Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form. The application form should be completed in English and in **BLOCK LETTERS** only.



KEY PARTNER / AGENT	nformation (Investor	s applying under l	Direct Plan must m	nention "Direct" i	n ARN column)	. (Refer Instruction 1	)		FOR OFF	ICE USE ONLY
ARN/RIA Code	ARN/RIA I	Name S	oub Agent's AR	N Bank Br	ranch Code	Internal Code for Sub-Agent/ Employee	Employee Identificatio (EU	n Number	(TIM	E STAMP)
ARN-183038		Α	RN-							
EUIN Declaration (only where I/We hereby confirm that the of the above distributor/sub b	EUIN box has been i	ntentionally left b	lank by me/us as of in-appropriaten	this transaction less, if any, prov	is executed w vided by the em	ithout any interactio ployee/relationship	n or advice by t manger/sales p	he employee erson of the	/relationship ma distributor/sub b	nager/sales person proker.
S First / Sole										
	First / Sole Applicant / Guardian         Second Applicant         Third Applicant           RANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY         Third Applicant         Third Applicant									
In case the purchase/subscr subscription amount and pay registered Distributor) based					d in to receive unt invested. U ce rendered by	Transaction Charge pfront commission the ARN Holder.	es, the same an shall be paid d	e deductible irectly by the	as applicable f investor to the	rom the purchase/ ARN Holder (AMFI
1. EXISTING UNIT HOLDE										
Folio No.				T	he details in ou	ir records under the	folio number m	entioned alor	ngside will apply	for this application.
2. MODE OF HOLDING (P	lease tick (✔)	Single	Joint	Anyone	e or Survivor					
3. UNIT HOLDER INFORM		<b>CM</b> <sup>2</sup> 4			F BIRTH@			Proof	of date of birth@	Please (✓) Attached
NAME OF FIRST / SOLE A Mr. Ms. M/s.	PPLICANT (In case	of Minor, there s	shall be no joint h	iolders)		DD MM	YYYY			
Nationality					PAN#/PEKRN	#	ĻIJĻĻ			
AADHAAR No.				KIN No.						ry) Proof Attached
Status of First / Sole Ap	NRI-Repatriation	_		-		& Ultimate Beneficial Ov AOP PIO			• / (	iction 4 & 17) (Mandatory an BOI OC
Body Corporate			National Resident i				on Profit Organis			e specify)
NAME OF GUARDIAN (in c	case of First / Sole /	Applicant is a Mi	nor) / NAME OF C	CONTACT PERS	SON - DESIGN	ATION (in case of n	on-Individual lı	nvestors)		
Mr. Ms. Nationality			Designation				ontact No.			
PAN# / PEKRN#			KYC/CK	IN No.				[Please tick (	✓)] (Mandatory	) Proof Attached
AADHAAR No.										
Relationship with Minor@ F	.,		Court appointed Le	•	1	Proof of relationship w	vith minor@Plea	se 🖌 🗌 Att	ached @ Man	datory
MAILING ADDRESS OF FI	KST / SOLE APPLIC	ANT (Mandatory	/) (Refer Instructi	ion 4a)						
CITY CONTACT DETAILS OF FI		CANT	Country Code	STATE		STD Co	do do	PIN C	ODE	
Telephone : Off.			Res.				ax			
Mobile			Email <sup>^</sup>							
^ On providing email-id inves				•	of / account stat	ements / statutory and	d other documen	ts by email. (R	lefer Instruction 9	)
4. JOINT APPLICANT DET 1. NAME OF SECOND APP		ase of Minor, the	re shall be no joil	nt holders)						
Mr. Ms. M/s.										
Nationality					PAN#/PEKRN	#				_
AADHAAR No. 2. NAME OF THIRD APPLI	CANT		KYC/C	CKIN No.				[Please ticl	< (✓)] (Mandato	ry) Proof Attached
Mr. Ms. M/s.	CANT									
Nationality					PAN#/PEKRN	#				
AADHAAR No.			KYC/C	KIN No.				[Please ticl	< (✓)] (Mandato	ry) Proof Attached
5. ADDITIONAL KYC DET		and a sure of	erd e	<b>0</b> "						
Occupation details for Private Sector Service	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	1 <sup>st</sup> Applican	Exposed Person (PI t	EP) details:	Is a PEP	Related to P	EP Not Applicable
Public Sector Service					2 <sup>nd</sup> Applicar	t				
Government Service Business					- 3 <sup>rd</sup> Applican Guardian	t				
Professional					Authorised	Signatories				
Agriculturist Retired					Promoters	- <b>J</b>				
Housewife					Partners Karta					
Student Proprietorship					Whole-time	Directors				
Others (Please specify)					Trustee					
Non-Individual Investors # Please attach Proof. Refer in		• •		vices	Foreign Exch Money Lendi	ange / Money Chang ng / Pawning	ger Services		Gambling / Lotte the above	ery / Casino Services
ACKNOWLEDEMENT SLIP	(To be filled in by	the Investor) [Fo	or any queries pl	ease contact o	ur nearest Inv	estor Service Cent	re or call us at	our Custom	er Service Num	1ber 1800 2666 002
				DIABULLS M				Date :		
	Indiabulls Finance Centre, Tower-1, 11 <sup>th</sup> Floor, Senapati Bapat Marg, Elphinstone Road, (West), Mumbai – 400 013.									
Received from Mr. / Ms. / M/	s		Lipinio		,,				ISC Stam	p & Signature
	an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.									

