

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

\*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
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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.

<b>TRANSACTION CHARGES</b> Please tick (✓)	<input type="checkbox"/> I am a First time investor across Mutual Funds (₹ 150 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.	OR <input type="checkbox"/> I am an existing investor in Mutual Funds (₹ 100 will be deducted)
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**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. ☐

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

Date of Birth (Mandatory for Minor Applicant)           Proof of Birth (Please ✓) ☐ Passport ☐ Birth Certificate ☐ Others

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

**Non-Individual Investors involved/providing any of the mentioned services**

Please (U) (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  Mr. ☐ Ms. ☐  
(Contact Person for non-individual applicant)

PAN/PEKRN for Guardian / Contact Person  Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian (Refer instructions)

**3 NAME OF THE SECOND APPLICANT**

Mr. ☐ Ms. ☐

Date of Birth           PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

**4 NAME OF THE THIRD APPLICANT**

Mr. ☐ Ms. ☐

Date of Birth           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 ☐ A Guardian in case of a minor

Email ID (CAPITAL letters only)

Email ID provided pertains to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

☐ 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.

ARN No:

Application No.

Received from

Instrument No.  Drawn on Bank & Branch

Scheme/ Plan/ Option/ Sub-Option  Amount Rs.

Signature, Stamp & Date

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

Account No. <sup>s</sup>	<input type="text"/>	Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
Bank Name	(Do not abbreviate)		
Branch	<input type="text"/>	City	<input type="text"/>
Pin Code	<input type="text"/>		
IFSC Code*	<input type="text"/>	MICR Code*	<input type="text"/>

Please provide a cancelled cheque leaf of the same bank account as mentioned above in case 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.

<sup>s</sup>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 <sup>®</sup> Ref. ID No	Identification Type	Country#	Tax Payer <sup>®</sup> Ref. ID No	Identification Type	Country#	Tax Payer <sup>®</sup> Ref. ID No	Identification Type
1			1			1		
2			2			2		
3			3			3		

<sup>®</sup>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.

<sup>®</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

Sole/First Applicant/Guardian		2nd Applicant		3rd Applicant	
Country of Birth	<input type="text"/>	Country of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Country of Nationality	<input type="text"/>	Country of Nationality	<input type="text"/>	Country of Nationality	<input type="text"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROSS ANNUAL INCOME DETAILS <sup>^</sup>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	D D M M Y Y Y Y
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	D D M M Y Y Y Y
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D D M M Y Y Y Y

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>^</sup>Please attach Proof for income and occupation.

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

Scheme	<input type="text"/>	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option	<input type="text"/>
Amount (figures)	<input type="text"/>	Payment mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS/NEFT	Instrument no.	<input type="text"/>
Account No.	<input type="text"/>	A/c	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Instrument Date	<input type="text"/>
Bank	<input type="text"/>	Branch	<input type="text"/>		

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

LEI No.	<input type="text"/>	Valid Upto	<input type="text"/>
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Note: LEI no. is Mandatory for transaction amount 50 crs above for Non individual. LEI number of 360 ONE Mutual Fund is 335800JVNCDDJJFV1116

**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.	<input type="text"/>	Target ID No.	<input type="text"/>
Enclosures (Please tick any one box) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			

**PART A – NOMINATION OPT-OUT**

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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Details	Nominee 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 M / Y Y Y Y)	(D D / M M / Y Y Y Y)	(D D / M M / Y Y Y Y)
In case if Nominee is a Minor (Mandatory)			
Guardian Name			
Guardian Address			
Guardian's Relationship with the Minor (attach Proof)			
Nominee/Guardian Signature			

## PAN

[illegible]

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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