

# COMMON APPLICATION FORM

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



1	Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIIN	Application No.
	ARN-0906			E031087	C

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 EUIIN 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 time 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  Mr  Ms  M/s  FIRST  MIDDLE  LAST  Folio No

## 3 APPLICANT(S) INFORMATION Refer Instruction Number II

1st Applicant Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST  DOB  D  D  M  M  Y  Y  Y  Y

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  D  D  M  M  Y  Y  Y  Y (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  Mr  Ms  M/s  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  Flls  Society  AOP/BOI  Banks  Fls  Trust  Company/Corporate Body

Partnership Firm  HUF  Minor  NRI Repatriable  NRI Non-Repatriable  PIO  Others  SPECIFY

### 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)

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

Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST  DOB  D  D  M  M  Y  Y  Y  Y

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)

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

### 3rd Applicant (Third Applicant not allowed in case of minor as first / Sole applicant)

Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST  DOB  D  D  M  M  Y  Y  Y  Y

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)

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

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

### 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 APPLICATION NO. **C**

Options  Growth  Dividend ( Payout  Reinvestment) Frequency:

Bonus ( AIRF  ABRF  Both)  3 Years  5 Years) ( Payout  Reinvestment) TIME STAMP & DATE OF RECEIVING OFFICE

**4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction Number IV) (Optional)**

NSDL please ✓ Depository Participant (DP) ID  Beneficiary Account Number

CDSL please ✓ Depository Participant (DP) ID

**5 BANK ACCOUNT DETAILS (Refer Instruction No V) MANDATORY for Redemption / Dividend / Refunds, if any**

A/c Type please (✓)  SB  Current  NRO  NRE A/c Number

Bank Name

Branch  City

PIN Code  11 Digit IFSC Code  9 Digit MICR Code

If MICR and IFSC code for Redemption/Dividend/ Payout is available all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

**6 INVESTMENT & PAYMENT DETAILS (Separate Application Forms are required for investment in each Plan / Option) (Refer instruction no VI) PAYMENT BY CASH IS NOT PERMITTED. Cheque should be made in favour of Scheme Name.**

Scheme Name:

PLAN:  Direct Plan  Existing/ Regular Plan **OPTIONS:**  Growth  Dividend ( Payout  Reinvestment) (Frequency: \_\_\_\_\_)  Bonus

Trigger options under bonus option:  AIRF- Auto investment Redemption Facility ( 3 Years  5 Years) ( Payout  Reinvestment)

ABRF- Auto investment Redemption Facility ( 3 Years  5 Years) ( Payout  Reinvestment)  Both: ( 3 Years  5 Years) ( Payout  Reinvestment)

<b>LUMPSUM</b>	Payment Mode: <b>Please (✓)</b> <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
	Cheque / DD / RTGS / NEFT No. <input type="text"/> Cheque / DD / RTGS / NEFT Date <input type="text"/>
	Amount in ₹ (Figures) <input type="text"/> Amount in ₹ (words) <input type="text"/>
	Source Bank Name <input type="text"/> Source Branch <input type="text"/>
	Source Bank A/C No. <input type="text"/> Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
	Cheque Issuer Name <input type="text"/> In case the cheque is issued by a person other than the investor
	Document attached in the case of third party payments <input type="checkbox"/> Proof / Bank Certificate for DD <input type="checkbox"/> Third Party Declarations

<b>MICRO SIP</b>	<input type="checkbox"/> SIP Through Post Dated Cheques <input type="checkbox"/> SIP Through Auto Debit (Please fill and attach the SIP Auto Debit Form)
	SIP Period From <input type="text"/> To <input type="text"/> SIP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>
	SIP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Instalment Amount in ₹ (Figures) <input type="text"/> No. of Instalments <input type="text"/>
	Cheque Nos. From <input type="text"/> To <input type="text"/> Drawn on Bank A/c No. <input type="text"/>
	Bank Name <input type="text"/> Branch <input type="text"/>

**7 NOMINATION Mandatory for single mode of holding (Please ✓, Refer instruction No VIII)**

I / We wish to nominate  I / We do not wish to nominate

I / We do hereby nominate the person(s) more particularly described here under / and\* / cancel the nomination made by me / us.

