

APPLICATION FORM

Application No.

Please read the instructions before filling the Application Form

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

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 APPLICANTS 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]

Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) D D M M Y Y Y Y PAN

Guardian (Mandatory for Minor Applicant) Mr. Ms.

Date of Birth D D M M Y Y Y 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 FIs 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 D D M M Y Y Y Y (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}

_____ 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 _____
Fax _____	e-mail _____
I/We wish to receive updates via SMS on my mobile (Please <input checked="" type="checkbox"/>)	
IN BLOCK LETTERS	

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. _____

Date of Birth D D M M Y Y 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
... continued overleaf

NAME OF THE THIRD APPLICANT Mr. Ms.

Date of Birth DD MM YY YY 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. 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 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]

6. 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 D | D | M | M | Y | Y | Y | Y

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.iiflmutualfund.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.

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

IIFL Dynamic Bond Fund Direct Growth (Default Growth)
 Regular Dividend Quarterly Dividend Payout Dividend Reinvestment(Default)
 Bonus

8. SIP

Frequency (Please Monthly (Default) Quarterly
 Regular Perpetual (Default)

SIP Date: 1st 7th (Default) 14th 21st (Select any one SIP Date)

Micro SIP

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

9. 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) D | D | M | M | Y | Y | Y | Y

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

ADDRESS OF NOMINEE/ GUARDIAN

Specimen Signature of Nominee / Guardian

OR City Pin Code

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

10. DOCUMENTS ENCLOSED (Please)

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

11. Demat Account Details (Optional) (Refer instructions)

NSDL

CDSL

DP Name: Beneficiary Account No.

DP Name: Beneficiary Account No.

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.



For investment related enquiries, Investor Grievance please contact

IIFL Mutual Fund

Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,

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

Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267

Email: service@iiflmutualfund.com • Website: www.iiflmutualfund.com

12. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

Part I: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that -

Our company is a Listed Company listed on recognized stock exchange in India

Our company is a subsidiary of the Listed Company

Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part II: Non-individuals other than Listed Company / its subsidiary company

(i) Category [✓ applicable category]:

Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association/ body of individuals Public Charitable Trust Religious Trust

Private Trust Trust created by a Will Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction below]	KYC (Yes/No) [Please attach KYC acknowledgement copy]

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

UBO Code Description

UBO-1: Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company, **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership, **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals, **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO - 3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests], **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above], **UBO-6:** The settlor(s) of the trust, **UBO-7:** Trustee(s) of the Trust, **UBO-8:** The Protector(s) of the Trust [if applicable], **UBO-9:** The beneficiaries with 15% or more interest in the trust if they are natural person(s) **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

Part III: DECLARATION UBO

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

13. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units of the Scheme(s) as indicated above ("the Scheme") and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.

I/We further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the India Infoline Asset Management Company Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us.

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

Applicable to NRIs only: I/We confirm that I am/ we are Non- Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.

I/We hereby authorise AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMCs Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders' related activities.

SIGNATURES	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature of 1st Applicant / POA Holder / Guardian		POA Details - POA Name _____ POA PAN _____ Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
	Signature of 2nd Applicant / POA Holder		APPLICANT SIGNATURE POA Details - POA Name _____ POA PAN _____ Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
SIGNATURES	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature of 3rd Applicant / POA Holder		APPLICANT SIGNATURE POA Details - POA Name _____ POA PAN _____ Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
	Signature of 3rd Applicant / POA Holder		APPLICANT SIGNATURE POA Details - POA Name _____ POA PAN _____ Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	