

IIFL Dynamic Bond Fund

(An open ended Income Fund)

APPLICATION FORM

Application No. Please read the instructions before filling the Application Form 1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE Distributor Name & ARN No. Employee Unique Identification No. Date & Time of Receipt Bonanza - 0186 *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 <u>no such interaction</u>, 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." 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. [Note: No Joint holding permitted in case of minor applicant] PAN Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) Guardian (Mandatory for Minor Applicant) Mr. Ms Date of Birth D D M M 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 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 Others_ 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 ☐ >1 Crore Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y (Not older than 1 year) d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange/ Money Changer Services Gaming/ Gambling/ Lottery/ Casino Services Money Lending/ Pawning None of the above ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient] Country Pin Code State OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions} State Zip Code CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better) ☐ I/We wish to receive updates via SMS on my mobile (Please Phone (R) e-mail |We wish to receive the following documents via physical in lieu of e-mail document(s) [Please 🖟] 📉 Account Statement 📉 Newsletter 🚾 Annual Report 📉 All Statutory Returns / Information ☐ Single ☐ Jointly ☐ Either/ Anyone or Survivor (Default Option : Joint) NAME OF THE SECOND APPLICANT
Mr. Ms Y PAN Date of Birth DDMM 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 Sector Student Professional Housewife Business Retired Agriculture ☐ Proprietorship ☐ Others_ b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable **IIFL Dynamic Bond Fund** ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) Mutual Fund Application No. Received from Cheque/ DD/ RTGS/ NEFT No. Drawn on Bank & Branch Scheme/ Plan/ Option/ Sub-Option Signature, Stamp & Date Amount Rs.

NAME OF THE THIRD APPLI	CANT Mr. Ms					
Date of Birth DDMM	Y Y Y PAN	Kindly ensure tha	at Copy of PAN 8	& KYC Acknowled	dgement Letter are end	closed to your Application Form
a. Occupation Details [Pleas	e tick (✓) ☐ Service ☐ Private Sector☐ Public ☐ Proprietorship ☐ Others ☐	Sector Government	t Service 🗌 Stu	dent Profess	ional 🗌 Housewife 🗌	Business ☐ Retired ☐ Agriculture
b. Gross Annual Incom	e ₹ 🗌 Below 1 Lac 🔲 1 - 5 Lacs 🔲 5 -	10 Lacs 🗌 10 - 25	5 Lacs □ >25	Lacs - 1 Cro	ore 🗆>1 Crore O	R Net worth ₹
	erson (PEP) Status (Also applicable for autited to PEP Not Applicable	horised signatories/ Pro	moters/ Karta/	Trustee/ Whole	time Directors)	
	DETAILS (Mandatory) [Refer Instructions]	(Details of hank accord	unt in which redi	emntion dividen	d or other payments to	he credited)
	PETALES (Manuacory) [Refer instructions]	(Details of barik decoc	ant in which read	impaon, amach	a or other payments to	be created.)
Bank Name (Do not abbreviate)						
Account No.			Branch	/ City		
Branch Address						
Pin Code	Account Type (Please √) For Residents Sav	vings Current For	Non-Resident	□ NRO □ NR	E Others	
MICR Code*	RTGS/ NEFT / IFSC* Code					(IFSC/ NEFT code required for Direct cred
	I cheque leaf of the same bank account as mentio				nvestment bank accou	unt details given in Section (7).
	e held responsible for delays or errors in proce	37 1			complete or inaccura	ite. [* indicates - Mandatory]
	S (Mandatory) [Refer Instructions] (Detail	is of account from which	n investment nas			
I) Investment Amount*	(II) DD Charges			Net (I)+	: Amount -(II)	
Mode of Payment (Please √)	Cheque DD RTGS NEFT	☐ ECS ☐ Funds T	Fransfer *Ch	eque / DD / RTG	S / NEFT No.	
Account Type (Please √)	Savings Current NRE NRO [FCNR NRSR			Dated D	D M M Y Y Y
Payment from			Name of 1st Bank	A/c holder		
Bank A/c. No.			Name of 2nd Bank	_		
Drawn on Bank				_		
Branch & City			Name of 3rd Bank	A/c holder		
Third Party Payment 🔲 No	Yes (If YES then please attach 'Third Party Declaration	ion Form' as available on c	our website www	.iiflmf.com)		
	cuments as indicated below as per the Mc					
	nt. DD/ Pay Order/ Banker's Cheque and			9		
 Please mention the Applicat nstruments favouring "Name should be crossed "Account Page 	ion No., PAN and Name of the First Unit holder of the Scheme A/c. First Investor Name" OR "Na ayee Only" * To be filled in by investors residing at	ame of the Scheme A/o the location, where the	ayment Instrum c. Permanent Ac AMC Branches,	ent. To prevent of count Number CAMS Investor	fraudulent practices II " OR "Name of the Sc Service Centres are no	nvestors are urged to make the Payme heme A/c. Folio Number" and the san it located.
7. INVESTMENT DET	AILS (Please $$) Choice of Scheme/ Plan/ C	Option) - Please ensi	ure there is o	nly one chequ	ue/DD per applicat	ion form
IIFL Dynamic Bond Fund	☐ Direct ☐ Growth (Default Growth) ☐ Regular ☐ Dividend ☐ Quarterly ☐ Bonus	/ Dividend Payou	ut 🗌 Divide	nd Reinvestmer	nt (Default)	
8. SIP						
□ Regular □	Perpetual (Default)	Date: 1st 7th (Def	ault) □ 14 th [⊒21 st (Select	any one SIP Date)	☐ Micro SIP
	orm enclosed herewith for investment through					
	ease √ and confirm the option selected e undermentioned Nominee to receive the Units allotted to			nv/our death. I/We	also understand that all p	avments and settlements made to such Nomi
and Signature of the Nomin NOMINEE'S NAME Mr.	ee acknowledging receipt thereof, shall be valid discharge l	by the AMC/ Mutual Fund/ T	Trustees. In case of	units held in demat	mode, the nomination ur	nder demat account will be considered.
	_ ws				Date of Birth (in case of minor)	D M M Y Y Y
NAME OF PARENT/ LEGAL GU	ARDIAN (in case of minor) Mr. Mr.	Ms			(in case of minor)	
Address of Nominee/ Gua	RDIAN					
City		Pin Code			Specimen Si	gnature of Nominee / Guardian
OR City		Tim code				
If yve do not wish to noming.	nate a nominee in my/our folio. please use nomination form.					
10. DOCUMENTS ENC		Signature of 1st Unit	t Holder	Signature o	f 2nd Unit Holder	Signature of 3rd Unit Holde
	<u> </u>	solution/ Authorisation	to invest	ist of Authorise	d Signatories with Sn	ecimen Signatue(s) POA
	t Details (Optional) (Refer instructions)	2.3do.y / denonsulon	E	5. 7 (4) (1) (1)	_ signatories with Sp	Tamen argument (a)
	NSDL				CDSL	
DP Name:		DP	Name:			
DP ID*: I N	Beneficiary Account No.		eneficiary count No.			
The Applicant may note that incase				I PAN Number disc	closed in Depository Data	Base the Application is liable to be rejected.
		*		For investmen	t related enquiries Ir	
**	HEL Mustical Friend			IIFL Mutual F	und	•
A LOOP	IIFL Mutual Fund			IIFL Mutual F	und	nvestor Grievance please contact re, 6th Floor, Kamala City,



