

KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	*Employee Unique Identification Number (EUIIN)

* EUIIN Declaration (Only where EUIIN box is left blank) - EUIIN Declaration: I/We hereby confirm that the EUIIN 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 and the distributor has not charged any advisory fees on this transaction.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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1. INVESTOR'S FOLIO NUMBER <div></div>	2. MODE OF HOLDING [Please tick (✓)] <input type="checkbox"/> Single <input type="checkbox"/> Any one or Survivor <input type="checkbox"/> Joint (Default)	3. TRANSACTION CHARGES [Please tick (✓)] (Please refer Instruxction No.V) <input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> I am an existing investor in Mutual Funds
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4. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.

NSDL <input type="checkbox"/> DP Name <div></div>	DP ID <div>I N</div>	Beneficiary Account No. <div></div>
CDSL <input type="checkbox"/> DP Name <div></div>	Beneficiary Account No. <div></div>	

5. APPLICANT DETAILS

Sole/First Applicant Mr. Ms. M/s. <div></div>		
Name of Guardian if first applicant is minor/ Contact Person for non individuals Mr. Ms. M/s. <div></div>		
Guardian's Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Date of Birth/ Incorporation of 1st Applicant <div>DDMMYYYY</div> (Mandatory in case of Minor)	Proof of Date of Birth and Guardian's Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify) <div></div>
PAN / PEKRN <div></div> CKYC ID <div></div>		
LEI No.: <div></div> Valid upto: <div></div> <small>Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual.</small>		
STATUS <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Limited Company <input type="checkbox"/> FPI Category I <input type="checkbox"/> Banks <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust/Society/ NGOs* (Enter Registration No. of Darpan Portal) <input type="checkbox"/> NRI <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> FPI Category II <input type="checkbox"/> Defence Establishment <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal) <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Partnership Firm/LLP <input type="checkbox"/> FPI Category III <input type="checkbox"/> Government Body <input type="checkbox"/> Mutual Fund FOF Schemes <input type="checkbox"/> Others (Please specify) <div></div>		
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals) <input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above		

Correspondence Address (Address details will be updated as per your KYC records with CKYC / KRA) House/Flat No. <div></div> Street Address <div></div> City/Town <div></div> State <div></div> Country <div></div> Pin Code <div></div> Tel. (Res.) <div></div> (STD Code) <div></div> Tel. (Off.) <div></div> (Country Code) <div></div> Fax <div></div> (Country Code) <div></div> Mobile No. <div></div> Email ID (CAPITAL Letters Only) <div></div>				Overseas Address (Mandatory for NRI / FPI Applicants & PIO's) House/Flat No. <div></div> Street Address <div></div> City/Town <div></div> State <div></div> Country <div></div> ZIP Code <div></div> Tel. (Res.) <div></div> (STD Code) <div></div> Tel. (Off.) <div></div> (Country Code) <div></div> Fax <div></div> (Country Code) <div></div> Mobile No. <div></div> Email ID (CAPITAL Letters Only) <div></div>			
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Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others <div></div>
Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others <div></div>

Investors providing Email Id would mandatorily receive Statement of Accounts/ Annual Report / Abridged Summary/ Statutory & other documents on email. Please register your Mobile No & Email Id with us to get transaction alerts via SMS & Email, respectively. I hereby declare that I shall immediately update any change in Mobile Number/Email ID.

Second Applicant Mr. Ms. M/s. <div></div>	DOB <div>DDMMYYYY</div>
PAN / PEKRN <div></div> CKYC ID <div></div>	STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Third Applicant Mr. Ms. M/s. <div></div>	DOB <div>DDMMYYYY</div>
PAN / PEKRN <div></div> CKYC ID <div></div>	STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI

6. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any

Account No. <div></div>	A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
Name of Bank <div></div>	Bank Branch <div></div>
Branch City <div></div> PIN <div></div> IFSC Code <div></div> MICR Code <div></div>	

Please ensure the name on this application form and in your bank, account is the same. Mandatory to attach proof in case the pay-out bank account is different from the bank account from where investment is made.

