

IIFL Dynamic Bond Fund (An open ended Income Fund)

APPLICATION FORM

Application No. W10537695

Please read the instructions before filling			Application No. W10537695
1. DISTRIBUTOR INFORMATION & AF Distributor Name & ARN No.	PPLICATION RECEIPT DATE Sub-Broker Code	e Employee Unique Identification N	lo.* Date & Time of Receipt
Distributor Name & ANN NO.			
		elationship manager of the distributor interacting with	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	there is no such interaction, the investor can keep EUIN us as this transaction is executed without any interaction	
		propriateness, if any, provided by the employee/relationshi	
		Second Applicant	Third Applicant
and the second se		ributors based on the investor's assessment of various fact	
2. TRANSACTION CHARGES FOR APP	LICATIONS THROUGH DIST	RIBUTORS/ AGENTS ONLY	
		has opted to receive Transaction charges Rs.150/- (the subscription amount and paid to the Distributo	
invested. Investors are advised to confirm if he	she is a First Time Mutual Fund	I Investor by selecting [please ✓] one of the options:-	, i i i i i i i i i i i i i i i i i i i
		blank, it is assumed that the Applicant(s) is not a First Time Investo details and mode of holding will be as per the existing	
Existing Folio No. In case of Applicant(s) who already have a Fo	Name of Sole/ First Un Name of Sole/ First Un	It Holder an provide their folio number & first holder name in	Section (3) and proceed to Section (6) of the Form
		/blue ink, use one box for one alphabet leaving one b	
		pint holding permitted in case of minor applicant]	
Data of Dirth (Mandaton) for Minor Applicant	*Endose Cussosting Desumas		N
Date of Birth (Mandatory for Minor Applicant -			
Guardian (Mandatory for Minor Applicant)	Ms		
Date of Birth D D M M Y Y Y Y PAN		Relationship with Minor Applicant 🗌 Father 🗌 Mother	Legal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DETAILS (Mai			
a. Status of First/ Sole Applicant [Please tick		ividual	
		QFI FPI Sole Proprietorship Non Profit Organ	
b. Occupation Details [Please tick (\checkmark)]			
· · · · · · · · · · · · · · · · · · ·	iovernment Service 🗌 Student 🗌	Professional 🗌 Housewife 🗌 Business 🗌 Retired 🗌 A	griculture 🗌 Proprietorship 🗌 Others
c. Gross Annual Income (Rs.) [Please tick (🗸)] 🗌 Below 1 Lac 🗌 1 - 5 Lacs [>1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹	as on	D D M M Y Y Y Y (Not older	than 1 year)
		ised signatories/ Promoters/ Karta/ Trustee/ Whole time L	Directors)
I am PEP I am Related to PEP No e. Non-Individual Investors involved/		ntioned services	
		Lottery/ Casino Services Money Lending/ Pawn	ing None of the above
ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Ac	dress is not sufficient]		
			LAND MARK
City S	tate	Country	Pin Code
OVERSEAS ADDRESS (in case the First Applicant is	; NRI/FII/PIO) [P.O. Box Address is n	not sufficient] {Refer Instructions}	
	tate	u fill in the contact details for us to serve you bett	Zip Code
Name	LICANT (Please ensure that yo	Phone (O)	er)
Phone (R)	Mobile		eceive updates via SMS on my mobile (Please √
Fax	e-mail I N		
I/We wish to receive the following documents via	physical in lieu of e-mail document	t(s) [Please $\sqrt{]}$ 🔲 Account Statement 🔲 Newsletter 🔜 A	nnual Report 🔲 All Statutory Returns / Information
MODE OF HOLDING (Please √)	Jointly Either/ Anyone or	Survivor (Default Option : Joint)	
NAME OF THE SECOND APPLICANT	1 Ms		
Date of Birth DDMMYYYY PAN		Kindly ensure that Copy of PAN & KYC Acknowledgeme	nt Letter are enclosed to your Application Form
a. Occupation Details [Please tick (✓) □ Serv	ice Private Sector Public Sec	ctor 🗌 Government Service 🗌 Student 🗌 Professional [Housewife Business Retired Agriculture
	prietorship 🗌 Others	sse specify)	
) Lacs 🗌 10 - 25 Lacs 🗌 >25 Lacs - 1 Crore 🗌	
c. Politically Exposed Person (PEP) Sta		ised signatories/ Promoters/ Karta/ Trustee/ Whole time L	Directors) continued overlea continued overlea
ACKNOWLI	EDGMENT SLIP (To be	filled in by the Applicant)	IIFL Dynamic Bond Fund Application No. W10537695
Received from			
Cheque/ DD/ RTGS/ NEFT No.		Dated: D D M M Y Y Y	
Drawn on Bank & Branch			
Scheme/ Plan/ Option/ Sub-Option			
			Signature, Stamp & Date

Amount Rs.