1

5.	5. ADDITIONAL KYC DETAILS, If any Contd.									
	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
	Below 1 lac					10-25 lac				
	1-5 lac					25 lac - 1 cr				
	5-10 lac					> 1 cr				
	OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)							s on DD MM	YYYY	
6.	FATCA & CRS INFORMATION	(for Individua	I including Sol	le Proprietor)	Self Certific	ation) (Refer instruction 4)				
	Is the applicant(s)/ guardian's If Yes, please provide the followi	I or Business Country of B ing information vhich you are r	Residentia irth / Citizensh [mandatory]	I D Business hip / Nationalit purposes and t	y / Tax Resid	red Office (for address mention lency other than India?	Yes	No	s appearing ir Applicant	n Folio)
	Place / City of Birth									
	Country of Birth									
	Country of Tax Residency#									
	Tax Payer Ref. ID No.^									
	Identification Type [TIN or other, please specify] Country of Tax Residency 2 Tax Payer Ref. ID No. 2									
	Identification Type [TIN or other, please specify]									
	Country of Tax Residency 3 Tax Payer Ref. ID No. 3 Identification Type [TIN or other, please specify]									
		na individual io	a citizen / aroo	n card holder c	flisa Alm	case Tax Identification Number is	s not available	kindly provide	its functional	auivalent
7.	POWER OF ATTORNEY (PoA)		-		, 30A. III					
	Name of PoA         Mr         Ms.         M/s.           PAN#/PEKRN#			KYC/CKI # Please at		r instruction No. 14 for PAN/PEKRN and I		'lease tick (✔)] (I	Mandatory)	Proof Attached
8.	BANK ACCOUNT DETAILS OF									
E A	or unit holders opting to hold units in lank Name iranch Name .ccount Number				inked with the o	Bank City				
		<u> </u>			· _ ·	code appears on your cheque next to	the cheque num	iber)		
	Saccount Type (Please ✓) Saccount Type (Please ✓) Saccount Type (Please ✓)	avings (	Current N	NRO 🔄 NR		IR Others (please specify) fer Instruction 5C (Mandatory for Crec e leaf. If you do not find this on your c	lit via NEFT / RT heque leaf, plea	GS) (11 Characters se check for the s	er code appearin same with your b	g on your ank).
9.	MODE OF PAYMENT OF REDE	MPTION / DI	VIDEND PROC	EEDS ( <u>refer in</u>						
	Unitholders will receive redemption/div	vidend proceeds	directly into their ba	ank account (as fur	nished in Section	on 8) via Direct credit/NEFT/ECS facility ct credit / credit through NEFT system / cr	redit through ECS	into my / our bank	account.	
10	LUMPSUM SIP/S Scheme Name: Indiabulls		ase also fill atta			) The name of the first/sole applicant must t <b>tration Cum Auto Debit Form)</b> Dividend (□Payout □ Reinvo		·	:	)
	Doumont Made: D									
LUMPSUM	Payment Mode:       Please         Cheque/DD/RTGS/NEFT/FT         Amount in ₹ (Figures)         Source Bank Name         Source Bank A/C No.         Cheque Issuer Name			Amou	nt in ₹ (word	Cheque / E	Currer	nt 🗆 NRE	D M M `	Y Y Y Y D D D D D D D D D D D D D D D D
	Document attached in the ca	ase of third pa	arty payments		Proof / Bank	Certificate for DD	Third	Party Declarat	tions	
					Particu	lars	· · · · · · · · · · · · · · · · · · ·			
0.	home Name / Plan / Option / Sub	ontion /	Chaque / DD /	Dovmont Instr	imont /					

