

Please read the instructions before filling the Application Form

Application No. \_\_\_\_\_

### 1. DISTRIBUTOR / REGISTERED INVESTMENT ADVISOR (RIA) INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

\*I/We hereby give my/our consent to share/provide transaction data feed/unit holding in respect of my/our investments under Direct Plan to the above mentioned RIA

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.  Ms [Note: No Joint holding permitted in case of minor applicant]

AADHAAR \_\_\_\_\_

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

PAN \_\_\_\_\_

Guardian (Mandatory for Minor Applicant)  Mr.  Ms \_\_\_\_\_

Date of Birth  D  D  M  M  Y  Y  Y  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  FILs  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

##### b. Occupation Details [Please tick (✓)]

Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others \_\_\_\_\_

##### c. Gross Annual Income (Rs.) [Please tick (✓)] Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore OR

Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on  D  D  M  M  Y  Y  Y  Y (Not older than 1 year)

##### d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

##### e. Non-Individual Investors involved/ providing any of the mentioned services

Foreign Exchange/ Money Changer Services  Gaming/ Gambling/ Lottery/ Casino Services  Money Lending/ Pawning  None of the above

ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient]

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}

City \_\_\_\_\_ 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)

Name \_\_\_\_\_ Phone (O) \_\_\_\_\_  
 Phone (R) \_\_\_\_\_ Mobile \_\_\_\_\_  I/We wish to receive updates via SMS on my mobile (Please ✓)  
 Fax \_\_\_\_\_ e-mail \_\_\_\_\_

I/We wish to receive the following documents via physical in lieu of e-mail document(s) [Please ✓]  Account Statement  Newsletter  Annual Report  All Statutory Returns / Information

MODE OF HOLDING (Please ✓)  Single  Jointly  Either/ Anyone or Survivor (Default Option : Joint)

NAME OF THE SECOND APPLICANT  Mr.  Ms \_\_\_\_\_

AADHAAR \_\_\_\_\_

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

a. Occupation Details [Please tick (✓)]  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹ \_\_\_\_\_

##### c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

... continued overleaf

ARN No: \_\_\_\_\_

Application No. \_\_\_\_\_

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 \_\_\_\_\_

Amount Rs. \_\_\_\_\_

Signature, Stamp & Date

Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

NAME OF THE THIRD APPLICANT  Mr.  Ms  AADHAAR

Date of Birth           PAN  Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

a. Occupation Details [Please tick (✓)]  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business  Retired  Agriculture  Proprietorship  Others (please specify) \_\_\_\_\_

b. Gross Annual Income ₹  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore OR Net worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

I am PEP  I am Related to PEP  Not Applicable

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			3rd Applicant		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
#Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.								
• If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents, 'B' & mention why you unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.								
Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Type/Reason*	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of bank account in which redemption, dividend or other payments to be credited.)

Bank Name (Do not abbreviate) \_\_\_\_\_  
Account No. \_\_\_\_\_ Branch / 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 the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

7. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from which investment has been done.)

(I) Investment Amount\* \_\_\_\_\_ (II) DD Charges \_\_\_\_\_ Net Amount (I)+(II) \_\_\_\_\_  
Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_  
Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR \_\_\_\_\_ Dated              
Payment from \_\_\_\_\_ Name of 1st Bank A/c holder \_\_\_\_\_  
Bank A/c. No. \_\_\_\_\_ Name of 2nd Bank A/c holder \_\_\_\_\_  
Drawn on Bank \_\_\_\_\_ Name of 3rd Bank A/c holder \_\_\_\_\_  
Branch & City \_\_\_\_\_

Third Party Payment  No  Yes (If YES then please attach 'Third Party Declaration Form' as available on our website www.iiflmf.com)

Please enclose relevant documents as indicated below as per the Mode of Payment: (Please ✓) RTGS / NEFT / ECS / Bank Transfer  Instruction to the Bank from the Unit holder to Debit the Account.  DD/ Pay Order/ Banker's Cheque and the like -  Declaration / Acknowledgement from Bank  Copy of Passbook / Bank Statement

\* Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only" \* To be filled in by investors residing at the location, where the AMC Branches/CAMS Investor Service Centres are not located.

