

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	Application No.
				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 a 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	Mr / Ms / M/s	FIRST	MIDDLE	LAST	Folio No
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3 APPLICANT(S) INFORMATION Refer Instruction No II

1st Applicant Name	Mr / Ms / M/s	FIRST	MIDDLE	LAST	DOB	D D M M Y Y Y Y
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PAN/PEKRN	PAN Proof Enclosed please <input checked="" type="checkbox"/>	KYC Proof Enclosed please <input checked="" type="checkbox"/>
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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/Promotors/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
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Relationship	PAN	PAN Proof Enclosed please <input checked="" type="checkbox"/>	KYC Proof Enclosed please <input checked="" type="checkbox"/>
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Mode of holding please Single Joint Anyone or Survivor(s) (Default Option - Joint)

Occupation please Business Professional Service Retired Student House wife Others SPECIFY

FATCA INFORMATION (1st Applicant/Non-Individual)

Country of Birth/Registration _____ Country of citizenship / Nationality: India USA Other (please specify) _____

Country of Tax Residency: India USA Other (please specify) _____ Tax Reference Number _____

Status please <input checked="" type="checkbox"/>	<input type="checkbox"/> Resi Individual <input type="checkbox"/> FII <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Banks <input type="checkbox"/> FII <input type="checkbox"/> Trust <input type="checkbox"/> Company/Corporate Body	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> PIO <input type="checkbox"/> Others <input type="checkbox"/> SPECIFY
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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 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)

FATCA INFORMATION (2nd Applicant/Non-Individual)

Country of Birth/Registration _____ Country of citizenship / Nationality: India USA Other (please specify) _____

Country of Tax Residency: India USA Other (please specify) _____ Tax Reference Number _____

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

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) Frequency: _____

APPLICATION NO. C

TIME STAMP & DATE OF RECEIVING OFFICE

