

COMMON APPLICATION FORM

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



| | | | | | |
|---|----------------------|--------------------------|-------------------------------------|------|------------------------|
| 1 | Distributor ARN Code | Sub-Distributor ARN Code | Internal Sub-Broker / Employee Code | EUIN | KYC Identification No. |
| | ARN: 54854 | | | | |

Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

☐ I/We, hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

| | | |
|--------------------------------------|------------------|-----------------|
| Sign Here | Sign Here | Sign Here |
| First / Sole Applicant /Guardian POA | Second Applicant | Third Applicant |

Transaction charges for applications through distributors only

- ☐ I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)
- ☐ I confirm that I am a existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

| | | | | | |
|------|-----------|-------|--------|------|----------|
| Name | Mr Ms M/s | FIRST | MIDDLE | LAST | Folio No |
|------|-----------|-------|--------|------|----------|

3 APPLICANT(S) INFORMATION Refer Instruction No II

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

| | | | | | |
|-----------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|
| PAN/PEKRN | | PAN Proof Enclosed please ✓ | <input type="checkbox"/> | KYC Proof Enclosed please ✓ | <input type="checkbox"/> |
|-----------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|

| | | | | | | |
|---|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|-----------------------------------|
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 lacs | <input type="checkbox"/> >25 Lacs-1Crore | <input type="checkbox"/> >1 Crore |
|---|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|-----------------------------------|

OR

| | | | | | | | | | | | |
|---|--|-------|---|---|---|---|---|---|---|---|-------------------------|
| Net-worth (Mandatory for Non-Individuals) Rs. | | as on | D | D | M | M | Y | Y | Y | Y | (Not older than 1 year) |
|---|--|-------|---|---|---|---|---|---|---|---|-------------------------|

| | | | |
|---|-----------------------------------|--|------------------------------|
| Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) | <input type="checkbox"/> I am PEP | <input type="checkbox"/> I am Related to PEP | <input type="checkbox"/> N/A |
|---|-----------------------------------|--|------------------------------|

| | | | | | |
|--|------|-----------|-------|--------|------|
| Guardian (In case of Minor) / POA Holder | Name | Mr Ms M/s | FIRST | MIDDLE | LAST |
|--|------|-----------|-------|--------|------|

| | | | | | | | |
|--------------|--|-----|--|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Relationship | | PAN | | PAN Proof Enclosed please ✓ | <input type="checkbox"/> | KYC Proof Enclosed please ✓ | <input type="checkbox"/> |
|--------------|--|-----|--|-----------------------------|--------------------------|-----------------------------|--------------------------|

| | | | | |
|--------------------------|---------------------------------|--------------------------------|--|--------------------------|
| Mode of holding please ✓ | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Anyone or Survivor(s) | (Default Option - Joint) |
|--------------------------|---------------------------------|--------------------------------|--|--------------------------|

| | | | | | | | | |
|---------------------|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|---------------------------------|---------|
| Occupation please ✓ | <input type="checkbox"/> Business | <input type="checkbox"/> Professional | <input type="checkbox"/> Service | <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> House wife | <input type="checkbox"/> Others | SPECIFY |
|---------------------|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|---------------------------------|---------|

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

| | | |
|--|--|--|
| Non-Individual Investor involved/providing any of the mentioned services | <input type="checkbox"/> Foreign Exchange/Money Changer Services | <input type="checkbox"/> Money lending/Pawning |
| (All Non-Individual Investors have to MANDATORILY fill UBO Declaration Form) | <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services | <input type="checkbox"/> None of the above |

Mailing Address - 1st Applicant/Guardian/Corporate

| |
|----------------|
| ADDRESS LINE 1 |
|----------------|

| | | | | |
|----------------|------|-------|---------|----------|
| ADDRESS LINE 2 | CITY | STATE | COUNTRY | PIN CODE |
|----------------|------|-------|---------|----------|

Overseas Address - Mandatory for NRI/FII/PIO Applicant, Please provide your complete address. PO Box alone is not adequate

| |
|----------------|
| ADDRESS LINE 1 |
|----------------|

| | | | | |
|----------------|------|-------|---------|----------|
| ADDRESS LINE 2 | CITY | STATE | COUNTRY | PIN CODE |
|----------------|------|-------|---------|----------|

Contact Details of SOLE/FIRST Applicant

| | | | | | | | |
|----------|--|-----------|--|--------|--|-----------|-----|
| STD Code | | Residence | | Office | | Mobile No | +91 |
|----------|--|-----------|--|--------|--|-----------|-----|

| | | | |
|----------|--|---|--|
| Email Id | | Contact Person (in case of corporate) | |
|----------|--|---|--|

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

| | |
|--|--|
| <input type="checkbox"/> I/We wish to receive communication through physical mode in lieu of email | <input type="checkbox"/> I/We don't wish to receive consolidated account statement (CAS) |
|--|--|