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

S. B. Marg, Lower Parel, Mumbai - 400 013
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267
Email: service@iiflmf.com • Website: www.iiflmf.com

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	ff section(s) that is/are not applicable)
Our cor	mpany is a Listed Company listed on recognized stock e mpany is a subsidiary of the Listed Company mpany is controlled by a Listed Company	xchange in India					
	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applica						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary y [applicable category]: d Company Partnership Firm Limited Liability Part Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company 🔲 Un	[plea	se specify	,	lic Charitable Trust	Religious Trust
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 acknowledgement
#Attached of	documents should be self-certified by the UBO and certified by t	he Applicant/Investor Author	rized S	ignatory/ies.			
ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of pinterest of more than 15% of the capital or profits of pinterest of more than 15% of the capital or profits of the property or capital or profits of the juridical person through other mer O-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if severcising ultimate effective control over the Trust three CLARATION UBO nowledge and confirm that the information providedge and confirm that the information providedge.	of the juridical person [In- respondence of the control of the con	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persion cases where there exists doub erts control through ownershi ne settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
information and/or reform with beneficial also under	on is/are found to be false/incorrect and/or the verse the allotment of units and the AMC/Mutua n all SEBI Registered Intermediaries and they can owner, with no declaration to submit. I/We also rtake to provide any other additional information as r	declaration is not pro il Fund/Trustee shall no rely on the same. In c undertake to keep you	ovide ot be ase t u info	ed, then the AMC e liable for the sar the above informa	Trustee/Mutual Fund shime. I/We hereby authorization is not provided, it w	all reserve the r e sharing of the vill be presumed	ight to reject the application information furnished in thi that applicant is the ultimate
I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme and may be mo	ncluding the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the te d such other scheme(s) of the Mutual Fund [Scheme(s)] into owed pursuant to any instruction received from me/us to st to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or I/We further dedare that the amount invested by me/us in pitimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable sued by any governmental or statutory authority from time to: ave read and understood the contents on "Third Party Payme as this subscription and light on the proposed of the properties of the proposed in the proposed of the properties of the proposed of the proposed of the proposed proposed	al Fund) for units of the rms and conditions, of the which my/our investment weep/switch the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts as Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
invest in th [AMC], its vires the rel	ient. er confirm that I/we have the express authority from the ne units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible i levant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has di	agement Company Ltd. f the investment is ultra	SIGNATURES	Signature of	APPLICANT SIGNA	ature p	OA HOLDER SIGNATURE
commission competing recommend I/We author from making debit my/or in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which ded to me/us. orize AMC to reject the application, reverse the units c ng any further investment in any of the Scheme/s of IIFL jur folio(s) with the penal interest and take any appropria c cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover/	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We herel redemptio my/our Bar	atsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thro Ordinary A	If We hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. By authorise AMC to provide my/our information, as ment ming part of my/our Folio details, to AMC's Registrar and the subscription of my/our Folio details, to AMC's Registrar and the subscription of my/our Folio details, to AMC's Registrar and the subscription of my/our Folio details, to AMC's Registrar and the subscription of my/our Folio details, to AMC's Registrar and the subscription of the subscription o	ave been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name POA PAN		
providers ei	rming part of my/our Folio details, to AMC's Registrar and ngaged by R&T, for effectively carrying out the maintenance lers' related activities.	, storage and processing			Enclosed (please √) □ PA	AN KYC	(Attach copy of PAN & KYC^)



Scheme/ Plan/ Option/ Sub-Option

Amount Rs.

IIFL Dividend Opportunities Index Fund

(An open ended Index Fund)

Mutual Fund APPLICATION FORM Application No. Please read the instructions before filling the Application Form 1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE Distributor Name & ARN No. Employee Unique Identification No. Date & Time of Receipt Bonanza - 0186 *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 <u>no such interaction</u>, 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." 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. [Note: No Joint holding permitted in case of minor applicant] PAN Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) Guardian (Mandatory for Minor Applicant) Mr. Ms Date of Birth D D M M 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 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 Others_ 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 ☐ >1 Crore Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y (Not older than 1 year) d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable e. Non-Individual Investors involved/ providing any of the mentioned services Foreign Exchange/ Money Changer Services Gaming/ Gambling/ Lottery/ Casino Services Money Lending/ Pawning None of the above ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box Address is not sufficient] State Country Pin Code OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions} State Zip Code CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better) ☐ I/We wish to receive updates via SMS on my mobile (Please Phone (R) e-mail |We wish to receive the following documents via physical in lieu of e-mail document(s) [Please 🖟] 📉 Account Statement 📉 Newsletter 🚾 Annual Report 📉 All Statutory Returns / Information ☐ Single ☐ Jointly ☐ Either/ Anyone or Survivor (Default Option : Joint) NAME OF THE SECOND APPLICANT
Mr. Ms Y PAN Date of Birth DDMM 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 Sector Student Professional Housewife Business Retired Agriculture ☐ Proprietorship ☐ Others_ b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR Net worth ₹. c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable continued over ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) IIFL Dividend Opportunities Index Fund Mutual Fund Received from Cheque/ DD/ RTGS/ NEFT No. Drawn on Bank & Branch

