confirm that I/I the form of trail comminer NRIS / PIOS / FPIS egulations or (ii) resided / FCNR Account maintereby authorize 360 Operson acting under a ghits Registrar and Trail I/We hereby accord	on Reporting Standards, st AMC) (Formerly known as We have not received nor be ssion or any other mode), ponly: I / We confirm that I is ents of Canada, and I / we ained in accordance with a NE AMC/Fund for (i) collect lawful contract with 360 Of ansfer Agent ("RTA"). I here my/our consent to 360 ON	atutory requirements prescribed by S s IIFL Asset Management Limited) avenen induced by any rebate or gifts, do payable to him for the different compean / we are Non-Resident Indians / F have remitted funds from abroad thropplicable RBI guidelines. string, receiving, possessing, storing, NE AMC, in accordance with the Prive by authorize the representatives of 36 au 1975.	SEBI, AMFI railable on rectly or in- biting Scher Person(s) o bugh appro- dealing, ha acy Policy. (50 ONE Ass	, Prevention the website directly, to a mes of varie of Indian Or eved banking andling or co (ii) validating set Manage	n of More of 360 make this ous Mutu igin / Fo ig chann isclosur g/authe ement Li	ney Lar ONE M is investigated Fur- preign Funels or the of my intication	undering / Mutual Fur stment. The nds from a Portfolio Ir from fund y/ our Per ng with Un and its Ass	Act, 20 nd ww ne ARN among nvesto Is in m rsonal nique lo sociate	002 (PMLA), w.iiflmf.com N holder has st which the rs but not (i) y / our Non- Data to the dentification es to contact			
First Unitholder/ Guardian	/ POA	Seco	nd Unitholder			Third I	Unitho	older					

11 NOMINATION (Mandatory) (Please ü and confirm the option selected)