	that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form
a. Occupation Details [Please tick () Service Private Sector Public Sector Governm Proprietorship Others (please specify)</th <td>ent Service Student Professional Housewife Business Ketired Agriculture</td>	ent Service Student Professional Housewife Business Ketired Agriculture
b. Gross Annual Income ₹ Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 -	
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/	Promoters/ Karta/ Trustee/ Whole time Directors)
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of bank ac	ccount 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 th IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request	
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from w	
(I) Investment (II) DD Charges	Net Amount
Amount* ↓ S L L L L L L L L L L L L L L L L L L	ds Transfer *Cheque / DD / RTGS / NEFT No.
Mode of Payment (Please √) Cheque DD RTGS NEFT ECS Junc Account Type (Please √) Savings Current NRE NRO FCNR NRSI	
Payment from	Name of 1st Bank A/c holder
Bank A/c. No.	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 of Please enclose relevant documents as indicated below as per the Mode of Payment: (
holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like - Decla	
* 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	
Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where" INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth)	the AMC Branches/CAMS Investor Service Centres are not located.
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please et IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth)	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (D	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please el IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa 8. SIP	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (<i>Default</i>)
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please el IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Refer	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Default) 14 th 21 st (Select any one SIP Date) Instructions
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the AMC/Mutual Fu	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Instructions ur folioin the event of my/our death. I/We also understand that all payments and settlements made to such Nominee
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus Bonus Begular Perpetual (Default) Quarterly SIP Date: □1" □7" (D Regular Perpetual (Default) Quarterly SIP Date: □1" □7" (D Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our Im my/our	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions urfolio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth DIDEMMINICY
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the AMC/Mutual Fu	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (<i>Default</i>) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions r folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered.
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) □ Regular Dividend Quarterly Dividend Pa □ Bonus Bonus Bonus Bonus Bonus 8. SIP Prequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D □ Regular □ Perpetual (Default) Puarterly SIP Date: □ 1 st □ 7 th (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME Mr. Ms	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions urfolio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth DIDEMMINICY
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) □ Regular Dividend Quarterly Dividend Pa 0 Bonus Bonus Bonus Bonus Bonus 8. SIP Prequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the AMC/Mutual Fur NOMINEE'S NAME Mr. Ms	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (<i>Default</i>) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions rfolio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor)
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) □ Regular Dividend Quarterly Dividend Pa □ Bonus Bonus Bonus Bonus Bonus 8. SIP Prequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D □ Regular □ Perpetual (Default) Puarterly SIP Date: □ 1 st □ 7 th (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME Mr. Ms	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Instructions ur folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. , Date of Birth D
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fur NOMINAE/ SNAME Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Pin Code OR <td>the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14th 21st (Select any one SIP Date) Micro SIP Instructions rfolio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor)</td>	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions rfolio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee nd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor)
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee achowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Pin Code Pin Code Grity Pin Code If we do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form.	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Dividend Reinvestment (Default) Default Dividend Reinvestment (Default) Dividend Reinvest
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Pin Code Pin Code Qr City Pin Code Pin Code We do not wish to nominate a nominee in my/our folio. For more than one nominee. please use nomination form. Pin Code	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Instructions Instructions Instructions Date of Birth Date of Birth (in case of minor) Specimen Signature of Nominee / Guardian Specimen Signature of 3rd Unit Holder
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1" 7" (C Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Mr. Ms 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 that to nominate a nominee in my/our folio. For more than one nominee, please use nomination form.	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Instructions Instructions Instructions Date of Birth Date of Birth (in case of minor) Specimen Signature of Nominee / Guardian Specimen Signature of 3rd Unit Holder
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and signature of the Nominee achnowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fur NOMINAE/S NAME Mr. Ms	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Instructions Instructions Instructions Date of Birth Date of Birth (in case of minor) Specimen Signature of Nominee / Guardian Specimen Signature of 3rd Unit Holder
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please \) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please \) Monthly (Default) Quarterly SIP Date: 1 st 7 th (D Regular Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please \) and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Gity Pin Code WWe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st U 10. DOCUMENTS ENCLOSED (Please \) MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution/ Authorisati 11. Demat Account Details (<i>Optional</i>) (Refer instructions) NSDL DP Name:	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 st (Select any one SIP Date) Micro SIP Instructions Information under demataccount will be considered. Date of Birth D Micro M Micro Y Y Y (in case of minor) Date of Birth D Micro M Micro Y Y Y Specimen Signature of Nominee / Guardian Specimen Signature of 3rd Unit Holder Init Holder Signature of 2nd Unit Holder Signature(s) POA CDSL DP Name:
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund □ Direct □ Growth (Default Growth) □ Regular □ Dividend □ Quarterly □ Dividend Pa □ Bonus 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code □ We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st U 10. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authorisati 11. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ DP ID*: 1 N □ Beneficiary P ID*: 1 N □ Beneficiary DP ID*: 1 Defael Beneficiary DP ID*:	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 th (Select any one SIP Date) Instructions Instructions Infunction the event of my/our death. (We also understand that all payments and settlements made to such Nominee d/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth Int Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder CDSL DP Name: Beneficiary Account No.
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund □ Direct □ Growth (Default Growth) □ Regular □ Dividend □ Quarterly □ Dividend Pa □ Bonus 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code □ We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st U 10. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authorisati 11. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ DP ID*: 1 N □ Beneficiary P ID*: 1 N □ Beneficiary DP ID*: 1 Defael Beneficiary DP ID*:	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 th (Select any one SIP Date) Instructions Instructions Instructions Date of Birth (in case of minor) Date of Birth (in case of minor) Date of Birth (in case of minor) Specimen Signature of Authorised Signatories with Specimen Signatue(s) POA CDSL P Name: Beneficiary Account No. CDSL P Name: Beneficiary CDSL Default Date of Depository Data Base the Application is liable to be rejected.
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please <) Choice of Scheme/Plan/Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please <) Monthly (Default) Quarterly SIP Date: 1** 7** (D Regular Perpetual (Default) Quarterly SIP Date: 1** 7** (D Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Naminee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fur NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Signature of 1st U OR City Pin Code 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 U 10. DOCUMENTS ENCLOSED (Please	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout yout Default Instructions Instructions Information understand that all payments and settlements made to such Nominee ad/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth In case of minor) Date of Birth Date of Birth (in case of minor) Date of Birth Date of Birth (in case of minor) Specimen Signature of Nominee / Guardian Support of Authorised Signatories with Specimen Signature of 3rd Unit Holder CDSL DP Name: Eneficiary Account No. CDSL DP Name: Eneficiary Account No. For investment related enquiries, Investor Grievance please contact IIFL Mutual Fund
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please e IIFL Dynamic Bond Fund □ Direct □ Growth (Default Growth) □ Regular □ Dividend □ Quarterly □ Dividend Pa □ Bonus 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (D □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Refer □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fur NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code □ We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st U 10. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authorisati 11. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ DP ID*: 1 N □ Beneficiary P ID*: 1 N □ Beneficiary DP ID*: 1 Defael Beneficiary DP ID*:	the AMC Branches/CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) Int up 14 th Int with the event of my/our death. (We also understand that all payments and settlements made to such Nominee and/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor) Date of Nominee / Guardian Specimen Signature of Authorised Signatories with Specimen Signature of 3rd Unit Holder CDSL DP Name: Beneficiary Account No. For investment related enquiries, Investor Grievance please contact
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where 7. INVESTMENT DETAILS (Please <) Choice of Scheme/Plan/Option) - Please e IIFL Dynamic Bond Fund Direct Growth (Default Growth) Regular Dividend Quarterly Dividend Pa Bonus 8. SIP Frequency (Please <) Monthly (Default) Quarterly SIP Date: 1* 7* (C Regular Perpetual (Default) Quarterly SIP Date: 1* 7* (C Regular Perpetual (Default) Quarterly SIP Date: 1* 7* (C Regular Perpetual (Default) Quarterly SIP Date: 1* 7* (C Regular Perpetual (Default) Quarterly SIP Date: 1* 7* (C Nease fill SIP Registration Form enclosed herewith for investment through SIP 9 NOMINATION (Please < and confirm the option selected) - Please Refer We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fur NOMINATION (Please < and confirm the option selected) - Please Refer Mr Ms NAME OF PARENT/ LEGAL GUARDIAN (in c	the AMC Branches /CAMS Investor Service Centres are not located. nsure there is only one cheque/DD per application form yout Dividend Reinvestment (Default) Default) 14 th 21 th (Select any one SIP Date)

(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 [please specify

Private Trust Trust created by a Will Others

(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

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 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 is not provided, it will be presumed that applicant is the ultimate and also undertake to provide any other additional information as may be required at your end.