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

NAME OF THE THIRD APPLICANT Mr. Ms			
Date of Birth DDMMYYYYY PAN Kindly	ensure that Copy of PA	N & KYC Acknowledgement Letter are encl	osed to your Application Form
a. Occupation Details [Please tick (✓) ☐ Service ☐ Private Sector ☐ Public Sector ☐ Glease specify ☐ Others ☐ Other ☐ Others ☐ Other ☐ Others ☐ Other ☐ Othe		Student Professional Housewife	Business Retired Agriculture
b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐	☐ 10 - 25 Lacs ☐ >	25 Lacs - 1 Crore □>1 Crore OF	R Net worth ₹
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signa ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable	atories/ Promoters/ Kart	a/ Trustee/ Whole time Directors)	
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Instructions] (Details of	bank account in which r	edemption, dividend or other payments to	be credited.)
Bank Name (Do not abbreviate)			
Account No.	Bran	ch / City	
Branch Address			
Pin Code Account Type (Please √) For Residents Savings Cul	rrent For Non-Residen	t 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 in IIFL Mutual Fund shall not be held responsible for delays or errors in processing your re	case the bank account of equest if the informat	details differ from investment bank accou ion provided is incomplete or inaccura	nt details given in Section (7). te. [* indicates - Mandatory]
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account	from which investment	has been done.)	
(I) Investment (II) DD Charges Amount*		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 D	D M M Y Y Y Y
Payment from Bank A/c. No.	Name of 1st Ba	ank A/c holder	
Drawn on Bank	Name of 2nd B	ank A/c holder	
Branch & City	Name of 3rd Ba	nk A/c holder	
Third Party Payment No Yes (If YES then please attach 'Third Party Declaration Form' as au	vailable on our website w	ww.iiflmf.com)	
Please enclose relevant documents as indicated below as per the Mode of Payn holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like -			
* Please mention the Application No., PAN and Name of the First Unit holder on the revers Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the S should be crossed "Account Payee Only" * To be filled in by investors residing at the location,	e of the Payment Instru scheme A/c. Permanent where the AMC Branch	ment. To prevent fraudulent practices In Account Number" OR "Name of the Scl les/CAMS Investor Service Centres are not	vestors are urged to make the Payment neme A/c. Folio Number" and the same located.
7. INVESTMENT DETAILS (Please $\sqrt{\ }$) Choice of Scheme/ Plan/ Option) - Pl	ease ensure there is	only one cheque/DD per applicati	on form
IIFL Dividend Opportunities Index Fund Regular Plan Direct Plan Growt	h Option (Default) [Dividend Option	
8. SIP Frequency (Please ✓) □ Monthly (Default) □ Quarterly SIP Date: □ 1 st I	□ 7 th (Default) □ 14	th □ 21 st (Select any one SIP Date)	☐ Micro SIP
☐ Regular ☐ Perpetual (Default) Please fill SIP Registration Form enclosed herewith for investment through SIP.	, , , ,	, , , ,	
9. NOMINATION (Please √ and confirm the option selected) - Please	Refer Instructions		
	in my/our folio in the event	of my/our death. I/We also understand that all pa	yments and settlements made to such Nominee der demat account will be considered.
NOMINEE'S NAME Mr. Ms		, Date of Birth D	
NAME OF PARENT/ LEGAL GUARDIAN (in case of minor) Mr. Ms		(in case of minor)	
Think of Friend, 220 is do not in the trace of minor,			
ADDRESS OF NOMINEE/ GUARDIAN			
OR City Pin Code		Specimen Sig	nature of Nominee / Guardian
I/We do not wish to nominate a nominee in my/our folio.			
	f 1st Unit Holder	Signature of 2nd Unit Holder	Signature of 3rd Unit Holder
10. DOCUMENTS ENCLOSED (Please √)	_		
MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution/ Aut	horisation to invest	List of Authorised Signatories with Spe	ecimen Signatue(s) POA
11. Demat Account Details (Optional) (Refer instructions)		CDSI	
NSDL DR. Name:	DP Name:	CDSL	
DP Name: L	Di Naille.		
Beneficiary Account No.	Beneficiary Ac	count No.	
The Applicant may note that incase the DP ID. Client ID and PAN Number mentioned in the Form do not a	natch with DP ID. Client ID.	and PAN Number disclosed in Denository Data 5	Rase 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. Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,
S. B. Marg, Lower Parel, Mumbai - 400 013
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267
Email: service@iiflmf.com • Website: www.iiflmf.com

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	ff section(s) that is/are not applicable)
Our cor	mpany is a Listed Company listed on recognized stock e mpany is a subsidiary of the Listed Company mpany is controlled by a Listed Company	xchange in India					
	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applica						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary y [applicable category]: d Company Partnership Firm Limited Liability Part Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company 🔲 Un	[plea	se specify	,	lic Charitable Trust	Religious Trust
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 acknowledgement
#Attached of	documents should be self-certified by the UBO and certified by t	he Applicant/Investor Author	rized S	ignatory/ies.			
ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of pinterest of more than 15% of the capital or profits of pinterest of more than 15% of the capital or profits of the property or capital or profits of the juridical person through other mer O-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if severcising ultimate effective control over the Trust three CLARATION UBO nowledge and confirm that the information providedge and confirm that the information providedge.	of the juridical person [In- respondence of the control of the con	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persion cases where there exists doub erts control through ownershi ne settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
information and/or reform with beneficial also under	on is/are found to be false/incorrect and/or the verse the allotment of units and the AMC/Mutua n all SEBI Registered Intermediaries and they can owner, with no declaration to submit. I/We also rtake to provide any other additional information as r	declaration is not pro il Fund/Trustee shall no rely on the same. In c undertake to keep you	ovide ot be ase t u info	ed, then the AMC e liable for the sar the above informa	Trustee/Mutual Fund shime. I/We hereby authorization is not provided, it w	all reserve the r e sharing of the vill be presumed	ight to reject the application information furnished in thi that applicant is the ultimate
I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme and may be mo	ncluding the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the te d such other scheme(s) of the Mutual Fund [Scheme(s)] into owed pursuant to any instruction received from me/us to st to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or I/We further dedare that the amount invested by me/us in pitimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable sued by any governmental or statutory authority from time to: ave read and understood the contents on "Third Party Payme as this subscription and light on the proposed of the properties of the proposed in the proposed of the properties of the proposed of the proposed of the proposed proposed	al Fund) for units of the rms and conditions, of the which my/our investment weep/switch the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts as Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
invest in th [AMC], its vires the rel	ient. er confirm that I/we have the express authority from the ne units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible i levant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has di	agement Company Ltd. f the investment is ultra	SIGNATURES	Signature of	APPLICANT SIGNA	ature p	OA HOLDER SIGNATURE
commission competing recommend I/We author from making debit my/or in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which ded to me/us. orize AMC to reject the application, reverse the units c ng any further investment in any of the Scheme/s of IIFL jur folio(s) with the penal interest and take any appropria c cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover/	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We herel redemptio my/our Bar	atsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thro Ordinary A	If We hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. By authorise AMC to provide my/our information, as ment ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our folio details and the my/our	ave been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name POA PAN		
providers ei	rming part of my/our Folio details, to AMC's Registrar and ngaged by R&T, for effectively carrying out the maintenance lers' related activities.	, storage and processing			Enclosed (please √) □ PA	AN KYC	(Attach copy of PAN & KYC^)