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument / UTR No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.

#### 11. UNIT HOLDING OPTION

**DEMAT MODE\*** 

(refer instruction 11)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

NSDL	DP Name	DP ID	I N			Benefici Account					
CDSL	DP Name		eficiary ount No.								

\*Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form

# 12. NOMINATION (refer instruction 13) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

PHYSICAL MODE (Default)

First / Sole Applicant / Guardian			Second Applicant	Third Applicant			
I/We wish to nominate as under:		OR					
Name and Address of Naminas(a)	Relationship	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/Guardian of	Proportion (%) in which the units will be shared by		
Name and Address of Nominee(s)	with Applicant			Nominee (Mandatory)	each Nominee (should aggregate to 100%)		
Nominee 1							
Nominee 2							
Nominee 3							

## 13. DECLARATION & SIGNATURE/S (refer instruction 12)

I/We am/are not prohibited from accessing capital markets under any order/rulling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- (1) I/We have read, understood and hereby agree to comply with the term and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Indiabulls Mutual Fund ('Fund') indicated above.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in/with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Indiabulls Asset Management Company Llmited (AMC)/Fund and undertake to inform the AMC/Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is /are found to be false / untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any India or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (8) I/We HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

#### For Foreign Nationals Resident in India only:

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.

## For NRIs / PIO/OCIs only:

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

 $\label{eq:Please} \mathsf{Please}\left(\checkmark\right) \qquad \begin{tabular}{|c|c|c|c|} \hline \mathsf{Yes} \end{tabular} \mathsf{Non} & \mathsf{If} \, \mathsf{Yes}, (\checkmark) \end{tabular} \end{tabular} \mathsf{Repatriation} \; \mathsf{basis} \end{tabular} \end{tabular} \mathsf{Non-repatriation} \; \mathsf{basis} \end{tabular}$ 

#### For AADHAAR

#### Information to Investors

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

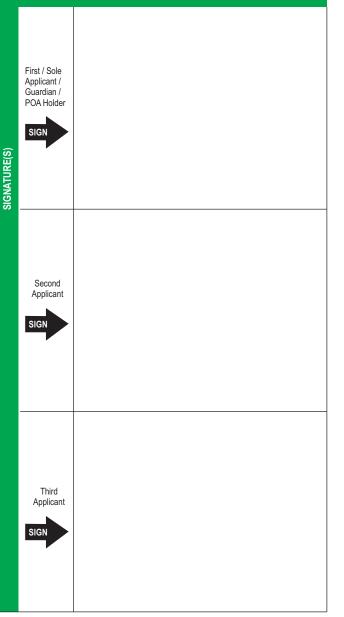
#### Consent

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTA) for the purpose of updating the same in my/our folios.

# SIGN HERE ()

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft/ Payment Instrument.)



# CHECKLIST

- Please ensure that your Application Form is complete in all respect and signed by all applicants:
  - Name, Address and Contact Details are mentioned in Full.
     Status of First/Sole Applicant is correctly indicated.
     Bank Account Details are entered completely and correctly.
  - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number
  - (PEKRN) in case of PAN exempt investment and Aadhar copy of all holders.
    Please attach proof of KYC Compliance status if not already validated. 

    Appropriate Plan / Option is selected.
  - If units are applied by more than one applicant, Mode of operation of account is indicated.
- Four investment Cheque/DD is drawn in favour of 'the Specific Scheme' dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.

Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Individual	Companies / Trusts / Societies / Partnership Firms / LLP / FIIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/Committee Resolution/Authority Letter		1				
2.	List of Authorised Signatories with Specimen Signature(s) @		1	1			1
3.	Notarised Power of Attorney						1
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNRA/c. where applicable				1		
5.	PAN Proof		~	1	1	✓"	1
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status	1	✓	1	1	✓*	1
7.	Proof of Date of Birth					1	
8.	Proof of Relationship with Guardian					1	
9.	PIO / OCI Card (as applicable)				1		
10.	Certificate of registration granted by Designed Depository Participant on behalf of SEBI			1			
11.	Ultimate Beneficial Owner		1	1			1
12.	FATCA & CRS	1	✓	1	1	1	1
13.	Aadhar Card	1	1			1	1

@ Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

For FIIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

	ATION CUM AUTO	DEBIT/NACH MANDATE FORM one space between words	
Distributor ARN Code Sub-Distribu	tor ARN Code Internal Sub-Br	oker / Employee Code EUIN	KYC Identification No.
ARN-183038 ARN- p front commission shall be paid directly by the investor to the AMFI rec	istered distributor based on the investor's assessment of	of various factors including the service rendered by the distributor	
I/We, hereby confirm that the EUIN box has been execution-only" transaction without any interaction anger/sales person of the above distributor or notwing, provided by the employee/relationship managistributor has not charged any advisory fees on this tribansaction charges for applications throug I confirm that I am a first time investor across the set of th	intentionally left blank by me/us as this on or advice by the employee/relation ithstanding the advice of in-appropriatene jer/sales person of the distributor and ansaction. In distributors only ss Mutual Funds.	is an 1Ship 1Ss, if Sign Here Sign Here	,
I confirm that I am a existing investor acros			or- and more)
lame Mr Ms.M/s FIRST	MIDDLE	LAST Folio No	
2AN	*Aadhar No.		oof Enclosed please 🗸
ADDITIONAL INVESTMENT DETAILS			
Scheme Name: Indiabulls			
PLAN: Direct Plan Existing/ Regular		Dividend (Payout Reinvestment Sweep) (Frequency	,
	heque / DD Date D D M M	Y Y DD Charge Rs. Cheque / DD Net Amo	ount Rs.
Sank Name		Branch City	
SIP DETAILS SIP through Post Date Frequency Please ✓ Monthly Quart	d Cheques SIP through Auto erly SIP Date <i>Please</i> ✔ 1	5 10 15 20 25 Cheque Nos. From .	То
	figures) (In word		10
Enrolment Period From MMYYY		hereby authorise Indiabulls Mutual Fund/Indiabulls Asset Management Co ce providers, to debit my/our following bank account by NACH (De uction for collection of SIP payments.	mpany Limited and their authorised bit Clearing)/Direct Debit/Standing
STP DETAILS	Instru	iction for collection of SIP payments.	
Name of 'Source' Scheme/Plan/Option			
Name of 'Target' Scheme/Plan/Option	Amount of Transfer ner Installmer	at Da	
For Systematic Transfer Plan (STP) (Please (✓) any one)	Amount of Transfer per Installmer		f Installment:
(Refer Instruction No. II)	⊖ Weekly <sup>#</sup>	No. o	f Installment:
	○ Monthly <sup>#</sup> ○ Quarterly <sup>#</sup>	+	f Installment:
In case of multiple registrations, please fill up	[Day of Transfer (Please () any of separate Eprolment Forms	one)] 🗌 2 🔤 8 🔤 15 ̈ 🔤 23	
	quency/Date/Day (Refer Instruction	no. II (8))	
SWP DETAILS			
Scheme	Frequency (✓) Monthly X No of Installments	Plan           Quarterly         Withdrawal Date (✓)         2nd         8i           Withdrawal From         D         M         Y         Y         Y         To	
		(First Installment)	(Last Installment)
BANK ACCOUNT DETAILS as in Bank Rec 1st/Sole Account holder Name Mr. Ms. M/s	FIRST	MIDDLE LAST	
2nd Account holder Name Mr. Ms. M/s	FIRST	MIDDLE LAST	
3rd Account holder Name	FIRST	MIDDLE LAST	
A/c Type please ✓ SB Current		CNR A/c Number	
Bank Name		Branch City	
PIN CODE 11 Dig	jit IFSC Code	9 Digit MICR Code	
Mandatory: Please enter the 9 digit cheque r Mandatory Enclosure: Blank Cancelled Che		ue number. MICR code starting and / or ending with 000 are n	ot valid for NACH.
DECLARATION			
ny/our above mentioned bank account. For this purpo eceived through to debit my/our account with the amou of standing instruction. I hereby declare that the particul nold Indiabulls Mutual Fund responsible. If the date of c vorking day and allotment of units will happen as per the may failure or delay in completion of this service, where s aarthquake, change of Government policies, Unavailat which has the effect of preventing the performance this i ave any claim against the Bank in respect of the amoun slaims, actions, suits, for any loss, damage, costs, ch peneficiaries. This request for debit mandate is valid ar sounters and giving reasonable notice to effect such wit competing Schemes of various Mutual Funds from amor 1/ We hereby provide my / our consent in accordance w number(s) in accordance with the Aadhaar Act, 2016 (ar	se I/We hereby approve to raise a debit to nt requested, for due remittance of the proc ars given above are correct and complete. lebit to my/our account happens to be a no e Terms and Conditions listed in the Docum uch failure or delay is caused, in whole or in ilility of Bank's computer system, force maj service by the above mentioned Bank. I/We it so debited pursuant to the mandate subn arges and expenses incurred by the Ban dmay be revoked only through a written I hdrawal. The ARN holder has disclosed to ingst which the Scheme is being recommend ith Aadhaar Act, 2016 and regulations mad d regulations made thereunder) and PMLA	e thereunder, for (i) collecting, storing and usage (ii) validating/authenticati A. I / We hereby provide my /our consent for sharing / disclose of the Aadhaa	ize you to honour all such request ng account on the date of executio or incorrect information, I would nc o for the transaction will happen new le for, nor be in default by reason o uition, fire, flood, fog, war, lightening ned Banks reasonable control an y ground whatsoever. I/We shall nc mnified from time to time, against a ove named authorized signatories ficiaries and acknowledged at you de), payable to him for the differer ng and (ii) updating my/our Aadhaa ar number(s) including demographi
Information with the asset management companies of SI SIGNATURE/S AS PER INDIABULLS		rar and Transfer Agent (RTA) for the purpose of updating the same in my / ou SIGNATURE/S AS PER BANK RECOR	
Sole / 1st Applicant / Guardian Authorised Sig		Sole / 1st Applicant / Guardian Authorised Signator	
2nd Applicant / Guardian Authorised Signator		2nd Applicant / Guardian Authorised Signatory	
3rd Applicant / Guardian Authorised Signator	-	3rd Applicant / Guardian Authorised Signatory	
FOR OFFICE USE ONLY Not to be filled by			
Recorded on	the investor	Scheme Code	
Recorded by		Credit A/c No.	
Bank use Mandate Ref. No.		Customer Ref. No	

