

| Distributor Name & ARN No. | Sub-Broker Code | Employee Unique Identification No.* | RIA Name & RIA Code* | Date & Time of Receipt |
|----------------------------|-----------------|-------------------------------------|----------------------|------------------------|
| KVK FINSERV LLP ARN-302492 |                 | E575984                             |                      |                        |

\*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 Unitholder/ Guardian/ POA | Second Unitholder | Third Unitholder |
|---------------------------------|-------------------|------------------|
|---------------------------------|-------------------|------------------|

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.

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>TRANSACTION CHARGES</b><br>Please tick (✓) | <input type="checkbox"/> I am a First time investor across Mutual Funds<br>(₹ 150 will be deducted)<br>Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI register distributor based on the investors' assessment of various factors including service rendered by the distributor. | OR <input type="checkbox"/> I am an existing investor in Mutual Funds<br>(₹ 100 will be deducted) |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**1 EXISTING UNITHOLDERS DETAILS**

Existing Folio No.  Name of Sole/ First Unit Holder

**Note:** All investor details like mode of holding, nomination, bank details, investor address and contact details, will be captured as per existing information under the given folio. Proceed directly to section 7.  
For registering different information, please **Do Not** fill-in this section.

**2 NEW APPLICANT'S DETAILS** (Please fill in BLOCK LETTERS with black/blue ink and read the instructions carefully, on page 1 to 4 before filling up the form)

**APPLICATION FOR** ☐ Zero Balance Folio ☐ Investment

**Name of Entity/ Sole/First Applicant**  Mr. Ms.  (as in PAN)

PAN/PEKRN  KYC ☐ Yes ☐ No Mode of Holding (Please ✓) ☐ Single ☐ Joint ☐ Either/ Anyone or Survivor (Default Option : Joint)

Date of Birth (Mandatory for Minor Applicant)  Proof of Birth (Please ✓) ☐ Passport ☐ Birth Certificate ☐ Others

|                      |                                                 |                                                      |                                                |                                                 |                               |                                                       |                                          |                             |                              |
|----------------------|-------------------------------------------------|------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------------------------|------------------------------------------|-----------------------------|------------------------------|
| Status<br>Please (✓) | <input type="checkbox"/> Resident Individual    | <input type="checkbox"/> PSU                         | <input type="checkbox"/> AOP/BOI               | <input type="checkbox"/> Minor through Guardian | <input type="checkbox"/> HUF  | <input type="checkbox"/> Trust /Charities / NGOs      | <input type="checkbox"/> Society         | <input type="checkbox"/> FI | <input type="checkbox"/> NRI |
|                      | <input type="checkbox"/> Company/Body Corporate | <input type="checkbox"/> Sole Proprietor             | <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> PIO                    | <input type="checkbox"/> Bank | <input type="checkbox"/> FPI (as and when applicable) | <input type="checkbox"/> Government Body |                             |                              |
|                      | <input type="checkbox"/> Partnership Firm       | <input type="checkbox"/> Others <input type="text"/> |                                                |                                                 |                               |                                                       |                                          |                             |                              |

(For Non-Individual investors, FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form is mandatorily, and should be filled separately)

**Non-Individual Investors involved/providing any of the mentioned services**  
Please (✓) (Applicable only for Non Individuals) ☐ Foreign Exchange/ Money Changer Services ☐ Money Lending/ Pawning  
☐ Gaming/ Gambling/ Lottery/ Casino Services ☐ None of the above

**Name of Guardian / Contact Person** (Contact Person for non-individual applicant) Mr. Ms.  (as in PAN)

PAN/PEKRN for Guardian / Contact Person  Date of Birth (Mandatory)

Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian (Refer instructions)

**3 NAME OF THE SECOND APPLICANT** Mr. Ms.  (as in PAN)

Date of Birth  PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

**4 NAME OF THE THIRD APPLICANT** Mr. Ms.  (as in PAN)

Date of Birth  PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

**5 ADDRESS & CONTACT DETAILS OF FIRST/ SOLE APPLICANT** (P.O. Box Address is not sufficient. Refer instruction no. 3)

**Correspondence Address** (address details will be updated as per your KYC records with CKYC / KRA.)

|                      |                      |
|----------------------|----------------------|
| HOUSE / FLAT NO.     |                      |
| <input type="text"/> |                      |
| CITY / TOWN          | STATE                |
| <input type="text"/> | <input type="text"/> |
| COUNTRY              | PIN CODE             |
| <input type="text"/> | <input type="text"/> |

**Overseas Address** (Mandatory for NRI / FII Applicants)

|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|
| Tel. (Res.) <input type="text"/>                                                                                                                                                                                                                                                                                                                                                | Tel. (Off.) <input type="text"/> | Mobile No. <input type="text"/> |
| Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS |                                  |                                 |
| Email ID (CAPITAL letters only) <input type="text"/>                                                                                                                                                                                                                                                                                                                            |                                  |                                 |
| Email ID provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS   |                                  |                                 |
| <input type="checkbox"/> I hereby authorise 360 ONE MF (Formerly known as IIFL MF) to send important scheme related information through SMS and Whatsapp.                                                                                                                                                                                                                       |                                  |                                 |
| Investors providing Email ID would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email.                                                                                                                                                                                                  |                                  |                                 |
| <input type="checkbox"/> I wish to receive physical copy of the scheme wise annual report and abridged summary.                                                                                                                                                                                                                                                                 |                                  |                                 |

Received from

Instrument No.  Drawn on Bank & Branch

Scheme/ Plan/ Option/ Sub-Option  Amount Rs.