IIFL Short Term Income Fund

(An open ended Income Scheme)

APPLICATION FORM

Please read the instructions be					Application No.
DISTRIBUTOR INFORMA			Fundame Union Ide		Data 0 Time of Browing
Distributor Name & ARN Bonanza - 0186	No. St	ub-Broker Code	Employee Unique Id	entification No.*	Date & Time of Receipt
	identification of the sales pe	erson/employee/relationshi	p manager of the distributor in	nteracting with the ir	nvestor, irrespective of whether the transaction is
"Execution only" or "Advisory". How	wever, in case of any exception	onal cases where there is <u>no</u>	such interaction, the investor	can keep EUIN box bl	ank and sign the following declaration;
					vice by the employee/relationship manager/sales nager/sales person of the distributor/sub broker."
First/ Sole Applican	t/ Guardian	Soc	ond Applicant		Third Applicant
	•			nt of various factors in	cluding the service rendered by the distributor.
2. TRANSACTION CHARGES	S FOR APPLICATIONS TH	HROUGH DISTRIBUTOR	RS/ AGENTS ONLY		
investor other than first time Muinvested. Investors are advised to comprise time Mutual Fund Investor	tual Fund investor) will be confirm if he/she is a First Tir Existing Investor (Note: I	deducted from the subsome Mutual Fund Investor I fthis section is left blank, it is as	cription amount and paid to by selecting [please ✓] one of sumed that the Applicant(s) is not a	the Distributor. Un the options:- a First Time Investor and T	st time Mutual Fund investor) or Rs.100/- (for its will be issued against the balance amount
	·	•	l mode of holding will be as p	er the existing Folio I	Number) [Refer Instructions]
Existing Folio No.		of Sole/ First Unit Holder	thoir folio number & first h	alder name in Section	on (1) and proceed to Section (7) of the Form.
	<u>* </u>		use one box for one alphabe		
NAME OF FIRST / SOLE APPLICA	•		ng permitted in case of minor a		and between two words)
I TO THIST / SOLE ATTECA	IVII. IVII.	[Note: No Joint Holdin	ig permitted in case of million of	эррисанц	
		.1 - 1 -	- 1 1 1 1 1	I DANI	
Date of Birth (Mandatory for Minor	Applicant - *Enclose Suppo	orting Document)	M M Y Y Y	Y PAN	
Guardian (Mandatory for Minor Applican	nt) Mr. Ms				
Date of Birth D D M M Y Y	Y Y PAN	Relations	ship with Minor Applicant 🗌 Fat	ther 🗌 Mother 🗌 Le	gal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER D	ETAILS (Mandatory)				
a. Status of First/ Sole Applicant ☐ Resident Individual ☐ NRI-Repatr ☐ Body Corporate ☐ LLP ☐ Societ	iation 🗌 NRI-Non Repatriatio	on Partnership Trust		1 2	3 3
b. Occupation Details [Please ticl ☐ Service ☐ Private Sector ☐ Public		ico 🗆 Student 🗖 Professio	nal 🗆 Housewife 🗖 Rusiness [☐ Potirod ☐ Agricult	ura Proprietorchia Othors
					
c. Gross Annual Income (Rs.) [Ple Net-worth (Mandatory for Non-			.acs	cs - 1 Crore > 1 Cro	
d. Politically Exposed Persor ☐ I am PEP ☐ I am Related to	n (PEP) Status (Also appli	icable for authorised signat	rories/ Promoters/ Karta/ Trustee	,	* '
e. Non-Individual Investors i Foreign Exchange/ Money Cl				ending/ Pawning [None of the above
ADDRESS OF FIRST/ SOLE APPLICANT	[P.O. Box Address is not suffi	cient]			
<i>c</i> .				L	A N D M A R K
City OVERSEAS ADDRESS (in case the First	State Land State State (State	Box Address is not sufficien	Country [Pin Code
City	State		Country		Zip Code
Name CONTACT DETAILS OF FIRST	/ SOLE APPLICANT (Please	ensure that you fill in th	ne contact details for us to	serve you better)	
Phone (R)	Mobile				updates via SMS on my mobile (Please √)
Fax	e-mail	l N		ETTERS	updates via Sivis off my mobile (Flease V)
					Report All Statutory Returns / Information
	Single Dointly Ei				
NAME OF THE SECOND ADDITION	NT C Mr C Ma				
Date of Birth D D M M Y Y	Y Y PAN		oncure that Copy of DAN 8, IVC	Acknowledgement Lett	ter are enclosed to your Application Form
a. Occupation Details [Please tick		ector Public Sector Go			usewife Business Retired Agriculture
b. Gross Annual Income ₹ [10 - 25 Lacs	s - 1 Crore 🗆 > 1	Crore OR Net worth ₹
c. Politically Exposed Person	(PEP) Status (Also appli		ories/ Promoters/ Karta/ Trustee		
AC Mutual Fund	KNOWLEDGMENT	SLIP (To be filled	in by the Applicant)	·	FL Short Term Income Fund plication No.
Received from				1.	
Cheque/ DD/ RTGS/ NEFT No.			Dated: D D M N	MYYY	
Drawn on Bank & Branch					
Scheme/ Plan/ Option/ Sub-Option					Circulation Circulation 2.5