# INVESTOR REGISTRATION CUM AUTO DEBIT NACH MANDATE FORM INSTRUCTIONS cum TERMS AND CONDITIONS

SIP payment through Auto Debit via Direct Debit and Electronic Clearing Service (NACH Clearing) of the Reserve Bank of India (RBI) LIST OF CITIES FOR SIP FACILITY VIA NACH (DEBIT CLEARING) (87 CENTERS)

Delhi, Ludhiana, Amritsar, Jalandhar, Chandigarh, Shimla, Jammu, Kanpur, Allahabad, Varanasi, Lucknow, Dehradun, Gorakhpur, Agra, Jaipur, Bhilwara, UdaiPur, Jodhpur, Rajkot, Jamnagar, Ahmedabad, Baroda, Surat, Mumbai, Goa, Pune, Sholapur, Kolhapur, Nasik, Aurangabad, Nagpur, Indore, Bhopal, Gwalior, Jabalpur, Raipur, Hyderabad, Tirupati, Vijaywada, Nellore, Vizag, Kakinada, Bangalore, Mysore, Mangalore, Udipi, Hubli, Gadag, Bijapur, Belgaum, Davangere, Shimoga, Tumkur, Mandya, Hasan, Gulbarga, Raichur, Chennai, Pondicherry, Trichy, Madurai, Salem, Erode, Tiruppur, Tirunelveli, Coimbatore, Calicut, Trichur, Cochin, Trivandrum, Kolkata, Bardhaman, Durgapur, Siliguri, Bhubaneshwar, Guwahati, Patna, Dhanbad, Jamshedpur, Ranchi, Haldia, Asansol, Cuttack ,Bikaner, Gangtok, Anand, Bhavnagar, Kota, Imphal, Shillong