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

IIFL Focused Equity Fund  Direct  Growth (Default Growth)  Dividend Reinvestment (Default Reinvestment)  
 IIFL Dynamic Bond Fund  Regular  Dividend  Dividend Payout

9. Electronic Communication

"Opt-In" Receive Physical copy of Annual Report  "Opt-Out" Receive Electronic copy of Annual Report (Default)

10. SIP

Frequency (Please ✓)  Monthly (Default)  Quarterly  Perpetual SIP Date:  1<sup>st</sup>  7<sup>th</sup> (Default)  14<sup>th</sup>  21<sup>st</sup> (Select any one SIP Date)  Micro SIP

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

11. NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instructions

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in demat mode, the nomination under demat account will be considered.

NOMINEE'S NAME  Mr.  Ms \_\_\_\_\_ Date of Birth (in case of minor)             
NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms \_\_\_\_\_  
ADDRESS OF NOMINEE/ GUARDIAN \_\_\_\_\_  
OR City \_\_\_\_\_ Pin Code \_\_\_\_\_ Specimen Signature of Nominee / Guardian \_\_\_\_\_

I/We do not wish to nominate a nominee in my/our folio. For more than one nominee, please use nomination form.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

12. DOCUMENTS ENCLOSED (Please ✓)

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

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

NSDL	CDSL
DP Name: _____	DP Name: _____
DP ID*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Beneficiary Account No. _____	Beneficiary Account No. _____

The Applicant may note that incase the DP ID, Client ID and PAN Number mentioned in the Form do not match with DP ID, Client ID and PAN Number disclosed in Depository Data Base the Application is liable to be rejected.



**IIFL Mutual Fund**  
IIFL Centre, 6th Floor, Kamala City,  
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr. Shawn Sequeira, IIFL Centre, 6th Floor, Kamala City,  
S. B. Marg, Lower Parel, Mumbai - 400 013  
Tel.: (91 22) 3958 5158 Fax: (91 22) 4646 4706 Toll Free: 18002002267  
Email: service@iiflw.com • Website: www.iiflmf.com

CHECK LIST: Please ensure the following : Application form is complete in all respects and signed by all Applicants Bank Account details are filled Copy of PAN card Copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website, as applicable Appropriate options are filled To prevent fraudulent practices investor 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". If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

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

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

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

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

(i) Category [✓ applicable category]:

- Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association/ body of individuals  Public Charitable Trust  Religious Trust
- Private Trust  Trust created by a Will  Others \_\_\_\_\_ [please specify]

(ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

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

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

**UBO Code Description**

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

**Part III: DECLARATION UBO**

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

15. **DECLARATION AND SIGNATURES**

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

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

I/We further confirm that the ARN holder (Broker/Sub-Broker) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) has been recommended to me/us.

I/We authorize IIFL 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 IIFL AMC has such arrangement with my/our Bank.

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

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

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/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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

# SIP Registration cum Mandate Form

(For investment through NACH/ ECS/ SI/ Auto Debit)

Application No. \_\_\_\_\_

## DISTRIBUTOR / REGISTERED INVESTMENT ADVISOR (RIA) INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt

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.  
 \* I/We hereby give my/our consent to share/provide transaction data feed/ unit holding in respect of my/our investments under Direct Plan to the above mentioned RIA  
 I/We the account holders with the Bank as per details given below hereby request and authorise the Bank to accept this ECS mandate executed by me/ us in favour of IIFL Mutual Fund and submitted by them or through their authorised service provider under RBI ECS debit procedures. I/We further request and authorise the bank to debit my/ our account to honor the periodical payment contribution requests presented by the service provider. Various details of Bank account and Periodical payment are furnished below:

### BENEFICIARY DETAILS:

Name of the Beneficiary : IIFL Mutual Fund  
 Scheme Name: \_\_\_\_\_ Option: \_\_\_\_\_  
 Folio Number/ Application No.: \_\_\_\_\_  
 Investor's name: \_\_\_\_\_

### REQUEST FOR:

- Registration of SIP       Renewal of SIP       Change in Bank details  
 Change in SIP Amount       Change in SIP Date       Cancellation of SIP

### PERIODIC PAYMENT DETAILS:

Date of effect (tick applicable date):  1<sup>st</sup>  7<sup>th</sup> (Default)  14<sup>th</sup>  21<sup>st</sup>      Amount of installment: Rs. \_\_\_\_\_  
 Installment Start date: [D][D][M][M][Y][Y][Y][Y]      Installment End date: [D][D][M][M][Y][Y][Y][Y]      Frequency:  Monthly  Quarterly      Type:  Regular  Perpetual  
 2<sup>nd</sup> Installment      Last Installment

### DECLARATION :

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the IIFL Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorise the beneficiary or their authorised Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the IIFL Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that IIFL Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate.

### AUTHORISATION :

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. If the date of debit happens to be a holiday or non working day for the bank or location, the debit may happen on any subsequent working day. Debited contributions may be passed on to the IIFL Mutual Fund / Service Provider as per rules, procedures and practices in force.. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

### SIGNATURE/S AS PER IIFL MUTUAL FUND RECORDS (MANDATORY):

Sole /1st AccountHolder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

### Mandate Form for NACH/ECS/DIRECT DEBIT (Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

UMRN: [D][D][M][M][Y][Y][Y][Y] [D][D][M][M][Y][Y][Y][Y]      Date: [D][D][M][M][Y][Y][Y][Y]  
 Tick (✓) Sponsor Bank Code: [D][D][M][M][Y][Y][Y][Y]      Utility Code: [D][D][M][M][Y][Y][Y][Y]

I/We hereby authorise **IIFL MUTUAL FUND** to debit (tick ✓)  SB / CA / CC / SB-NRE / SB-NRO / Other \_\_\_\_\_

Bank a/c number: \_\_\_\_\_  
 with Bank: [NAME OF INVESTOR'S BANK] IFSC: \_\_\_\_\_ or MICR: \_\_\_\_\_  
 an amount of Rupees: \_\_\_\_\_ ₹

**FREQUENCY**  Monthly  Quarterly  Half Yearly  As & when presented      **DEBIT TYPE**  Fixed Amount  Maximum Amount

Reference 1: FOLIO NO. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Reference 2: APPLICATION NO. \_\_\_\_\_ Email ID \_\_\_\_\_

I Agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

**PERIOD**  
 From: [D][D][M][M][Y][Y][Y][Y]  
 To: [D][D][M][M][Y][Y][Y][Y]  
 Or:  Until Cancelled

1. \_\_\_\_\_ Signature of Primary Account Holder      2. \_\_\_\_\_ Signature of Account Holder      3. \_\_\_\_\_ Signature of Account Holder  
 Name as in Bank Records      Name as in Bank Records      Name as in Bank Records

**Declaration:** I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorise to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of Mandate Facility offered by IIFL Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions.

**Authorisation to Bank:** This is to inform that I/We have registered for ECS/NACH (Debit Clearing) I Direct Debit I Standing instructions facility and that my/our payment towards my/our investment in IIFL Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorise the representatives of IIFL Mutual Fund carrying this mandate form to get it verified and executed. I/We authorise the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

The above Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

SIP Acknowledgement Slip	IIFL Mutual Fund	ISC Stamp
Investor Name: _____	Folio No./ Application No. _____	
Scheme Name: _____	Plan: _____ Option: _____	
	Amount: _____	