NAME OF THE THIRD APPLICANT		
Date of Birth DDMMYYYY PAN	Kindly ensure that Copy of PAN & KYC Acknow	wledgement Letter are enclosed to your Application Form
a. Occupation Details [Please tick (✓) ☐ Service ☐ Private Sect☐ Proprietorship ☐ Otl		fessional Housewife Business Retired Agriculture
b. Gross Annual Income ₹ ☐ Below 1 Lac ☐ 1 - 5 Lac	acs 🗌 5 - 10 Lacs 🗌 10 - 25 Lacs 🗌 >25 Lacs - 1	Crore □>1 Crore OR Net worth ₹
c. Politically Exposed Person (PEP) Status (Also applica □ I am PEP □ I am Related to PEP □ Not Applicable	able for authorised signatories/ Promoters/ Karta/ Trustee/ Who	ole time Directors)
5. BANK ACCOUNT DETAILS (Mandatory) [Refer Ins	tructions] (Details of bank account in which redemption, divid	dend or other payments to be credited.)
Bank Name (Do not abbreviate)		
Account No.	Branch / City	
Branch Address		
Pin Code Account Type (Please √) For Resid	ents 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 accour IIFL Mutual Fund shall not be held responsible for delays or erronate. 6. PAYMENT DETAILS (Mandatory) [Refer Instruction of the same bank account of th		
(I) Investment (II)		Net Amount
Amount* Mode of Payment (Please √) ☐ Cheque ☐ DD ☐ RTGS ☐	NEFT DECS December *Cheque / DD / I	(I)+(II) RTGS / NEFT No.
Account Type (Please √) Savings Current NRE	□ NRO □ FCNR □ NRSR	Dated D D M M Y Y Y
Payment from Bank A/c. No.	Name of 1st Bank A/c holder	
Drawn on Bank	Name of 2nd Bank A/c holder	
Branch & City	Name of 3rd Bank A/c holder	
Third Party Payment No Yes (If YES then please attach 'Third Pa	arty Declaration Form' as available on our website www.iiflmf.com)	
Please enclose relevant documents as indicated below as holder to Debit the Account. DD/ Pay Order/ Banker's Cl * Please mention the Application No., PAN and Name of the First Instruments favouring "Name of the Scheme A/c. First Investor Name of the Scheme A/c.	neque and the like - Declaration / Acknowledgement	t from Bank Copy of Passbook / Bank Statement
Instruments favouring "Name of the Scheme A/c. First Investor Na should be crossed "Account Payee Only" * To be filled in by investors	me" OR "Name of the Scheme A/c̃. Permanent Account Numl residing at the location, where the AMC Branches/CAMS Inves	ber" OR "Name of the Scheme A/c. Folio Number" and the same tor Service Centres are not located.
7. INVESTMENT DETAILS (Please √) Choice of Schen	ne/ Plan/ Option) - Please ensure there is only one ch	eque/DD per application form
Bonus	ult Growth) Monthly Dividend Payout Dividend Reinvest	tment (<i>Default</i>)
Regular □ Perpetual (Default) □ Quarterly □ Registration Form enclosed herewith for investments.	SIP Date: \Box 1 st \Box 7 th (Default) \Box 14 th \Box 21 st (Selent through SIP.	ect any one SIP Date)
9. NOMINATION (Please √ and confirm the optic	•	We also understand that all payments and settlements made to such Nominee
and Signature of the Nominee acknowledging receipt thereof, shall be vi	alid discharge by the AMC/ Mutual Fund/ Trustees. In case of units held in de	mat mode, the nomination under demat account will be considered. Date of Birth
NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)	∕Ir. ☐ Ms	(in case of minor)
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	e of 2nd Unit Holder Signature of 3rd Unit Holder
10. DOCUMENTS ENCLOSED (Please √)		
☐ MOA & AOA ☐ Trust Deed ☐ Bye-Laws ☐ Partnership D	eed Resolution/ Authorisation to invest List of Author	
NSDL DB Names	DP Name:	CDSL
DP Name: Beneficiary Beneficiary	Beneficiary	
DP ID*: I N Account No	Account No.	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

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Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267
Email: service@iiflmf.com • Website: www.iiflmf.com