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

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

| | | | | | |
|-----------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|
| PAN/PEKRN | | PAN Proof Enclosed please ✓ | <input type="checkbox"/> | KYC Proof Enclosed please ✓ | <input type="checkbox"/> |
|-----------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|

| | | | | | | |
|---|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|-----------------------------------|
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 lacs | <input type="checkbox"/> >25 Lacs-1Crore | <input type="checkbox"/> >1 Crore |
|---|--------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|-----------------------------------|

| | | | | | | |
|--------------------------------------|----------------------------------|---|--|---|----------------------------------|---------------------------------------|
| Occupation Details [Please tick (✓)] | <input type="checkbox"/> Service | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service | <input type="checkbox"/> Student | <input type="checkbox"/> Professional |
|--------------------------------------|----------------------------------|---|--|---|----------------------------------|---------------------------------------|

| | | | | | | |
|------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|---|---------------------------------|------------------|
| <input type="checkbox"/> Housewife | <input type="checkbox"/> Business | <input type="checkbox"/> Retired | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Others | (please specify) |
|------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|---|---------------------------------|------------------|

Acknowledgement

Received from Mr / Ms / M/s _____ an application for allotment of units under _____ as per the details below.

Plan ☐ Direct Plan ☐ Existing/Regular Plan

Options ☐ Growth

☐ Dividend (☐ Payout ☐ Reinvestment ☐ Sweep) Frequency: _____

TIME STAMP & DATE OF RECEIVING OFFICE

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

| | | | | | | |
|---|--|---|--|---|---|--|
| Name | <input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> M/s. <input type="text"/> | FIRST | MIDDLE | LAST | DOB | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| PAN/PEKRN | <input type="text"/> | PAN Proof Enclosed please <input checked="" type="checkbox"/> | | | KYC Proof Enclosed please <input checked="" type="checkbox"/> | |
| Gross Annual Income (Rs.) [Please tick (✓)] | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1-5 Lacs | <input type="checkbox"/> 5-10 Lacs | <input type="checkbox"/> 10-25 lacs | <input type="checkbox"/> >25 Lacs-1Crore | <input type="checkbox"/> >1 Crore |
| Occupation Details [Please tick (✓)] | <input type="checkbox"/> Service | <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector | <input type="checkbox"/> Government Service | <input type="checkbox"/> Student | <input type="checkbox"/> Professional |
| | <input type="checkbox"/> Housewife | <input type="checkbox"/> Business | <input type="checkbox"/> Retired | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Others (please specify) |
| Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) | <input type="checkbox"/> I am PEP | <input type="checkbox"/> I am Related to PEP | <input type="checkbox"/> N/A | | | |

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction No IV) (Optional)

| | | | | |
|--|--------------------------------|----------------------|----------------------------|----------------------|
| <input type="checkbox"/> NSDL please <input checked="" type="checkbox"/> | Depository Participant (DP) ID | <input type="text"/> | Beneficiary Account Number | <input type="text"/> |
| <input type="checkbox"/> CDSL please <input checked="" type="checkbox"/> | Depository Participant (DP) ID | <input type="text"/> | | |

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

| | | | | | | |
|---------------------|-----------------------------|----------------------------------|------------------------------|------------------------------|----------------------|----------------------|
| A/c Type please (✓) | <input type="checkbox"/> SB | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | A/c Number | <input type="text"/> |
| Bank Name | <input type="text"/> | Branch | <input type="text"/> | City | <input type="text"/> | |
| PIN Code | <input type="text"/> | 11 Digit IFSC Code | <input type="text"/> | 9 Digit MICR Code | <input type="text"/> | |

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

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

☐ LUMP SUM ☐ SIP/STP/SWP (Please also fill attached SIP/STP/SWP Registration Cum Auto Debit Form)

Scheme Name: Indiabulls

PLAN: ☐ Direct Plan ☐ Existing/Regular Plan OPTIONS: ☐ Growth ☐ Dividend (☐ Payout ☐ Reinvestment ☐ Sweep) (Frequency:)

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

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

☐ I/We wish to nominate ☐ I/We do not wish to nominate
I/We do hereby nominate the person(s) more particularly described here under/and*/cancel the nomination made by me/us.

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

Sole / 1st Applicant / Guardian / Authorised Signatory/POA

2nd Applicant / Authorised Signatory/POA

3rd Applicant / Authorised Signatory/POA

8 DECLARATION

I/We would like to invest in _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act/Regulations/Rules/Notifications/Directions/PMLA/KYC/FATCA Norms or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting Indiabulls Mutual Fund Limited (IBMF) liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the mutual fund. I/We hereby authorize IBMF, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a financial year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by IBMF/Its Distributor. I/We confirm that I am/We are not resident(s) of United States under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify IBMF, in which event the IBMF reserves the right to redeem my/our investments in the Scheme(s).

APPLICABLE FOR NRI INVESTORS ONLY: I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I am/We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Sole/1st Applicant/Guardian/Authorised Signatory/POA

2nd Applicant/Authorised Signatory/POA

3rd Applicant/Authorised Signatory/POA

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

Karvy ComputerShare Pvt. Ltd.,
Karvy Selenium, Tower-B, Plot No 31 & 32,
Financial District, Nanakramguda,
Gachibowli, Serilingampally Mandal,
Hyderabad, 500 032

Indiabulls Asset Management Company Ltd.
Indiabulls House,
Indiabulls Finance Centre, 11th Floor, Tower-1
Senapati Bapat Marg, Elphinstone Road (West),
Mumbai - 400 013.
Email ID: customercare@indiabullsamc.com