#### I. GENERAL INSTRUCTIONS

- Please refer the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time and our website www.indiabullsamc.com for instructions, terms and conditions, Applicable NAV, Risk Factors, load and other information, various requirements of the respective Scheme / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application and investment.
- In case of valid applications received for Dividend Option without indicating any choice of Option and payout or reinvestment facility, the reinvestment facility with Dividend Option will be considered.

Name of the Scheme	Dividend Options	Default Option
Indiabulls Blue Chip Fund (An Open- ended Equity Scheme)	Dividend Option (Payout & Reinvestment     Monthly Dividend Option (Payout & Reinvestment)     Quarterly Dividend Option (Payout & Reinvestment)     Half Yearly Dividend Option (Payout & Reinvestment)	Dividend Option - Reinvestment
Indiabulls Arbitrage Fund (An Open- ended Equity Scheme)	Monthly Dividend Option (Payout & Reinvestment)     Quarterly Dividend Option (Payout & Reinvestment)     Half Yearly Dividend Option (Payout & Reinvestment)     Yearly Dividend Option (Payout & Reinvestment)	Monthly Dividend Option - Reinvestment
Indiabulls Value Discovery Fund (An Open- ended Equity Scheme)	Dividend Option (Payout & Reinvestment)     Monthly Dividend Option (Payout & Reinvestment)     Quarterly Dividend Option (Payout & Reinvestment)     Half Yearly Dividend Option(Payout & Reinvestment)	Dividend Option - Reinvestment

- 3. This facility is only offered to those investors having bank accounts in select cities as mentioned above. The list of cities, may be modified/updated/changed/ removed at any time in future at the discretion of AMC without assigning any reasons or prior notice. If the SIP auto debit facility is discontinued in a city for any reason, SIP instructions for investors in such city via NACH (Debit) route/Direct debit/SI may be discontinued without prior notice.
- 4. PAN is mandatory for all investors. However, investments through Micro SIPs, i.e. where aggregate of installments per year per investor does not exceed Rs. 50,000, will be exempt from the requirement of PAN. Such investors must submit a valid and self attested standard photo identification and address proof documents in lieu of PAN. List of acceptable documents are available with the ISCs of the AMC/Registrar. If the identification document is not in order, or registration of SIP results in aggregate of the SIP investments exceeding Rs. 50,000 per investor per year, the SIP will be rejected.
- If SIP application form and cheque is submitted with bank details of a city where the Mutual Fund does not provide auto debit facility, first SIP cheque may get processed. However, future debits may not happen and SIP instruction may get rejected.
- 6. In case of rejection of SIP form for any reason whatsoever, the Mutual Fund will not entertain any request for refund of proceeds of first cheque which is already processed. Investors will have to redeem the units allotted through first cheque at applicable NAV.
- 7. To avail of SIP in separate schemes/plans via debit facility, an investor will have to fill a separate form for each scheme/plan. A single form cannot be used for different schemes simultaneously and may be rejected.
- 8. Complete application form and SIP Auto debit form along with the first cheque (drawn on the same bank account which is to be registered for NACH Debit/Direct Debit / Standing Instruction) should be submitted to the Mutual Fund or the Registrar. AMC reserves the right to reject any application without assigning any reason thereof. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 20 days via normal post.
- The bank account provided for NACH should participate in local MICR clearing. Incase MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
- 10. The first SIP cheque / draft could be of any Business day but subsequent cheques or NACH / Auto Debit Transactions should be dated 1<sup>e</sup> or 5<sup>th</sup> or 10<sup>th</sup> or 15<sup>th</sup> or 20<sup>th</sup> or 25<sup>th</sup> and there should be minimum gap of at least 30 Days between the 1st SIP and the 2nd SIP or as specified by IBMF from time to time
- If the date on the cheque / draft / NACH / Auto Debit Transactions is a non Business Day for the scheme ,then the units shall be allotted on the next Business Day.
- 12. In case the first cheque is issued from a different bank account or is a demand draft or in case of renewal of SIP debit, then investors should attach a cancelled cheque or a copy of the cheque pertaining to bank account which is to be registered for NACH Debit/direct debit / standing instruction. Alternatively, investors can also get the bank account mentioned on the form along with Bankers certificate form.
- Minimum SIP installment amount: Monthly: Rs. 500/- and in multiples of Re.1/thereafter; Monthly: Rs. 1000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund).