Part I: Lis	DECLARATION FOR ULTIMATE BENEFICIAL OV ted Company / its subsidiary company [Part III De ereby declare that -			r for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike of	ff section(s) that is/are not applicable)
Our cor	mpany is a Listed Company listed on recognized stock e mpany is a subsidiary of the Listed Company mpany is controlled by a Listed Company	xchange in India					
	of Listed Company ^ nange on which listed	Security ISIN					
	ls of holding/parent company to be provided in case the applica						
(i) Categor Unlisted Private (ii) Details	n-individuals other than Listed Company / its subsidiary y [applicable category]: d Company Partnership Firm Limited Liability Part Trust Trust created by a Will Others of Ultimate Beneficiary Owners: e the space provided is insufficient, please provide the ir	nership Company 🔲 Un	[plea	se specify	,	lic Charitable Trust	Religious Trust
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 acknowledgement
#Attached of	documents should be self-certified by the UBO and certified by t	he Applicant/Investor Author	rized S	ignatory/ies.			
ownership than 15% exercising under UB interests], Trustee(s) person(s)	le Description Controlling ownership interest of more than 25% of pinterest of more than 15% of the capital or profits of pinterest of more than 15% of the capital or profits of the property or capital or profits of the juridical person through other mer O-1 to UBO - 3 above as to whether the person with UBO-5: Natural person who holds the position of se of the Trust, UBO-8:The Protector(s) of the Trust (if severcising ultimate effective control over the Trust three CLARATION UBO nowledge and confirm that the information providedge and confirm that the information providedge.	of the juridical person [In- respondence of the control of the con	nvesto the ji oting rship In ca e ben or ov	or], where the 'juric uridical person is ar y rights, agreement interest is the bene se no natural perso deficiaries with 15% wnership.	dical person is a partnership unincorporated associatic , arrangements or in any, eficial owner or where no r n cannot be identified as a o or more interest in the tru	o, UBO-3 Control on or body of indi other manner [In natural person ex bove], UBO-6: Th ust if they are natural	ling ownership interest of mor viduals, UBO-4: Natural persion cases where there exists doub erts control through ownershi ne settlor(s) of the trust, UBO-7 ural person(s) UBO-10: Natura
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I/We have	DECLARATION AND SIGNATURES read and understood the contents of the Scheme Information						
I/We hereb Scheme(s) a Scheme and may be mo	ncluding the sections on "Prevention of Money Laundering an ya pply to the Trustees of the IIFL Mutual Fund (the Mutu as indicated above ("the Scheme") and agree to abide by the te d such other scheme(s) of the Mutual Fund [Scheme(s)] into owed pursuant to any instruction received from me/us to st to my/our investment including any further transaction under d nor have been induced by any rebate or gifts, directly or I/We further dedare that the amount invested by me/us in pitimate sources and is not held or designed for the purpose of egulations or any statute or legislation or any other applicable sued by any governmental or statutory authority from time to: ave read and understood the contents on "Third Party Payme as this subscription and light on the proposed of the properties of the proposed in the proposed of the properties of the proposed of the proposed of the proposed proposed	al Fund) for units of the rms and conditions, of the which my/our investment weep/switch the units as		Signature of 1st Applicant /	APPLICANT SIGNA POA Details - POA Name	ATURE P	OA HOLDER SIGNATURE
accounts as Further, rele	s permitted by SEBI/AMFI and provided in the said section evant declaration and documents as mandated herein have be			POA Holder / Guardian	POA PAN ☐ PA	AN KYC	(Attach copy of PAN & KYC^)
invest in th [AMC], its vires the rel	ient. er confirm that I/we have the express authority from the ne units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible i levant constitution. er confirm that the ARN holder (Broker/Sub-Broker) has di	agement Company Ltd. f the investment is ultra	SIGNATURES	Signature of	APPLICANT SIGNA	ature p	OA HOLDER SIGNATURE
commission competing recommend I/We author from making debit my/or in case the	ns (in the form of trail commission or any other mode), payab Schemes of various Mutual Funds from amongst which ded to me/us. orize AMC to reject the application, reverse the units c ng any further investment in any of the Scheme/s of IIFL jur folio(s) with the penal interest and take any appropria c cheque(s)/ payment instrument is/are returned unpaid	le to him for the different the Scheme(s) has been redited, restrain me/us Mutual Fund, recover/	SIGN	2nd Applicant / POA Holder	POA PAN POA Name Enclosed (please V) PA	AN KYC	(Attach copy of PAN & KYC^)
reason wh I/We herel redemptio my/our Bar	atsoever. by further agree that AMC can directly credit all the on amount to my/our bank account, where AMC has s	dividend payouts and uch arrangement with		Signature of	APPLICANT SIGNA	ATURE P	OA HOLDER SIGNATURE
Origin and abroad thro Ordinary A	If We hereby confirm that the funds for subscription had ough approved banking channels or from funds in my/our ccount/FCNR Account. By authorise AMC to provide my/our information, as ment ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our Folio details, to AMCs Registrar and the ming part of my/our folio details and the my/our	ave been remitted from Non-Residents External/		3rd Applicant / POA Holder	POA Details - POA Name POA PAN		
providers ei	rming part of my/our Folio details, to AMC's Registrar and ngaged by R&T, for effectively carrying out the maintenance lers' related activities.	, storage and processing			Enclosed (please √) □ PA	AN KYC	(Attach copy of PAN & KYC^)



IIFL Liquid Fund (An open ended Liquid Scheme)

APPLICATION FORM

Please read the instructions before	filling the Application	n Form_	<u></u>		Application No.
1. DISTRIBUTOR INFORMATION	& APPLICATION R	ECEIPT DATE			
Distributor Name & ARN No.	Su	ub-Broker Code	Employee Unique	e Identification No.*	Date & Time of Receipt
Bonanza - 0186					
*Purpose of EUIN is to capture the ident "Execution only" or "Advisory". However					westor, irrespective of whether the transaction is ank and sign the following declaration;
"I/We hereby confirm that the EUIN box	has been intentionally l	eft blank by me/us as this	transaction is executed with	out any interaction or adv	vice by the employee/relationship manager/sales
person of the above distributor/sub broke	er or notwithstanding the	e advice of in-appropriater	ness, if any, provided by the ei	mployee/relationship man	ager/sales person of the distributor/sub broker."
First/ Sole Applicant/ Gua			cond Applicant		Third Applicant
				ment of various factors inc	cluding the service rendered by the distributor.
2. TRANSACTION CHARGES FO			•	harges Rs 150/- (for fir	st time Mutual Fund investor) or Rs.100/- (for
investor other than first time Mutual F	Fund investor) will be	deducted from the subs	scription amount and paid	d to the Distributor. Un	its will be issued against the balance amount
invested. Investors are advised to confir ☐ First time Mutual Fund Investor ☐ E					Transaction Charges shall be accordingly deducted)
3. EXISTING UNITHOLDERS DE	TAILS (Please note tha	t the applicant details an	d mode of holding will be	as per the existing Folio I	Number) [Refer Instructions]
Existing Folio No.	Name o	of Sole/ First Unit Holder	-		
7.1					on (3) and proceed to Section (6) of the Form.
4. NEW APPLICANT'S DETAILS (P	lease fill in BLOCK LET	TERS with black/blue ink,	, use one box for one alph	abet leaving one box bl	ank between two words)
NAME OF FIRST / SOLE APPLICANT	Mr. Ms	[Note: No Joint holdi	ng permitted in case of mir	or applicant]	
Date of Birth (Mandatory for Minor App	licant - *Enclose Suppo	orting Document)	D M M Y Y	Y Y PAN	
Guardian (Mandatory for Minor Applicant)	1				
Date of Birth DDMMYYYY	PAN I	Relation	shin with Minor Applicant [Teather Mother Die	gal Guardian [Note: *Enclose Supporting Document]
		ricidator	sinp with willor Applicant [Transcr	gar dadratar [Note: Enclose supporting Document]
FIRST/ SOLE APPLICANT OTHER DETAIL a. Status of First/ Sole Applicant [Plea		ıal □ Non - Individual			
Resident Individual NRI-Repatriation			HUF AOP PIO	Company 🔲 FIIs 🔲 Minor	through guardian 🗌 BOI 🔲 OCI
☐ Body Corporate ☐ LLP ☐ Society/ Clu	ıb 🗌 Foreign National R	Resident in India 🗌 QFI 🗀	FPI 🗌 Sole Proprietorship [Non Profit Organisation	Others
b. Occupation Details [Please tick (✓)]					
Service Private Sector Public Sect	or Government Service	ce Student Profession	onal Housewife Busin	ess Retired Agricult	ure Proprietorship Others
c. Gross Annual Income (Rs.) [Please t			Lacs ☐ 10 - 25 Lacs ☐ >2!	and the second second	
Net-worth (Mandatory for Non-Individ		as on DDD	MMYYY	Y (Not older than 1	* '
d. Politically Exposed Person (PE ☐ I am PEP ☐ I am Related to PEP		icable for authorised signa	tories/ Promoters/ Karta/ Tru	ıstee/ Whole time Directo	rs)
e. Non-Individual Investors invo		v of the mentioned	services		
☐ Foreign Exchange/ Money Chang				y Lending/ Pawning [None of the above
ADDRESS OF FIRST/ SOLE APPLICANT [P.O.	Box Address is not suffic	cient]			
				L	A N D M A R K
City	State		Country		Pin Code
OVERSEAS ADDRESS (in case the First App	licant is NRI/FII/PIO) [P.O.	Box Address is not sufficie	ent] {Refer Instructions}		
	Tall I		1 = 1		Lever I
CONTACT DETAILS OF FIRST/ SOL	State State	anarra that was fill in t	Country	to some you botton	Zip Code
Name CONTACT DETAILS OF FIRST/ SOL	LE APPLICAINT (Please	ensure that you fill in t	ne contact details for us	Phone (O)	
Phone (R)	Mobile				updates via SMS on my mobile (Please √)
Fax	e-mail	I N	BLOCK	LETTERS	
I/We wish to receive the following docume	ents via physical in lieu of	e-mail document(s) [Please	e√] ■ Account Statement I	Newsletter Annual F	Report All Statutory Returns / Information
MODE OF HOLDING (Please √) ☐ Sing	gle 🗌 Jointly 🔲 Eit	ther/ Anyone or Survivor	(Default Option : Joint)		
NAME OF THE SECOND APPLICANT	l Mr □ Ms				
Date of Birth D D M M Y Y Y Y	PAN I	Kindly	ensure that Copy of PAN & k	YC Acknowledgement Lett	er are enclosed to your Application Form
a. Occupation Details [Please tick (🗸) [Service Private Sec		· ·		usewife Business Retired Agriculture
	Proprietorship O				
b. Gross Annual Income ₹ ☐ Be	elow 1 Lac 🗌 1 - 5 I	Lacs 🗌 5 - 10 Lacs 🗀] 10 - 25 Lacs	acs - 1 Crore □>1	Crore OR Net worth ₹
c. Politically Exposed Person (PE ☐ I am PEP ☐ I am Related to PEP		cable for authorised signa	tories/ Promoters/ Karta/ Tru	stee/ Whole time Directo	rs) continued overleaf
ACUMU ACUMU		SLID (To be filled	in by the Applica	nt) "	- — — — — — — — — — FL Liquid Fund
Mutual Fund	OVELDGIVIEIVI :	seir (io be iiilea	ARN No:		olication No.
Received from			AMN NO.	Apı	oncorron IVO.
Cheque/ DD/ RTGS/ NEFT No.			Dated: D D	MMYIVIVI	
Drawn on Bank & Branch			Dated: [D]D]	IVI IVI I I I I	
Scheme/ Plan/ Option/ Sub-Option					
Seneme Harr Option Sub-Option					Signature Stamp & Date

