

COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words

Indiabulls
MUTUAL FUND

1	Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	KYC Identification No.

Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

I/We, hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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Transaction charges for applications through distributors only

- I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)
- I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name FIRST MIDDLE LAST Folio No

3 APPLICANT(S) INFORMATION Refer Instruction No II

1st Applicant Name FIRST MIDDLE LAST DOB

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 lacs >25 Lacs-1Crore >1 Crore

OR
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

Guardian (In case of Minor) / POA Holder Name FIRST MIDDLE LAST

Relationship PAN PAN Proof Enclosed please KYC Proof Enclosed please

Mode of holding please Single Joint Anyone or Survivor(s) (Default Option - Joint)

Occupation please Business Professional Service Retired Student House wife Others SPECIFY

Status please Resi Individual Fils Society AOP/BOI Banks FIs Trust Company/Corporate Body
 Partnership Firm HUF Minor NRI Repatriable NRI Non-Repatriable PIO Others SPECIFY

Non-Individual Investor involved/providing any of the mentioned services Foreign Exchange/Money Changer Services Money lending/Pawning
(All Non-Individual Investors have to MANDATORILY fill UBO Declaration Form) Gaming/Gambling/Lottery/Casino Services None of the above

Mailing Address - 1st Applicant/Guardian/Corporate

ADDRESS LINE 1
ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Overseas Address - Mandatory for NRI/FII/PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1
ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Contact Details of SOLE/FIRST Applicant

STD Code Residence Office Mobile No +91
Email Id Contact Person (in case of corporate)

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

I/We wish to receive communication through physical mode in lieu of email I/We don't wish to receive consolidated account statement (CAS)

2nd Applicant (Second Applicant not allowed in case of minor as First/Sole applicant)

Name FIRST MIDDLE LAST DOB

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 lacs >25 Lacs-1Crore >1 Crore

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional
 Housewife Business Retired Agriculture Proprietorship Others _____ (please specify)

Acknowledgement

Received from Mr / Ms / M/s _____ an application for allotment of units under _____ as per the details below.

Plan Direct Plan Existing/Regular Plan
Options Growth
 Dividend (Payout Reinvestment Sweep) Frequency: _____

TIME STAMP & DATE OF RECEIVING OFFICE