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.

Signature, Stamp & Date

|                          |                     |                            |                                  |                                              |                              |                              |                               |
|--------------------------|---------------------|----------------------------|----------------------------------|----------------------------------------------|------------------------------|------------------------------|-------------------------------|
| Account No. <sup>s</sup> |                     | Account Type<br>(Please ✓) | <input type="checkbox"/> Savings | <input type="checkbox"/> Current             | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | <input type="checkbox"/> FCNR |
| Bank Name                | (Do not abbreviate) |                            |                                  |                                              |                              |                              |                               |
| Branch                   |                     | City                       |                                  | Pin Code                                     |                              |                              |                               |
| IFSC Code*               |                     | MICR Code*                 |                                  | (IFSC/ NEFT code required for Direct credit) |                              |                              |                               |

360 ONE Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

**7 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 |                          |                        |
|-------------------------------|--------------------------|------------------------|---------------|--------------------------|------------------------|---------------|--------------------------|------------------------|
| Country#                      | Tax Payer®<br>Ref. ID No | Identification<br>Type | Country#      | Tax Payer®<br>Ref. ID No | Identification<br>Type | Country#      | Tax Payer®<br>Ref. ID No | Identification<br>Type |
| 1                             |                          |                        | 1             |                          |                        | 1             |                          |                        |
| 2                             |                          |                        | 2             |                          |                        | 2             |                          |                        |
| 3                             |                          |                        | 3             |                          |                        | 3             |                          |                        |

<sup>a</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

| Sole/First Applicant/Guardian |  | 2nd Applicant          |  | 3rd Applicant          |  |
|-------------------------------|--|------------------------|--|------------------------|--|
| Country of Birth              |  | Country of Birth       |  | Country of Birth       |  |
| Country of Nationality        |  | Country of Nationality |  | Country of Nationality |  |

## 8 ADDITIONAL KYC DETAILS (Mandatory. Please read instructions no 5 & 6 under APPLICANT'S INFORMATION.)

| OCCUPATION                                            | Professional             | Agriculturist            | Housewife                | Retired                  | Government Service/Public Sector |                             | Business                     | Forex Dealer                | Student                      | Private Sector Service      | Others                       |                             |
|-------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1st Applicant                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |                             | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |                             |
| 2nd Applicant                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |                             | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |                             |
| 3rd Applicant                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |                             | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |                             |
| Guardian                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |                             | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |                             |
| GROSS ANNUAL INCOME DETAILS^                          |                          |                          | Below 1 Lac              | 1-5 Lacs                 | 5-10 Lacs                        | 10-25 Lacs                  | 25 Lacs-1 Crore              | >1 Crore                    | NET-WORTH IN ₹               |                             | Date                         |                             |
| 1st Applicant                                         |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | (Net worth should            |                             | <input type="text"/>         |                             |
| 2nd Applicant                                         |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | not be older                 |                             | <input type="text"/>         |                             |
| 3rd Applicant                                         |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | than 1 year)                 |                             | <input type="text"/>         |                             |
| Guardian                                              |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |                              |                             | <input type="text"/>         |                             |
| PEP DETAILS                                           |                          |                          |                          |                          | 1st Applicant                    |                             | 2nd Applicant                |                             | 3rd Applicant                |                             | Guardian                     |                             |
| Are you a Politically Exposed Person (PEP)            |                          |                          |                          |                          | <input type="checkbox"/> Yes     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you related to a Politically Exposed Person (PEP) |                          |                          |                          |                          | <input type="checkbox"/> Yes     | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

^Please attach Proof for income and occupation.

|                     |        |              |                                  |                                  |                                        |                                    |
|---------------------|--------|--------------|----------------------------------|----------------------------------|----------------------------------------|------------------------------------|
| Scheme              | Plan   |              | <input type="checkbox"/> Regular | <input type="checkbox"/> Direct  | Option                                 |                                    |
| Amount<br>(figures) |        | Payment mode | <input type="checkbox"/> Cheque  | <input type="checkbox"/> DD      | <input type="checkbox"/> Fund Transfer | <input type="checkbox"/> RTGS/NEFT |
| Account No.         |        |              | Instrument no.                   |                                  | Cheque/DD/UTR/UMR No.                  |                                    |
| Instrument Date     |        | A/c          | <input type="checkbox"/> Saving  | <input type="checkbox"/> Current | <input type="checkbox"/> NRO           | <input type="checkbox"/> NRE       |
|                     | Bank   |              | <input type="checkbox"/> FCNR    | <input type="checkbox"/> Others  | Please specify                         |                                    |
|                     | Branch |              |                                  |                                  |                                        |                                    |