HELIOS MUTUAL FUND - ACKNOWLEDGEMENT SLIP

Name of the Investor Mr/Ms/M/s : <div></div>	FOLIO NO. <div></div>
Scheme Name, Plan & Option: <div></div> Plan: <div></div> Option: <div></div>	PAN NO. <div></div>
Amount (₹) : <div></div>	APPLICATION NO. <div></div>

All purchases are subject to realization of payment instrument. Please retain this slip, duly acknowledged by the official collection center till you received your account statement.

7. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with Single Application Form)

Scheme: HeliosPlan (Select any one) ☐ Direct ☐ Regular

Option ☐ Growth (default) ☐ Income Distribution Cum Capital Withdrawal option (IDCW) Frequency (if any)
☐ IDCW Payout ☐ IDCW Reinvestment (Wherever applicable)

Mode of Payment ☐ Cheque DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT

Investment Amount (₹)	DD Charges (₹)	Net Amount (₹)	Instrument No/TR No.	Date	Drawn on Bank	Bank Branch	City
				D D M M Y Y Y Y			

8. AUTO SWITCH / NORMAL SWITCH (please tick as appropriate)
☐ AUTO SWITCH (will happen on the Closing Day of NFO Helios Flexi Cap Fund) ☐ NORMAL SWITCH (to be used post NFO closure of Helios Flexi Cap Fund)

From: Helios Overnight Fund mention Plan/OptionTo: Helios Flexi Cap FundPlan (Select any one) ☐ Direct ☐ Regular

☐ All Units OR ☐ Amount (₹)
Option/Sub-Option ☐ Growth (default) ☐ Reinvestment of IDCW ☐ Payout of IDCW

I/We hereby request you to switch units/amount as stated above from Helios Overnight Fund subject to the terms and conditions of Helios Flexi Cap Fund.

9. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form

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.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country	Tax Payer Ref. ID No	Identification Type	Country	Tax Payer Ref. ID No	Identification Type	Country	Tax Payer Ref. ID No	Identification Type
1								
2								
3								
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

10. ADDITIONAL KYC DETAILS

OCCUPATION	Government Service/ Public Sector	Private Sector Service	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
1 st 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"/> (please specify)
2 nd 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"/> (please specify)
3 rd 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"/> (please specify)
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"/> (please specify)

GROSS ANNUAL INCOME DETAILS	Below ₹1 Lac	₹1-5 Lacs	₹5-10 Lacs	₹10-25 Lacs	₹25 Lacs-1 Crore	>₹1 Crore	NET-WORTH (in ₹)	Date
1 st Applicant	<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
2 nd Applicant	<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
3 rd Applicant	<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"/>		D D M M Y Y Y Y

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	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 <input type="checkbox"/>
Are you related to a Politically Exposed Person (PEP)	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 <input type="checkbox"/>

11. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

First Applicant POA Name Mr./Ms./M/sPAN

Original POA document or notarized copy of POA needs to be submitted in case of Investment through POA. In case each applicant wants to provide separate POA, the same can be provided by the way of letter.

12. NOMINATION ☐ I wish to Nominate ☐ A. As per the details provided below. ☐ B. Replicate from my folio number mentioned point No 1 (Please tick as appropriate)

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation with Investor	Guardian Name (In case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Signature of Guardian (In case Nominee is Minor)
		DD MM YYYY					
		DD MM YYYY					
		DD MM YYYY					

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that incase of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

13. DECLARATION AND SIGNATURE

I / We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund (Fund) and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that 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 / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. 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 is being recommended to me/us. I/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up-dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby authorize the representatives of the Fund/AMC and its Associates to contact me through any mode of communication. This will override the registry on DND / DNDC, as the case may be

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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