Quarterly: Rs. 1500/- and in multiples of Re.1/- thereafter; Quarterly: Rs. 3000/and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Minimum No. of SIP installments: monthly - 12 installments, quarterly – 4 installments [including the first SIP cheque]. Investors may also choose to invest in SIP without the first SIP installment cheque. SIP Dates: 1st / 5th / 10th / 15th / 20th / 25th of the month / quarter. Registration period: There must be at least 30 days between the first SIP cheque and subsequent due date of NACH [debit clearing];

14. If no start date is specified, SIP will be registered to start from a period after 30 days on the SIP date as available / mentioned. In case of the auto debit facility, the default options (where auto debit period, frequency and SIP date are not indicated) will be as follows: SIP auto debit period: The SIP auto debit will continue till 5 years.
SIP date: 15th of the month (commencing 30 days after the first SIP installment date); and

• SIP frequency: Monthly.

- 15. The investor agrees to abide by the terms and conditions of NACH facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time at a later stage.
- 16. The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction / Direct debit / Auto Debit. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason by the investor's banker, the investor would not hold the Mutual Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Mutual Fund, execution of the NACH Debit / Direct Debit / SI may happen on non business and allotment of Units will happen as per the terms and conditions listed in the SID, SAI, KIM and all relevant Addenda of the scheme concerned.
- SAI, KIM and all relevant Addenda of the scheme concerned.
  17. The Mutual Fund, its Registrars, Direct Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay.
- II. SYSTEMATIC TRANSFER PLAN (STP)
- Please specify the scheme details, your transfer installment amount, the number of installments, the total amount sought to be transferred, the transfer frequency and the transfer period.
- Minimum Transfer Size is Rs. 500/- and in multiples of Re. 1 (At the time of registration, the minimum invested amount in the source scheme should be Rs. 6000/-). The minimum period will be 4 weeks in case of Daily / Weekly / Monthly/Quarterly option.
- The investors can choose any one of the dates among 2nd, 8th, 15th of 23rd of every month as the STP date in case of Monthly option (if any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme),STP for Weekly option will be processed on every Friday. Daily STP will not be processed on Saturday, Sunday & Public Holidays. The default STP date will be 15th of every month. The default STP frequency will be monthly.
   Please note that your STP request would be registered with us within
- 4. Please note that your STP request would be registered with us within 8 business days from the date of lodgement of your STP Request. You can cancel the STP request at any time by giving a written request for the same. The cancellation of a registered STP request would take 8 business days.
- The STP will be automatically terminated if all units are liquidated or withdrawn from the source scheme or pledged of upon receipt of intimation of death of the unit holder. The units marked under lien or pledged in the source scheme shall not be eligible for STP.
- Under Daily/Weekly/Monthly/Quarterly STP, unit holders will be eligible to transfer a fixed amount (minimum Rs. 500 and in multiples of Re. 1 thereafter per installment in all the schemes).
- 7. In case Day of Transfer has not been indicated under Weekly frequency, Friday shall be treated as Default day of transfer.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Daily/Weekly/Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 15th shall be treated as Default Date within 12 default installments.

# III. SYSTEMATIC WITHDRAWAL PLAN (SWP)

- Please indicate a fixed amount you wish to withdraw. Please also specify the scheme details, the number of installments, the total withdrawal sought, the withdrawal frequency and the withdrawal period.
- 2. Minimum Withdrawal Size Rs. 500 in multiples of Re. 1.
- Please note that your SWP request would be registered with us within 8 business days from the date of lodgement of your SWP request. You can cancel the SWP request at any time by giving a written request for the same. The cancellation of a registered SWP request would take 8 business days.
- 4. The investors can choose any one of the dates among 2nd, 8th, 15th or 23rd of every month as the SWP date (in case any of these days fall on a non-nusiness day, the transaction will be effected on the next business day of the Scheme). The default SWP date and frequency will be 8th of every month and monthly option.