Types of Investment ☐ Lumpsum ☐ Lumpsum + SIP (for SIP please fill separate SIP cum Mandate registration form)

LEI No.  Valid Upto   
 Note: LEI no. is Mandatory for transaction amount 50 crs above for Non individual. LEI number of 360 ONE Mutual Fund is 335800JVNCDDJJFV1116

**10 UNITHOLDING OPTION** ☐ Demat Mode ☐ Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

| National Securities Depository Limited (NSDL)                                                                                                                                                                                                                                                                                      |   |  |  |  |  |  |  |  |  | Central Depository Securities Limited (CDSL) |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|--|--|--|--|----------------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DP ID No. Beneficiary Account No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |   |  |  |  |  |  |  |  |  | I                                            | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I                                                                                                                                                                                                                                                                                                                                  | N |  |  |  |  |  |  |  |  |                                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |  |  |  |  |  |                                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                    |   |  |  |  |  |  |  |  |  |                                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Enclosures (Please tick any one box) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)                                                                                                               |   |  |  |  |  |  |  |  |  |                                              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**11 NOMINATION (Mandatory\*) (Please ✓ and confirm the option selected)****ANNEXURE - A****FORMAT FOR PROVIDING NOMINATION**

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

| Sr. No.                                                                                     | Nomination can be made upto three nominees in the account.                                                                 | Details of 1st Nominee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Details of 2nd Nominee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Details of 3rd Nominee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mandatory Details</b>                                                                    |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.                                                                                          | Name of the nominee(s) (Mr./Ms.)*                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.                                                                                          | Share of each Nominee<br>Equally (If not equally, please specify percentage)                                               | <div><div></div><div></div><div></div></div> %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div></div><div></div><div></div></div> %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div><div></div><div></div><div></div></div> %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Any odd lot after division shall be transferred to the first nominee mentioned in the form. |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3.                                                                                          | Relationship with the Applicant (If Any)                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4.                                                                                          | Minor Date of birth                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5.                                                                                          | Guardian name                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| *Date of Birth and Name of Guardian to be provided in case of minor nominee(s)              |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Non Mandatory Details</b>                                                                |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6.                                                                                          | Address of Nominee(s)/ Guardian in case of Minor<br>City / Place / State / Country<br>PIN Code                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 7.                                                                                          | Mobile/Telephone no. of nominee(s) / Guardian in case of Minor                                                             | Mobile No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>Tel. No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mobile No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>Tel. No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mobile No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>Tel. No. <div><div></div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8.                                                                                          | Email ID of nominee(s)/ Guardian in case of Minor                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9.                                                                                          | Nominee/ Guardian (in case of Minor) Identification details (Please tick any one of following and provide details of same) | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Aadhaar Card <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Proof of Identity <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Saving Bank A/c no. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Demat A/c ID <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Aadhaar Card <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Proof of Identity <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Saving Bank A/c no. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Demat A/c ID <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Aadhaar Card <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Proof of Identity <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Saving Bank A/c no. <div><div></div><div></div><div></div><div></div><div></div><div></div></div><br><input type="checkbox"/> Demat A/c ID <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
|                                                                                             | *Name and Signature of Holder                                                                                              | First Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Second Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Third Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

\*Witness Name

\*Witness address

Witness Signature

If the account holder affixes thumb impression, instead of signature.

**ANNEXURE - B****DECLARATION FOR OPTING-OUT OF NOMINATION**

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio.

|                               |                                                                                                                                      |                                                                                                                                       |                                                                                                                                      |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| *Name and Signature of Holder | First Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature | Second Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature | Third Unitholder Name<br><div><div></div><div></div><div></div><div></div><div></div><div></div></div><br>First Unitholder Signature |
| *Witness Name                 | Witness Signature                                                                                                                    |                                                                                                                                       |                                                                                                                                      |
| *Witness address              |                                                                                                                                      |                                                                                                                                       |                                                                                                                                      |

If the account holder affixes thumb impression, instead of signature.

**12 POWER OF ATTORNEY (POA) HOLDER DETAILS****PAN**

|                           |  |                                                                               |
|---------------------------|--|-------------------------------------------------------------------------------|
| First Applicant POA Name  |  | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Second Applicant POA Name |  | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Third Applicant POA Name  |  | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> |

**13 DECLARATION & SIGNATURES**

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund [www.360.one/asset-management/mutualfund/](http://www.360.one/asset-management/mutualfund/) and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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. 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. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.

First Unitholder/ Guardian/ POA

Second Unitholder

Third Unitholder