NAME OF THE THIRD APP	PLICANT Mr. Ms Ms				
Date of Birth DDMM	Y Y Y PAN	Kindly ensure that Copy	of PAN & KYC Acknow	wledgement Letter are en	closed to your Application Form
a. Occupation Details [Ple	ase tick (✓) ☐ Service ☐ Private Sector☐ F☐ Proprietorship ☐ Others—	Public Sector Government Service (please specify)	e Student Prof	essional Housewife	Business Retired Agriculture
b. Gross Annual Inco	me ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐	☐ 5 - 10 Lacs ☐ 10 - 25 Lacs	□ >25 Lacs - 1 (Crore □>1 Crore C	OR Net worth ₹
	Person (PEP) Status (Also applicable foliated to PEP \(\sum \) Not Applicable	r authorised signatories/ Promoters	:/ Karta/ Trustee/ Who	ple time Directors)	
	T DETAILS (Mandatory) [Refer Instruction	ons] (Details of bank account in v	vhich redemption, divid	dend or other payments to	o be credited.)
Bank Name		-			
(Do not abbreviate)			Dranch / City		
Account No Branch Address			Branch / City		
Pin Code	Account Type (Please √) For Residents [Savings Current For Non-R	esident NRO N	NRE Others	
MICR Code*	RTGS/ NEFT / IFSC* Code		ISIGCITE INTO	WILL OTHERS	/IFCC/ NIFET and a vacuity of for Divart avadit)
	ed cheque leaf of the same bank account as m	Lentioned above incase the bank acc	count details differ fro	m investment bank acco	(IFSC/ NEFT code required for Direct credit) unt details given in Section (7).
	t be held responsible for delays or errors in p ILS (Mandatory) [Refer Instructions]	37 1		incomplete or inaccur	ate. [* indicates - Mandatory]
(I) Investment	(II) DD Ch	arges		Net Amount	
Amount* Mode of Payment (Please √)	Cheque DD RTGS NEI	FT		(I)+(II) L	
Account Type (Please √)	Savings Current NRE NR			Dated D	D M M Y Y Y Y
Payment from			f 1st Bank A/c holder	Duted	
Bank A/c. No. Drawn on Bank			f 2nd Bank A/c holder		
Branch & City			f 3rd Bank A/c holder		
					
