

# COMMON APPLICATION FORM

Please read the instructions before filling the Application Form

Application No. \_\_\_\_\_

## 1. DISTRIBUTOR / REGISTERED INVESTMENT ADVISOR (RIA) INFORMATION & APPLICATION RECEIPT DATE

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/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.

## 2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:-

☐ First time Mutual Fund Investor ☐ Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

## 3. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

## 4. NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms [Note: No Joint holding permitted in case of minor applicant] \_\_\_\_\_ AADHAAR \_\_\_\_\_

Date of Birth (Mandatory for Minor Applicant - \*Enclose Supporting Document)           PAN \_\_\_\_\_

Guardian (Mandatory for Minor Applicant) ☐ Mr. ☐ Ms \_\_\_\_\_

Date of Birth           PAN \_\_\_\_\_ Relationship with Minor Applicant ☐ Father ☐ Mother ☐ Legal Guardian [Note: \*Enclose Supporting Document]

### FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

#### a. Status of First/ Sole Applicant [Please tick (✓)] ☐ Individual ☐ Non - Individual

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FILs ☐ Minor through guardian ☐ BOI ☐ OCI ☐ Body Corporate ☐ LLP ☐ Society/ Club ☐ Foreign National Resident in India ☐ QFI ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others \_\_\_\_\_

#### b. Occupation Details [Please tick (✓)]

☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others \_\_\_\_\_

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

Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on           (Not older than 1 year)

#### d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

#### e. Non-Individual Investors involved/ providing any of the mentioned services

☐ Foreign Exchange/ Money Changer Services ☐ Gaming/ Gambling/ Lottery/ Casino Services ☐ Money Lending/ Pawning ☐ None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

\_\_\_\_\_ L A N D M A R K  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

### CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Name \_\_\_\_\_ Phone (O) \_\_\_\_\_  
Phone (R) \_\_\_\_\_ Mobile \_\_\_\_\_ ☐ I/We wish to receive updates via SMS on my mobile (Please ✓)  
Fax \_\_\_\_\_ e-mail \_\_\_\_\_ I N B L O C K L E T T E R S

I/We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓] ☐ Account Statement ☐ Newsletter ☐ Annual Report ☐ All Statutory Returns / Information

MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms \_\_\_\_\_ AADHAAR \_\_\_\_\_

Date of Birth           PAN \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

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

#### b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹ \_\_\_\_\_

#### c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

... continued overleaf

## ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

IIFL MUTUAL FUND

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_ Dated:

Drawn on Bank & Branch \_\_\_\_\_

Scheme/ Plan/ Option/ Sub-Option \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Signature, Stamp & Date

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.

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms. ☐ AADHAAR ☐

Date of Birth                 PAN  Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

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

b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

5. **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		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

• If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents, 'B' & mention why you unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. **BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions]** (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate)

Account No.  Branch / City

Branch Address

Pin Code       Account Type (Please ✓) For Residents ☐ Savings ☐ Current For Non-Resident ☐ NRO ☐ NRE ☐ Others

MICR Code\*  RTGS/ NEFT / IFSC\* Code  (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (7).

IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

7. **PAYMENT DETAILS (Mandatory) [Refer Instructions]** (Details of account from which investment has been done.)

(I) Investment Amount\*  (II) DD Charges  Net Amount (I)+(II)

Mode of Payment (Please ✓) ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ ECS ☐ Funds Transfer \*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR Dated

Payment from Bank A/c. No.  Name of 1st Bank A/c holder

Drawn on Bank  Name of 2nd Bank A/c holder

Branch & City  Name of 3rd Bank A/c holder

Third Party Payment ☐ No ☐ Yes (If YES then please attach 'Third Party Declaration Form' as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer ☐ Instruction to the Bank from the Unit holder to Debit the Account. ☐ DD/ Pay Order/ Banker's Cheque and the like - ☐ Declaration / Acknowledgement from Bank ☐ Copy of Passbook / Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches/CAMS Investor Service Centres are not located.

8. **INVESTMENT DETAILS (Please ✓) Choice of Scheme/ Plan/ Option) - Please ensure there is only one cheque/DD per application form**

☐ IIFL Focused Equity Fund ☐ Direct ☐ Growth (Default Growth) ☐ Dividend Reinvestment (Default Reinvestment)  
☐ IIFL Dynamic Bond Fund ☐ Regular ☐ Dividend ☐ Dividend Payout

9. **Electronic Communication**

☐ "Opt-In" Receive Physical copy of Annual Report ☐ "Opt-Out" Receive Electronic copy of Annual Report (Default)

10. **SIP**

Frequency (Please ✓) ☐ Monthly (Default) ☐ Quarterly ☐ Perpetual SIP Date: ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> (Default) ☐ 14<sup>th</sup> ☐ 21<sup>st</sup> (Select any one SIP Date) ☐ Micro SIP

Please fill SIP Registration Form enclosed herewith for investment through SIP.

11. **NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions**

☐ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME ☐ Mr. ☐ Ms  Date of Birth (in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) ☐ Mr. ☐ Ms

ADDRESS OF NOMINEE/ GUARDIAN

OR City  Pin Code  Specimen Signature of Nominee / Guardian

☐ I/We do not wish to nominate a nominee in my/our folio.  
For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

12. **DOCUMENTS ENCLOSED (Please ✓)**

☐ MOA & AOA ☐ Trust Deed ☐ Bye-Laws ☐ Partnership Deed ☐ Resolution/ Authorisation to invest ☐ List of Authorised Signatories with Specimen Signature(s) ☐ POA

13. **Demat Account Details (Optional) (Refer instructions)**

NSDL	CDSL
DP Name: <input type="text"/>	DP Name: <input type="text"/>
DP ID*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Beneficiary Account No. <input type="text"/>	Beneficiary Account No. <input type="text"/>

The Applicant may note that incase the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



**IIFL Mutual Fund**

IIFL Centre, 6th Floor, Kamala City,  
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact

**IIFL Mutual Fund**

Mr. Shawn Sequeira, IIFL Centre, 6th Floor, Kamala City,

S. B. Marg, Lower Parel, Mumbai - 400 013

Tel.: (91 22) 3958 51 58 Fax: (91 22) 4646 4706 Toll Free: 18002002267

Email: service@iiflw.com • Website: www.iiflmf.com

CHECK LIST: Please ensure the following : Application form is complete in all respects and signed by all Applicants Bank Account details are filled Copy of PAN card Copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website, as applicable Appropriate options are filled To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.