#### **IV. DOCUMENTS REQUIRED**

New Investors are required to submit the following documents:

SIP Enrolment along with Registration cum Auto Debit/NACH Mandate Form.

- b. The Intial investment amount cheque should be issued from the same bank account which is to be debited under NACH / Auto Debit for SIP instalments
   c. A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the
- c. A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the application form should be submitted along with other requirements.
- d. In case of payment made through an instrument issued from a bank account other than that of the first named applicant / investor mentioned in the application form, Investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' (available at any of our ISC's or on our website www.indiabullsamc.com) along with the SIP Registration cum Auto Debit/NACH Mandate Form.

# Existing Investors are required to submit SIP Registration cum Auto Debit/NACH Mandate Form.

V. CHANGE OF BANK

In order to change the existing bank account for NACH/SIP Auto Debit investors need to submit an Autodebit form selecting a 'change of bank option' in the form for the existing SIP, 30 days before the next SIP debit.

# VI. DISCONTINUE / CANCELLATION OF SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 days in advance of the immediate next due date to any of the offices of Indiabulls Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated. Further, Indiabulls Mutual Fund shall have the right to discontinue the SIP in case of 3 consecutive failures.

#### VII. PAN and KYC

PAN & KYC is mandatory irrespective of amount of investment, except in case of Micro SIP (Refer instruction no. I (4)).

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ONE TIME BANK MANDATE (NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Tick (	Date         D         M         M         Y         Y
CREATE Sponsor Bank Code For Office Use Only	Utility Code For Office Use Only
CANCEL X I/We, hereby authorize Indiabulls Mutual Fund	To debit (tick ✔) SB CA CC SB-NRE SB-NRO Other
Bank A/c. Number Destination Ban	k Account Number
With Bank Destination Bank Name IFSC	or MICR
An amount of Rupees	₹
FREQUENCY X Mthly X Qtly X H-Yrly X Yrly 🗸 As & whe	n presented DEBIT TYPE X Fixed Amount Amount
Uniq ID	Phone No.
Reference 2	Email ID
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my a	accounts as per latest schedule of changes of the bank.
PERIOD	
From D D M M Y Y Y Y Signature Primary Account holder	Signature Primary Account holder Signature Primary Account holder
To 3 1 1 2 2 0 9 9	
Or Until cancelled 1. Name as in bank records	2. Name as in bank records 2. Name as in bank records
	orizing the user entity/corporate to debit my account, based on the instruction as agreed and signed. I have ncellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

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#### DECLARATION

\*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/Wewould not hold Indiabulls Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

## **AUTHORISATION TO BANK**

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund for ECS / NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled by Investor)							
Affix Barcode	Date & Time Stamp No.						

#### OTM INSTRUCTIONS: TERMS & CONDITIONS

• Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.

• Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.

• Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.

• Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.

• Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.

Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Indiabulls Mutual Fund.
 If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

MANDATORY FIELDS: Date: Date is mandatory • CREATE/MODIFY/CANCEL: tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • To Debit (tick): account type is mandatory • Bank A/c Number: Investor debit bank a/c number mandatory • With Bank: Investor bank name is mandatory • IFSC / MICR: Correct IFSC code or MICR code is mandatory • An amount of Rupees: SIP fixed instalment amount in words in word column is mandatory, maximum amount in words in word column is mandatory • Rs.: SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in figure column is mandatory • Frequency: SIP monthly/ quarterly mandatory, Lump sum: as & when presented is mandatory • Debit Type: For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • Folio No.: For Existing Investor only • Phone No./ Email ID: Phone No. or Email ID is Mandatory • PAN Number: Mandatory • Period: SIP start date is Mandatory, Lump sum: indicate till what date the man date should be valid • Signature of Account Holder: Signature is mandatory as per bank record • Name of the Bank A/c Holder: Name of the Bank A/c Holder is mandatory

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