SIGNATURES

13. DECLARATION AND SIGNATURES

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". 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). We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. We further declare that the amount invested by me/us in the Scheme(s) advended through leoitimate sources and is not held or designed for the pursos of contravention of any act. investment. WWe 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. WNe hereby confirm that WNe 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/AMIP 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 monoment. of my payment.

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.

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.

	APPLICANT SIGNATURE	Poa Holder Signature
Signature of	POA Details - POA Name	
1st Applicant / POA Holder / Guardian	POA PAN	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
2nd Applicant /	POA Details - POA Name	
POA Holder	POA PAN Enclosed (please √) PAN KYC	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
3rd Applicant / POA Holder	POA Details - POA Name	
I OA HOIDEI	POA PAN	
	Enclosed (please √) □ PAN □ KYC	(Attach copy of PAN & KYC [^])



IIFL Dividend Opportunities Index Fund

(An open ended Index Fund)

Mutual Fund APPLICATION FORM Application No. W10537696 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; "/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." 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 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. \square Ms [Note: No Joint holding permitted in case of minor applicant] PAN Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) D D M M Y Y Y Guardian (Mandatory for Minor Applicant) Mr. Ms Date of Birth D D M M Y 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 FIIs 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 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 (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] 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} Citv 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) lame Phone (O) I/We wish to receive updates via SMS on my mobile (Please Phone (R) Mobile e-mail (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 / Informatic MODE OF HOLDING (Please $\sqrt{}$) Single Jointly Either/ Anyone or Survivor (Default Option : Joint) NAME OF THE SECOND APPLICANT Mr. Ms Y PAN Date of Birth 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_ 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 ov \ll ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) IIFL Dividend Opportunities Index Fund I T I W10537696 Application No. ARN No Mutual Fund Received from Cheque/ DD/ RTGS/ NEFT No. Dated:

NAME OF THE THIRD APPLICANT Mr. Ms	
Date of Birth D M Y Y PAN Kindly ensu	re that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form
a. Occupation Details [Please tick () Service Private Sector Public Sector Govern Proprietorship Others (please specify)</th <th>nment Service 🗌 Student 🗋 Professional 🗌 Housewife 🗌 Business 🗌 Retired 🗌 Agriculture —</th>	nment Service 🗌 Student 🗋 Professional 🗌 Housewife 🗌 Business 🗌 Retired 🗌 Agriculture —
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 signatorie I am PEP I am Related to PEP Not Applicable	s/ Promoters/ Karta/ Trustee/ Whole time Directors)
	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 v) For Residents Savings Current	
MICR Code* RTGS/ NEFT / IFSC* Code REAS above incase Please also provide a cancelled cheque leaf of the same bank account as mentioned above incase	(IFSC/ NEFT code required for Direct credit)
IIFL Mutual Fund shall not be held responsible for delays or errors in processing your reque	st if the information provided is incomplete or inaccurate. [* indicates - Mandatory]
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from	
(I) Investment [(II) DD Charges [Net Amount
Mode of Payment (Please 1) Cheque DD RTGS NEFT ECS Fu	nds Transfer *Cheque / DD / RTGS / NEFT No.
Account Type (Please √) □ Savings □ Current □ NRE □ NRO □ FCNR □ NF	XSR 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 availab	le on our website www.iiflmf.com)
	: (Please $$) RTGS / NEFT / ECS / Bank Transfer \Box Instruction to the Bank from the Unit
holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like - Dev	claration/Acknowledgement from Bank 🗌 Copy of Passbook/Bank Statement
should be crossed "Account Payee Only" * To be filled in by investors residing at the location, whe	the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment ne A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same re the AMC Branches/CAMS Investor Service Centres are not located.
7. INVESTMENT DETAILS (Please v) Choice of Scheme/ Plan/ Option) - Please IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op	ensure there is only one cheque/DD per application form tion (Default) Dividend Option
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: □ 1 st □ 7 st	
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op S. SIP	tion (<i>Default</i>) Dividend Option
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Ref	tion (<i>Default</i>) Dividend Option (Default) 14 th 21 st (Select any one SIP Date) Micro SIP er Instructions
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Ref We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual	tion (<i>Default</i>) Dividend Option (Default) 14 th 21 st (Select any one SIP Date) Micro SIP
 IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1st 7th Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my. 	tion (<i>Default</i>) Dividend Option (Default) Dividend (De
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP. 9. NOMINATION (Please √ and confirm the option selected) - Please Ref We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP er Instructions (our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee 'und/Trustees. In case of units held in demat mode, the nomination under demat account will be considered.
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Puarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms	tion (<i>Default</i>) Dividend Option (Default) Dividend (De
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP. 9 NOMINATION (Please √ and confirm the option selected) - Please Reff IWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual NOMINEE'S NAME Mr. Ms	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP (Select any one SIP Date) (
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growth Op 8. SIP Frequency (Please ✓) Monthly (Default) Quarterly SIP Date: 1 st 7 th Regular Perpetual (Default) Puarterly SIP Date: 1 st 7 th Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms	tion (<i>Default</i>) Dividend Option (Default) Dividend (De
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ IWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code IWe do not wish to nominate a nominee in my/our folio.	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP (Select any one SIP Date) (
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms □ ADDRESS OF NOMINEE/ GUARDIAN (in case of minor) Mr. □ Ms ○ R 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.	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Default) Dividend Option (Parallel (Select any one SIP Date) Micro SIP (our folio in the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (our folio in the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of my/our death. J.We also understand that all payments and settlements made to such Nominee (Individual for the event of the event o
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN OR City □ Pin Code □ IWe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st 10. DOCUMENTS ENCLOSED (Please √)	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP er Instructions four folio in the event of my/our death. JWe also understand that all payments and settlements made to such Nominee fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth Dividend Option Dividend Option Dividend Option Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Reff □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN OR City □ Pin Code □ IWe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st 10. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP er Instructions four folio in the event of my/our death. JWe also understand that all payments and settlements made to such Nominee fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth Dividend Option Dividend Option Dividend Option Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to myour credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code I Wwe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st 10. DOCUMENTS ENCLOSED (Please √) MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (optional) (Refer instructions)	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) 14 th 21 st (Select any one SIP Date) er Instructions four folio in the event of my/our death. JWe also understand that all payments and settlements made to such Nominee ind/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor) Date of M M Y Y Y Y (in case of minor) Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN 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 10. DOCUMENTS ENCLOSED (Please √) MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (optional) (Refer instructions)	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Select any one SIP Date) Micro SIP er Instructions four folio in the event of my/our death. JWe also understand that all payments and settlements made to such Nominee fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth Dividend Option Dividend Option Dividend Option Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to myour credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code I Wwe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st 10. DOCUMENTS ENCLOSED (Please √) MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (optional) (Refer instructions)	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) 14 th 21 th (Select any one SIP Date) er Instructions four folio in the event of my/our death. J/We also understand that all payments and settlements made to such Nominee fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y Y Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder CDSL
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN 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 10. DOCUMENTS ENCLOSED (Please √) MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) 14 th 21 th (Select any one SIP Date) er Instructions four folio in the event of my/our death. J/We also understand that all payments and settlements made to such Nominee fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y Y Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder CDSL
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ IWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual NOMINEE'S NAME □ Mr. □ Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN 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 10. DOCUMENTS ENCLOSED (Please √) MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (<i>Optional</i>) (Refer instructions) NSDL DP Name: DP ID*: 1 N □	tion (<i>Default</i>) Dividend Option (Default) Dividend Option (Default) 14 th 21 th (Select any one SIP Date) er Instructions four folio in the event of my/our death. J.We also understand that all payments and settlements made to such Nominee fourd/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y Y Specimen Signature of Nominee / Guardian FUNIT Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder CDSL DP Name: Beneficiary Account No.
IIFL Dividend Opportunities Index Fund □ Regular Plan □ Direct Plan □ Growth Op 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th □ Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please √ and confirm the option selected) - Please Ref □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual NOMINEE'S NAME □ Mr. □ Ms □ NOMINEE/ GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN City □ Pin Code □ IWe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st 10. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution/ Authoris 11. Demat Account Details (Optional) (Refer instructions) NSDL DP Name: DP ID*: 1 N □ Beneficiary Account No.	tion (<i>Default</i>) Dividend Option (Default) 14 th 21 th (Select any one SIP Date) Micro SIP er Instructions four folio in the event of my/our death. (We also understand that all payments and settlements made to such Nominee ind/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y Y (In case of minor) Date of Birth D D M M Y Y Y Y (In case of minor) Specimen Signature of Nominee / Guardian Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder DP Name: DP Name: Beneficiary Account No. 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 IFL Mutual Fund Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City, S. B. Marg, Lower Parel, Mumbai - 400 013