	Yes (If YES then please attach 'Third Party Dec				
holder to Debit the Acco	documents as indicated below as per thount. DD/ Pay Order/ Banker's Cheque	and the like - Declaration /	Acknowledgement	from Bank 🔲 Copy	of Passbook / Bank Statement
should be crossed "Account	cation No., PAN and Name of the First Unit home of the Scheme A/c. First Investor Name" C Payee Only" * To be filled in by investors residing	ng at the location, where the AMC I	Branches/CAMS Invest	tor Service Centres are no	ot located.
IIFL Liquid Fund	ETAILS (Please √) Choice of Scheme/ Pla ☐ Direct ☐ Growth (Default Gro	•	ere is only one che	eque/DD per applica	tion form
iii E Eiquia Faiia		dend Payout Dividend Rein	vestment (Default)		
	☐ Daily ☐ Wee	ekly Dividend payout facility is not av		ayout <i>(Default)</i> D	ividend Reinvestment
8. NOMINATION ((Please $\sqrt{}$ and confirm the option sel	ected) - Please Refer Instruc	tions		
and Signature of the Nom	the undermentioned Nominee to receive the Units allo ninee acknowledging receipt thereof, shall be valid disc	otted to my/our credit in my/our folio in the harge by the AMC/ Mutual Fund/ Trustees	event of my/our death. I/ In case of units held in de	We also understand that all p mat mode, the nomination u	payments and settlements made to such Nominee nder demat account will be considered.
NOMINEE'S NAME M	lr.			Date of Birth	D D M M Y Y Y Y
				(in case of minor)	
NAME OF PARENT/ LEGAL C	GUARDIAN (in case of minor) Mr.	Ms	1		
ADDRESS OF NOMINEE/ GU	IARDIAN				
ADDIESS OF NOMINELY GO	ורושורת				
City		Pin Code	1	Specimen S	ignature of Nominee / Guardian
OR CITY					
☐ I/We do not wish to non	ninate a nominee in my/our folio.				
For more than one nominee	e, please use nomination form.	Signature of 1st Unit Hold	er Signature	e of 2nd Unit Holder	Signature of 3rd Unit Holder
9. DOCUMENTS EN	NCLOSED (Please √)				
	Deed Bye-Laws Partnership Deed	Resolution/ Authorisation to inv	est List of Author	rised Signatories with Sp	pecimen Signatue(s) 🔲 POA
10. Demat Accou	unt Details (Optional) (Refer instructions) NSDL			CDSL	
DP Name:	N3DL	DP Name	e:	CD3L	
DP ID*: I N	Beneficiary	Beneficia	ary _I		
	Account Noase the DP ID, Client ID and PAN Number mentioned			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. Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,
S. B. Marg, Lower Parel, Mumbai - 400 013
Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267
Email: service@iiflmf.com • Website: www.iiflmf.com

11. D	DECLARATION FOR ULTIMATE BENEFICIAL OW	/NERSHIP [UBO] (Mar	ndatory	for Non-individual Applic	ant/Investor) To be filled in BLOCK L	ETTERS (Please strike	off section(s) that is/are not applicable)
Part I: List	ted Company / its subsidiary company [Part III De	tails NOT APPLICABLE]					
	ereby declare that -						
	npany is a Listed Company listed on recognized stock ex	change in India					
	npany is a subsidiary of the Listed Company						
	npany is controlled by a Listed Company of Listed Company ^						
	ange on which listed	Security ISIN					
	s of holding/parent company to be provided in case the applicar						
Part II: Non	n-individuals other than Listed Company / its subsidiary	company					
	y [✓ applicable category]:	company					
	Company Partnership Firm Limited Liability Partr				body of individuals Pub	lic Charitable Tru	st 🗌 Religious Trust
	Trust Others		[pleas	se specify			
	of Ultimate Beneficiary Owners: • the space provided is insufficient, please provide the in	formation by attaching	conar	ata dadaration form	٥)		
(In case	e the space provided is insufficient, please provide the in	, <u>, , , , , , , , , , , , , , , , , , </u>	÷	ate declaration form	15)		
		PAN or any other valid ID proof	٢	Position /		UBO Cod	e (Yes/No) e [Please attach
Sr.	Name of UBO	for those where	ſt	Designation to be provided	Applicable Period	[Mandato	ry] KYC
No.	[Mandatory]	PAN is not applicable#		wherever		[Refer instruction	acknowledgement copy]
		[Mandatory]		applicable]		below]	556)
rustee(s) operson(s) e Part III: DI We ackn nformatio	UBO-5: Natural person who holds the position of se of the Trust, UBO-8: The Protector(s) of the Trust [if a exercising ultimate effective control over the Trust thrust th	ipplicable], UBO-9: The bugh a chain of control did above is/are true declaration is not pre-	e ben or ov e and ovide	reficiaries with 15% wnership. d correct to the land, then the AMC	or more interest in the true best of my/our knowledg Trustee/Mutual Fund sh	ust if they are no ge and belief. all reserve the	In the event any of the above right to reject the application
orm with	n all SEBI Registered Intermediaries and they can in owner, with no declaration to submit. I/We also	rely on the same. In o	așe t	the above informa	ition is not provided, it v	vill be presume	ed that applicant is the ultimate
peneficial also under	owner, with no declaration to submit. I/We also rake to provide any other additional information as n	undertake to keep you nay be required at your	u into end.	ormed in writing a	about any changes/modif	cation to the	above information in future and
	DECLARATION AND SIGNATURES						
We have r	read and understood the contents of the Scheme Informa	tion Document/s to the					
We hereby	ncluding the sections on "Prevention of Money Laundering and y apply to the Trustees of the IJFL Mutual Fund (the Mutua	al Fund) for units of the					
cheme(s) a	y apply to the Trustees of the IIFL Mutual Fund (the Mutua sindicated above["the Scheme"] and agree to abide by the ter d such other scheme(s) of the Mutual Fund [Scheme(s)] into v	ms and conditions, of the which my/our investment					
nay be mo	oved pursuant to any instruction received from me/us to su o my/our investment including any further transaction under	veep/switch the units as			APPLICANT SIGNA	ATURE	POA HOLDER SIGNATURE
iot received	o my/our investment including any further transaction under to d nor have been induced by any rebate or gifts, directly or JWe further declare that the amount invested by me/us in	indirectly, in making this		Signature of			
hrouah leai	itimate sources and is not held or designed for the nursose of	contravention of any act		Signature of 1st Applicant /	POA Details - POA Name		
ules, and re	egulations or any statute or legislation or any other applicable sued by any governmental or statutory authority from time to t ave read and understood the contents on "Third Party Paymer	laws or any notifications,		POA Holder /	POA PAN		
hat I/We ha	ave read and understood the contents on "Third Party Paymer	nts" and confirm that the		Guardian	Enclosed (please √) □ PA	AN KYC	(Attach copy of PAN & KYC^)
ayment to accounts as	or this subscription application has been made from my/ous spermitted by SEBI/AMFI and provided in the said section of vant declaration and documents as mandated herein have bee	r Account or from such on Third Party Payments.					(
urther, relever of my payme	vant declaration and documents as mandated herein have been ent.	en provided for the mode					
We furthe			S			1	
	er confirm that I/we have the express authority from the	relevant constitution to					
AMC], its 1	e units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible if	gement Company Ltd.	JRE		APPLICANT SIGNA	ATURE	POA HOLDER SIGNATURF
AMC], its 1 ires the rele	e units of the Scheme and the India Infoline Asset Mana Trustee and the Mutual Fund would not be responsible if evant constitution.	gement Company Ltd. the investment is ultra	IATURE	Signature of	APPLICANT SIGNA	ATURE	POA HOLDER SIGNATURE
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