Name & Address of the Nominee(s)	Name & Address of Guardian <i>Incase Nominee is a Minor</i>	Date of Birth (Minor)	Proportion(%) by which the units will be shared by each Nominee <i>(Should aggregate to 100%)</i>	Signature of Nominee / Guardian of Nominee (Optional)

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

**8 DECLARATION**

I/We would like to invest in \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. 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. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the IBMF Limited liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me /us to the satisfaction of the mutual fund. (I/We hereby authorize the mutual fund, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law). I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a financial year. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

**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 Investment**

**APPLICABLE FOR NRI INVESTORS ONLY:** I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I am /We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws

Sole / 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

**Karvy Computershare Pvt. Ltd.**  
Unit: Indiabulls Mutual Fund  
Karvy Registry House  
#8-2-596, Avenue 4, Street No. 1  
Banjara Hills, Hyderabad - 500034.  
Email ID: indiabullsunite@karvy.com

**Indiabulls Asset Management Company Ltd.**  
Indiabulls House,  
Indiabulls Finance Centre, 11th Floor,  
Senapati Bapat Marg, Elphinstone (West),  
Mumbai - 400 013.  
Email ID: customercare@indiabullsmf.com

# REGISTRATION CUM AUTO DEBIT / ECS MANDATE FORM

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

**Indiabulls**  
MUTUAL FUND

Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	Application No.
ARN-0906			E031087	C

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 inappropriateness, 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 time investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

### REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (Debit Clearing) Please Tick

- New SIP Registration - by existing investor (Refer Instructions)
- New SIP Registration - by new investor (Also attach the new application form duly filled & Signed)
- Cancellation of SIP
- Change of Bank Account  
*Please provide cancelled cheque*

### APPLICANT DETAILS

Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST  Folio No

PAN  PAN Proof Enclosed please

### INITIAL INVESTMENT DETAILS (Refer Instruction No.12)

Scheme Name:

PLAN:  Direct Plan  Existing/ Regular Plan **OPTIONS:**  Growth  Dividend ( Payout  Reinvestment) (Frequency: )  Bonus

Trigger options under bonus option:  AIRF- Auto investment Redemption Facility ( 3 Years  5 Years) ( Payout  Reinvestment)

ABRF- Auto investment Redemption Facility ( 3 Years  5 Years) ( Payout  Reinvestment)  Both: ( 3 Years  5 Years) ( Payout  Reinvestment)

Cheque / DD No  Cheque / DD Date  D  D  M  M  Y  Y DD Charge Rs.  Cheque / DD Net Amount Rs.

Bank Name  Branch  City

### SIP DETAILS

Frequency Please  Monthly  Quarterly SIP Date Please   1  5  10  15  20  25

SIP AMOUNT ₹  (In figures)  (In words)

Enrolment Period From  M  M  Y  Y  Y  Y To  M  M  Y  Y  Y  Y

I/We hereby authorise Indiabulls Mutual Fund/ Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.

### BANK ACCOUNT DETAILS as in Bank Records

1st/ Sole Account holder Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST

2nd Account holder Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST

3rd Account holder Name  Mr  Ms  M/s  FIRST  MIDDLE  LAST

A/c Type please  SB  Current  NRO  NRE  FCNR A/c Number

Bank Name  Branch  City

PIN CODE  11 Digit IFSC Code  9 Digit MICR Code

**Mandatory:** Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for ECS.  
**Mandatory Enclosure:** Blank Cancelled Cheque Or Copy of Cheque

### DECLARATION

I/We wish to inform you that I/We have registered with Indiabulls Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions 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.

### SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY

Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

### SIGNATURE/S AS PER BANK RECORDS MANDATORY

Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

### FOR OFFICE USE ONLY Not to be filled by the Investor

Recorded on  Scheme Code

Recorded by  Credit A/c No.

Bank use Mandate Ref. No.  Customer Ref. No.