(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 [please specify

Private Trust Trust created by a Will Others

(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

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 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 is not provided, it will be presumed that applicant is the ultimate and also undertake to provide any other additional information as may be required at your end.

SIGNATURES

13. DECLARATION AND SIGNATURES

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". 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). We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. We further declare that the amount invested by me/us in the Scheme(s) advended through leoitimate sources and is not held or designed for the pursos of contravention of any act. investment. WWe 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. WNe hereby confirm that WNe 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/AMIP 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 monoment. of my payment.

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.

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.

	APPLICANT SIGNATURE	Poa Holder Signature
Signature of	POA Details - POA Name	
1st Applicant / POA Holder / Guardian	POA PAN	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
2nd Applicant /	POA Details - POA Name	
POA Holder	POA PAN Enclosed (please √) PAN KYC	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
3rd Applicant / POA Holder	POA Details - POA Name	
I OA HOIDEI	POA PAN	
	Enclosed (please √) □ PAN □ KYC	(Attach copy of PAN & KYC [^])



IIFL Short Term Income Fund (An open ended Income Scheme)

APPLICATION FORM

Application No. W10537607

Please read the instructions before filli	ng the Application	Form			Application No.	W10537697
1. DISTRIBUTOR INFORMATION &						
Distributor Name & ARN No.	Sub	-Broker Code	Employee Unic	ue Identification No.*	Date &	Time of Receipt
 DISTRIBUTOR INFORMATION & Distributor Name & ARN No. "Purpose of EUIN is to capture the identifica "Execution only" or "Advisory". However, in "We hereby confirm that the EUIN box has person of the above distributor/sub broker or First/ Sole Applicant/ Guardi Upfront commission shall be paid directly by th TRANSACTION CHARGES FOR A In case the subscription amount is Rs.10, investor other than first time Mutual Fun invested. Investors are advised to confirm i First time Mutual Fund Investor Exist EXISTING UNITHOLDERS DETAI Existing Folio No. In case of Applicant(s) who already have ad NAME OF FIRST / SOLE APPLICANT N 	Sub- sub- sub- sub- sub- sub- sub- sub- s	Broker Code m/employee/relationshi l cases where there is <u>no</u> blank by me/us as this t dvice of in-appropriaten Second registered Distributors ba OUGH DISTRIBUTOR the Distributor has opted ducted from the subsection Mutual Fund Investor I sissection is left blank, it is as he applicant details and Sole/ First Unit Holder Fund, they can provide RS with black/blue ink,	p manager of the distrib psuchinteraction, the in ransaction is executed w wess, if any, provided by the ond Applicant ased on the investor's asse ts/ AGENTS ONLY d to receive Transactio cription amount and p by selecting [please ~] sumed that the Applicant(s d mode of holding will the their folio number &	vestor can keep EUIN box bl ithout any interaction or ad eemployee/relationship mar essment of various factors in n charges Rs.150/- (for fir baid to the Distributor. Un one of the options:-) is not a First Time Investor and be as per the existing Folio first holder name in Section phabet leaving one box bl	Third App cluding the service re st time Mutual Fu its will be issued a <i>Transaction Charges sh</i> Number) [Refer Inst	llowing declaration; e/relationship manager/sales f the distributor/sub broker." licant endered by the distributor. and investor) or Rs.100/- (for against the balance amount hallbe accordingly deducted) tructions] d to Section (7) of the Form.
Date of Birth (Mandatory for Minor Applica	nt - *Enclose Support	ing Document)		YYY PAN		
Guardian (Mandatory for Minor Applicant)				· · · · · · · · · · · · · · · · · · ·		
	 .N	Relations	ship with Minor Applicant	Father Mother Le	gal Guardian (Noto: 1	*Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DETAILS (gar Gaaraian (NOLE.	Enclose supporting Document
Body Corporate LLP Society/ Club b. Occupation Details [Please tick (*)] Service Private Sector Public Sector [c. Gross Annual Income (Rs.) [Please tick Net-worth (Mandatory for Non-Individua d. Politically Exposed Person (PEP) I am PEP I am Related to PEP [e. Non-Individual Investors involve	Government Service (✔)] ☐ Below 1 Lac [Is) ₹ Status (Also applicat Not Applicable	Student Professio T - 5 Lacs 5 - 10 L as on D D ble for authorised signat	anal Housewife Bu Lacs 10 - 25 Lacs M M Y Y Lories/ Promoters/ Karta/	siness Retired Agricult	ure 🗌 Proprietorshi ore OR 1 year)	pOthers
Foreign Exchange/ Money Changer ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box	Services 🗌 Gaming	/ Gambling/ Lottery/		ney Lending/ Pawning [None of the ab	pove
		- x		L	A N D	MARK
City	State		Country		Pin Code	
OVERSEAS ADDRESS (in case the First Applica	nt is NRI/FII/PIO) [P.O. Bo	ox Address is not sufficien	nt] {Refer Instructions}			
City CONTACT DETAILS OF FIRST/ SOLE A	State	sure that you fill in th	Country	us to serve you better)	Zip Code	
Name				Phone (O)		
Phone (R)	Mobile			I/We wish to receive	updates via SM	S on my mobile (Please √)
Fax	e-mail	I N	BLOCK	LETTERS		
I/We wish to receive the following documents				nt 🔄 Newsletter 🔛 Annual	Report 🔄 All Statut	ory Returns / Information
NAME OF THE SECOND APPLICANT M Date of Birth D M Y Y a. Occupation Details [Please tick (*) S	r Ms PAN Gervice Private Secto Proprietorship Otho	r Public Sector Go	ensure that Copy of PAN		usewife 🗌 Business	Retired Agriculture
b. Gross Annual Income ₹ Below						orth ₹
c. Politically Exposed Person (PEP)		ole for authorised signat	rories/ Promoters/ Karta/	Trustee/ Whole time Directo	nrs) 	continued overlea
ACKNOW	LEDGMENT SI	IP (To be filled	in by the Applic			rm Income Fund V10537697
Cheque/ DD/ RTGS/ NEFT No.			Dated: D			
Drawn on Bank & Branch						
Scheme/ Plan/ Option/ Sub-Option						
Amount Rs.					Signature	e, Stamp & Date

Date of Birth D D M M Y Y Y Y P 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 Proprietorship Others (please specify)	Service Student Professional Housewife Business Retired Agriculture
b. Gross Annual Income ₹ □ Below 1 Lac □ 1 - 5 Lacs □ 5 - 10 Lacs □ 10 - 25	
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Pron	noters/ Karta/ Trustee/ Whole time Directors)
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of bank account	nt 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 N	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 bar IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if th	e information provided is incomplete or inaccurate. [* indicates - Mandatory]
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from which	
(I) Investment [(II) DD Charges	Net Amount (I) + (II)
Mode of Payment (Please 1) Cheque DD RTGS NEFT ECS Funds Tra	ansfer *Cheque / DD / RTGS / NEFT No.
Account Type (Please 1) Savings Current NRE NRO FCNR NRSR	Dated D D M M Y Y Y Y
Payment from Bank A/c. No.	ame of 1st Bank A/c holder
Drawn on Bank	ame of 2nd Bank A/c holder
Branch & City Na	ame of 3rd Bank A/c holder
Third Party Payment No Yes (If YES then please attach 'Third Party Declaration Form' as available on our	ırwebsite www.iiflmf.com)
Please enclose relevant documents as indicated below as per the Mode of Payment: (Plea holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like - Declarati	on / 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 Pay Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. should be crossed "Account Payee Only" * To be filled in by investors residing at the location, where the A	ment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Permanent Account Number? OR "Name of the Scheme A/c. Folio Number" and the same NG Pare above (CANK) under Service Context and the same service and
 INVESTMENT DETAILS (Please √) Choice of Scheme/ Plan/ Option) - Please ensuit 	
	re there is only one cheque/DD per application form
IIFL Short Term Income Fund 🗌 Direct 🗌 Growth (Default Growth)	te there is only one cneque, ber application form
IIFL Short Term Income Fund Direct Growth (Default Growth) Regular Dividend Monthly Dividend Payou Bonus	
 Regular □ Dividend □ Monthly □ Dividend Payou Bonus 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly Regular □ Perpetual (Default) 	
Regular □ Dividend □ Monthly □ Dividend Payou Bonus SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP.	ult) 🗆 14 th 🗆 21 st (Select any one SIP Date) 🗖 Micro SIP
Regular ☐ Dividend ☐ Monthly ☐ Dividend Payou Bonus SIP Frequency (Please ✓) ☐ Monthly (Default) ☐ Quarterly SIP Date: ☐ 1 st ☐ 7 th (Default) Regular ☐ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP. NOMINATION (Please √ and confirm the option selected) - Please Refer Inst	ult) □ 14 th □ 21 th (Select any one SIP Date) □ Micro SIP
Regular □ Dividend □ Monthly □ Dividend Payou Bonus SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa Regular □ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP.	It Dividend Reinvestment (<i>Default</i>) ult) $\Box 14^{\oplus} \Box 21^{\alpha}$ (Select any one SIP Date) \Box Micro SIP tructions in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered.
Regular Dividend Monthly Dividend Payou Bonus	ut Dividend Reinvestment (Default) ult) 14 th 21 th (Select any one SIP Date) Micro SIP tructions Din the event of my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered.
Regular Dividend Monthly Dividend Payou Bonus	ut Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) tructions Dividend for my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. , Date of Birth D M Y Y Y
Regular Dividend Monthly Dividend Payou Bonus	ut Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) tructions Dividend for my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. , Date of Birth D M Y Y Y
Regular Dividend Monthly Dividend Payou Regular Dividend Payou Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (Defa Regular Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP NOMINATION (Please \ and confirm the option selected) - Please Refer Ins UWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folic and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/Trc NOMINEE'S NAME Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Gty Pin Code	ut Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) tructions Dividend for my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. , Date of Birth D M Y Y Y
Regular Dividend Monthly Dividend Payou Regular Dividend Payou Bonus SIP Frequency (Please Image of the second part of t	It Dividend Reinvestment (Default)
Regular Dividend Monthly Dividend Payou Regular Dividend Payou Bonus	It Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Din the event of my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor) Date of Birth Specimen Signature of Nominee / Guardian
Regular Dividend Monthly Dividend Payou Regular Dividend Payou Bonus Regular Perpetual (Default) Quarterly SIP Date: 1 st 7 th (Defa Regular Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP NOMINATION (Please V and confirm the option selected) - Please Refer Ins WWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folic and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Tre NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN City Pin Code VWe do not wish to nominate a nominee in my/our folio.	It Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Din the event of my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor) Date of Birth Specimen Signature of Nominee / Guardian
□ Regular □ Dividend Monthly □ Dividend Payou □ Bonus ■	It ☐ Dividend Reinvestment (Default) It ☐ Dividend Reinvestment (Default) It ☐ 14 th ☐ 21 st (Select any one SIP Date) ☐ Micro SIP It ructions In the event of my/our death. I/We also understand that all payments and settlements made to such Nominee Istees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (in case of minor) ☐ ☐ M M Y Y Y Y Specimen Signature of Nominee / Guardian Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder
□ Regular □ Dividend Monthly □ Dividend Payou □ Bonus 8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) Puesse fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please \lambda and confirm the option selected) - Please Refer Ins □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to mylour credit in mylour foli and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Tre NOMINEE'S NAME Mr. MS	it Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (Me also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y
□ Regular □ Dividend Monthly □ Dividend Payou □ Bonus □ Dividend Payou □ Bonus 8. SIP □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ■ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ■ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ● NOMINATION (Please √ and confirm the option selected) - Please Refer Ins ■ ■ ■ ■ ● NOMINATION (Please √ and confirm the option selected) - Please Refer Ins ■ ■ ■ ■ NAME OF NAME Mr. Ms ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ <t< td=""><td>it Dividend Reinvestment (Default) ult) 14th 21st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (We also understand that all payments and settlements made to such Nominee states. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y Date of Birth (In case of minor) D M Y Y Y Y Specimen Signature of Nominee / Guardian Specimen Signature of Nominee / Guardian Signature of 2nd Unit Holder Signature of 3rd Unit Holder o invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL</td></t<>	it Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (We also understand that all payments and settlements made to such Nominee states. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y Date of Birth (In case of minor) D M Y Y Y Y Specimen Signature of Nominee / Guardian Specimen Signature of Nominee / Guardian Signature of 2nd Unit Holder Signature of 3rd Unit Holder o invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL
□ Regular □ Dividend Monthly □ Dividend Payou □ Bonus □ Dividend Payou □ Bonus 8. SIP □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa □ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ■ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ■ Regular □ Perpetual (Default) □ Quarterly SIP Date: □ 1 st □ 7 th (Defa ● NOMINATION (Please √ and confirm the option selected) - Please Refer Ins ■ ■ ■ ■ • We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio. ■ ■ ■ ■ • NAME ● Mr. ● Ms ● Ms ● ● ● ● ● ● ● ● ● ● ● ● ● <td>it Dividend Reinvestment (Default) ult) 14th 21st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (Me also understand that all payments and settlements made to such Nominee istees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y </td>	it Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (Me also understand that all payments and settlements made to such Nominee istees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y
Regular Dividend Monthly Dividend Payou Bonus Bonus 8. SIP Frequency (Please <)	it Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment (We also understand that all payments and settlements made to such Nominee istees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth (In case of minor) D M Y Y Y
□ Regular □ Dividend □ Monthly □ Dividend Payou □ Bonus ■	it Dividend Reinvestment (Default) ult) 14 th 21 st (Select any one SIP Date) Micro SIP tructions Dividend Reinvestment of my/our death. I/We also understand that all payments and settlements made to such Nominee ustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M Y Y (in case of minor) D M Y Y Specimen Signature of Nominee / Guardian Specimen Signature of Nominee / Guardian Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder o invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL Name:
□ Regular □ Dividend Monthly □ Dividend Payou □ Bonus ■	It Dividend Reinvestment (Default) It Dividend Reinvestment (Default) It It It It </td
Regular Dividend Monthly Dividend Payou Bonus Bonus 8. SIP Frequency (Please Y) Monthly (Default) Quarterly SIP Date: 1* 7* (Defa Regular Perpetual (Default) Puase fill SIP Registration Form enclosed herewith for investment through SIP 9. NOMINATION (Please \ and confirm the option selected) - Please Refer Ins and Signature of the hominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Tro NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN Gity Pin Code OR City Pin Code IVWe do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature of 1st Unit I 10. DOCUMENTS ENCLOSED (Please \) MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution/ Authorisation to 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 P IFL Mutual Fund IFL Mutual Fund IFL Mutual Fund IFL Centre, 6th Floor, Kamala City, <	It Dividend Reinvestment (Default) ult Dividend Reinvestment (Default) ult Dividend Reinvestment (Default) ult Dividend Reinvestment (Default) tructions Dividend Reinvest any one SIP Date) Dividend Reinvest and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements made to such Nominee Dividend Reinvest and that all payments and settlements and settlements made to such Nominee Dividend Reinvest and that all payments and settlements and and settlements and settlements and settlements and settlements a

(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 [please specify

Private Trust Trust created by a Will Others

(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

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 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 is not provided, it will be presumed that applicant is the ultimate and also undertake to provide any other additional information as may be required at your end.

SIGNATURES

13. DECLARATION AND SIGNATURES

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". 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). We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. We further declare that the amount invested by me/us in the Scheme(s) advended through leoitimate sources and is not held or designed for the pursos of contravention of any act. investment. WWe 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. WNe hereby confirm that WNe 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/AMIP 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 monoment. of my payment.

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.

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.

	APPLICANT SIGNATURE	Poa Holder Signature
Signature of	POA Details - POA Name	
1st Applicant / POA Holder / Guardian	POA PAN	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
2nd Applicant /	POA Details - POA Name	
POA Holder	POA PAN Enclosed (please √) PAN KYC	(Attach copy of PAN & KYC^)
Signature of	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
3rd Applicant / POA Holder	POA Details - POA Name	
I OA HOIDEI	POA PAN	
	Enclosed (please √) □ PAN □ KYC	(Attach copy of PAN & KYC [^])



IIFL Liquid Fund (An open ended Liquid Scheme)

APPLICATION FORM

Application No. W10537608

Please read the instructions before filling	the Application Form		Application No. W10537698
1. DISTRIBUTOR INFORMATION & AI	PPLICATION RECEIPT DATE		
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
"Execution only" or "Advisory". However, in case "I/We hereby confirm that the EUIN box has be	se of any exceptional cases where there is <u>no s</u> een intentionally left blank by me/us as this tra	uch interaction, the investor can keep EUIN box b	dvice by the employee/relationship manager/sales
First/ Sole Applicant/ Guardian		id Applicant	Third Applicant
2. TRANSACTION CHARGES FOR APP			
In case the subscription amount is Rs.10,000 investor other than first time Mutual Fund in invested. Investors are advised to confirm if he First time Mutual Fund Investor Existing	0/- or more and the Distributor has opted nvestor) will be deducted from the subscri e/she is a First Time Mutual Fund Investor by J Investor (Note: If this section is left blank, it is assu	to receive Transaction charges Rs.150/- (for fi ption amount and paid to the Distributor. Ur	
Existing Folio No.	Name of Sole/ First Unit Holder		
	olio in IIFL Mutual Fund, they can provide t	heir folio number & first holder name in Secti	ion (3) and proceed to Section (6) of the Form.
4. NEW APPLICANT'S DETAILS (Please f NAME OF FIRST / SOLE APPLICANT Mr.		se one box for one alphabet leaving one box b permitted in case of minor applicant]	lank between two words)
Date of Birth (Mandatory for Minor Applicant	- *Enclose Supporting Document)		
Guardian (Mandatory for Minor Applicant) \square Mr.Date of Birth \square		p with Minor Applicant 🗌 Father 🗌 Mother 🗌 L	egal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DETAILS (Ma	ndatory)		
the second se	RI-Non Repatriation 🗌 Partnership 🗌 Trust 🗌 I	HUF 🗌 AOP 🔲 PIO 💭 Company 🗌 FIIs 🗍 Minc II 🗌 Sole Proprietorship 🗌 Non Profit Organisatio	5 5
	Government Service 🗌 Student 🗌 Professiona	al 🗌 Housewife 🗌 Business 🗌 Retired 🗌 Agricul	ture 🗌 Proprietorship 🗌 Others
c. Gross Annual Income (Rs.) [Please tick (✓ Net-worth (Mandatory for Non-Individuals) ₹		ss 🗌 10 - 25 Lacs 🗌 >25 Lacs - 1 Crore 🗌 >1 Cr M M Y Y Y Y (Not older than	
	atus (Also applicable for authorised signator	ies/ Promoters/ Karta/ Trustee/ Whole time Direct	ors)
e. Non-Individual Investors involved/	providing any of the mentioned se	ervices asino Services Money Lending/ Pawning	None of the above
ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box An	ddress is not sufficient]		
	State	Country	Pin Code
OVERSEAS ADDRESS (in case the First Applicant is	s NRI/HI/PIO) [P.O. Box Address is not sufficient]	{Refer Instructions}	
City	State	Country	Zip Code
		contact details for us to serve you better)	
Name		Phone (O)	
Phone (R)	Mobile	□ I/We wish to receiv	e updates via SMS on my mobile (Please \checkmark)
Fax		BLOCK LETTERS	
I/We wish to receive the following documents viaMODE OF HOLDING (Please $$)Single	physical in lieu of e-mail document(s) [Please √] Jointly □ Either/ Anyone or Survivor (De	Annual Statement Newsletter Annual Statement Annual Statement Plault Option : Joint)	Report 🔲 All Statutory Returns / Information
NAME OF THE SECOND APPLICANT Mr.		sure that Copy of PAN & KYC Acknowledgement Let	ter are enclosed to your Application Form
a. Occupation Details [Please tick (✓) □ Serv		ernment Service Student Professional Ho	
b. Gross Annual Income ₹ □ Below 1	I Lac 🗌 1 - 5 Lacs 🔲 5 - 10 Lacs 🗌 1	0 - 25 Lacs 🗌 >25 Lacs - 1 Crore 🗌 >1	Crore OR Net worth ₹
c. Politically Exposed Person (PEP) St		ies/ Promoters/ Karta/ Trustee/ Whole time Direct	ors) continued overlea
ACKNOWL	EDGMENT SLIP (To be filled in		IFL Liquid Fund pplication No. W10537698
Received from			
Cheque/ DD/ RTGS/ NEFT No.		Dated: D D M M Y Y Y Y	
Drawn on Bank & Branch			
Scheme/ Plan/ Option/ Sub-Option			Simpler Stores & D. 1
Amount Rs.			Signature, Stamp & Date

	of Birth D D M M Y Y Y Y PAN Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form					
	r Government Service Student Professional Housewife Business Retired Agriculture specify					
	.acs □ 10 - 25 Lacs □ >25 Lacs - 1 Crore □ >1 Crore OR Net worth ₹					
c. Politically Exposed Person (PEP) Status (Also applicable for authorised I am PEP I am Related to PEP Not Applicable	d signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)					
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Det	tails 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 1) For Residents Savings	Current For Non-Resident NRO NRE Others					
MICR Code* RTGS/ NEFT / IFSC* Code	(IFSC/ NEFT code required for Direct cre					
	bove incase the bank account details differ from investment bank account details given in Section (7).					
IFL Mutual Fund shall not be held responsible for delays or errors in processing y B. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of ac	your request if the information provided is incomplete or inaccurate. [* indicates - Mandatory]					
(I) Investment (II) DD Charges	Net Amount					
Amount*	()+(I)					
Mode of Payment (Please v) Cheque DD RTGS NEFT EC						
Account Type (Please √) Savings Current NRE NRO FCN						
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	m' as available on our website www.iiflmf.com)					
	f Payment: (Please $$) RTGS / NEFT / ECS / Bank Transfer \Box Instruction to the Bank from the U ike - \Box Declaration / Acknowledgement from Bank \Box Copy of Passbook / Bank Statement					
* Please mention the Application No., PAN and Name of the First Unit holder on the Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of should be crossed "Account Payee Only" * To be filled in by investors residing at the loc	e reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the sa article and the Ala Mark in Ala Mark in the Scheme A/c. To and the Scheme A/c. To an article and the sa article and the Ala Mark in the Scheme A/c. To article and th					
	n) - Please ensure there is only one cheque/DD per application form					
IIFL Liquid Fund Direct Growth (Default Growth)						
🗌 Regular 📃 Dividend 📃 Dividend Payou	ut Dividend Reinvestment (Default)					
Regular Dividend Dividend Payou	end payout facility is not available for Daily option.					
Regular Dividend Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - Pl Weekly nominate the undermentioned Nominee to receive the Units allotted to my/ou	end payout facility is not available for Daily option. Dividend Payout (<i>Default</i>) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. (We also understand that all payments and settlements made to such Nom					
Regular Dividend Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - Pl Weekly nominate the undermentioned Nominee to receive the Units allotted to my/ou	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.					
Regular Dividend Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - P We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y					
Regular Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - P Weekly nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME Mr. Ms	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.					
Regular Dividend Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - P We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y					
Regular Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - P Weekly nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME Mr. Ms	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y					
Regular Dividend Payou Daily Weekly Dividen NOMINATION (Please √ and confirm the option selected) - Pl Weekly normaniate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME Mr. Ms NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) (in case of minor) (in case of minor)					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend ■ MOMINATION (Please √ and confirm the option selected) - P □ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME Mr. Ms	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D D M M Y Y Y					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ NOMINATION (Please √ and confirm the option selected) - Pl Iweekly Dividend □ Weekly Dividend Selected) - Pl □ Weekly Dividend Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □ MAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. /We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D (in case of minor) (in case of minor)					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend Payou □ Daily □ Weekly Dividend Payou ■ Model Signature of the Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) Specimen Signature of Nominee / Guardian					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Model and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □ MAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms □ ADDRESS OF NOMINEE/ GUARDIAN □ Pir □ Pir □ I/We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. /We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D (in case of minor) (in case of minor)					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ NOMINATION (Please √ and confirm the option selected) - Pl IWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) Specimen Signature of Nominee / Guardian					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ NOMINATION (Please √ and confirm the option selected) - Pl IWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Image: the event of the event of my/our death in demat mode, the nomination under demat account will be considered. Specimen Signature of Nominee / Guardian Image: thur of 1st Unit Holder Signature of 2nd Unit Holder					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ NOMINATION (Please √ and confirm the option selected) - Pl Weekly Dividend □ We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the A NOMINEE'S NAME Mr. Ms □ MME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Date of Birth D Main of the event of my/our death in demat mode, the nomination under demat account will be considered. Image: the event of the event of my/our death in demat mode, the nomination under demat account will be considered. Specimen Signature of Nominee / Guardian Image: thur of 1st Unit Holder Signature of 2nd Unit Holder					
□ Regular □ Dividend Payou □ Daily □ Weekly Dividend Payou □ Daily □ Weekly Dividend Payou □ MWe do hereby nominate the undermentioned Nominee to receive the Units allotted to my/ou and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. //We also understand that all payments and settlements made to such Nom AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D Main Main Image:					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ Main Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the A NOMINEE'S NAME Mr. Ms □ MME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN □ Pin □ Pin □ I/We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signat 9. DOCUMENTS ENCLOSED (Please \) □ Anthership Deed □ Resolution 10. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ Pin □ NsDL DP ID*: 1 N □ Beneficiary	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom NMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) (in case of minor) (in case of minor) uture of 1st Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder nr/ Authorisation to invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL DP Name: Beneficiary Account No.					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ Main Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the A NOMINEE'S NAME Mr. Ms □ MME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN □ Pin □ Pin □ I/We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signat 9. DOCUMENTS ENCLOSED (Please \) □ Anthership Deed □ Resolution 10. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ Pin □ NsDL DP ID*: 1 N □ Beneficiary	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. //We also understand that all payments and settlements made to such Nom NMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y Y (in case of minor) function functio					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ Main Signature of the Nominee acknowledging receipt thereof, shall bevalid discharge by the A NOMINEE'S NAME Mr. Ms □ MME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms ADDRESS OF NOMINEE/ GUARDIAN □ Pin □ Pin □ I/We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signat 9. DOCUMENTS ENCLOSED (Please \) □ Anthership Deed □ Resolution 10. Demat Account Details (optional) (Refer instructions) NSDL DP Name: □ Pin □ NsDL DP ID*: 1 N □ Beneficiary	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nom NMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) (in case of minor) (in case of minor) uture of 1st Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder nr/ Authorisation to invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL DP Name: Beneficiary Account No.					
	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in mylour folio in the event of mylour death. (We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M Y Y Y (in case of minor) (in case of minor) (in case of minor) (in case of Specimen Signature of Nominee / Guardian n Code Specimen Signature of Nominee / Guardian Specimen Signature of 3rd Unit Holder Signature of 3rd Unit Holder n// Authorisation to invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL PN Name: Sendicity Account No. Sendicity Account No. 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, Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Daily □ Weekly Dividend ■ Mail □ Minsee Interset NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms ADDRESS OF NOMINEE/ GUARDIAN □ □ □ OR City □ □ □ OR DOCUMENTS ENCLOSED (Please √) □ □ □ MOA & AOA □ □ □ OR NSDL □ □ □ <td>end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. (We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) (in case of minor) Image: Specimen Signature of Nominee / Guardian n Code Specimen Signature of Signature of 3rd Unit Holder Signature of 3rd Unit Holder Image: Signature of 2nd Unit Holder Image: Signature of 1st Unit Holder Signature of Signatories with Specimen Signatue(s) POA CDSL DP Name: Seneficiary Account No. ScDSL POA Image: Seneficiary Account No. ScDst. Second Stable to be rejected. Image: Seneficiary Account No. 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 S. Marg, Lower Parel, Mumbai - 400 013 ai - 400 013 Tel: (91 22) 24249 9000 Fax. (91 22) 2495 4310 Toll Free: 1800200220 Second Stable Stabl</td>	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in my/our folio in the event of my/our death. (We also understand that all payments and settlements made to such Nom AMC/Mutual Fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M M Y Y Y (in case of minor) (in case of minor) (in case of minor) Image: Specimen Signature of Nominee / Guardian n Code Specimen Signature of Signature of 3rd Unit Holder Signature of 3rd Unit Holder Image: Signature of 2nd Unit Holder Image: Signature of 1st Unit Holder Signature of Signatories with Specimen Signatue(s) POA CDSL DP Name: Seneficiary Account No. ScDSL POA Image: Seneficiary Account No. ScDst. Second Stable to be rejected. Image: Seneficiary Account No. 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 S. Marg, Lower Parel, Mumbai - 400 013 ai - 400 013 Tel: (91 22) 24249 9000 Fax. (91 22) 2495 4310 Toll Free: 1800200220 Second Stable Stabl					
□ Regular □ Dividend □ Dividend Payou □ Daily □ Weekly Dividend ■ Model Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the A NOMINEE'S NAME □ Mr. □ Ms □ MAME OF PARENT/ LEGAL GUARDIAN (in case of minor) □ Mr. □ Ms □ We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form. Signature 9. DOCUMENTS ENCLOSED (Please √) □ MOA & AOA □ Trust Deed □ Bye-Laws □ Partnership Deed □ Resolution 10. Demat Account Details (Optional) (Refer instructions) NSDL □ PI D*: 1 N □ □ Beneficiary □ PI D*: □ PI D*: 1 N □ □ Client ID and PAN Number mentioned in the Form of IFL Mutual Fund IFLE Mutual Fund IFLE Mutual Fund IFLE Mutual Fund IFLE Mutual Fund	end payout facility is not available for Daily option. Dividend Payout (Default) Dividend Reinvestment Please Refer Instructions ur credit in mylour folio in the event of mylour death. UWe also understand that all payments and settlements made to such Nom AMC/Mutual Fund/Trustees. In case of units held in demat mode, the nomination under demat account will be considered. Date of Birth D M Y Y Y (in case of minor) (in case of minor) (in case of minor) (in case of 1st Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder n Code Signature of 2nd Unit Holder Signature of 3rd Unit Holder Signature of 3rd Unit Holder un/ Authorisation to invest List of Authorised Signatories with Specimen Signatue(s) POA CDSL DP Name: Beneficiary Account No. EDSI DP Name: Beneficiary Account No. For investment related enquiries, Investor Grievance please contact IFL Mutual Fund Mrt.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City, S. B. Marg, Lower Parel, Mumbai - 400 013					

(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 [please specify

Private Trust Trust created by a Will Others

(ii) Details of Ultimate Beneficiary Owners

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

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]
		[Mandatory] PAN is not	[Mandatory] PAN is not [10 be provided	[Mandatory] PAN is not [10 be provided Applicable renou	[Mandatory] PAN is not [10 be provided Applicable renot [Refer

#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

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 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 is not provided, it will be presumed that applicant is the ultimate and also undertake to provide any other additional information as may be required at your end.

SIGNATURES

12. DECLARATION AND SIGNATURES

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". 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). We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. We further declare that the amount invested by me/us in the Scheme(s) advended through leoitimate sources and is not held or designed for the pursos of contravention of any act. investment. WWe 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. WNe hereby confirm that WNe 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/AMIP 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 monoment. of my payment.

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.

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.

	APPLICANT SIGNATURE	Poa Holder Signature			
Signature of	POA Details - POA Name				
1st Applicant / POA Holder / Guardian	POA PAN	(Attach copy of PAN & KYC^)			
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE			
	POA Details - POA Name				
	POA PAN Enclosed (please √) PAN KYC	(Attach copy of PAN & KYC^)			
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE			
	POA Details - POA Name				
1 of tholder	POA PAN				
	Enclosed (please √) □ PAN □ KYC	(Attach copy of PAN & KYC [^])			