



Asset Management

# IIFL Dynamic Bond Fund

(An open ended Income Fund)

## APPLICATION FORM

Application No. **W10542684**

Please read the instructions before filling the Application Form

### 1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
<b>17397</b>			

\*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."

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

### 2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/ AGENTS ONLY

In case the subscription amount is Rs.10,000/- or more and the Distributor has opted to receive Transaction charges Rs.150/- (for first time Mutual Fund investor) or Rs.100/- (for investor other than first time Mutual Fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested. Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:-

First time Mutual Fund Investor  Existing Investor (Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

### 3. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instructions]

Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

In case of Applicant(s) who already have a Folio in IIFL Mutual Fund, they can provide their folio number & first holder name in Section (3) and proceed to Section (6) of the Form.

### 4. NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms [Note: No Joint holding permitted in case of minor applicant]

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

D	D	M	M	Y	Y	Y	Y
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 PAN \_\_\_\_\_

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

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 PAN \_\_\_\_\_ Relationship with Minor Applicant  Father  Mother  Legal Guardian [Note: \*Enclose Supporting Document]

#### FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

##### a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  FIs  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

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

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

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

Net-worth (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

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

I am PEP  I am Related to PEP  Not Applicable

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

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

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

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

#### CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Name _____	Phone (O) _____
Phone (R) _____	Mobile _____ <input type="checkbox"/> I/We wish to receive updates via SMS on my mobile (Please ✓)
Fax _____	e-mail _____

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

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

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

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 PAN \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

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

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

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

I am PEP  I am Related to PEP  Not Applicable

... continued overleaf  
... continued overleaf



### ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

ARN No: **17397**

IIFL Dynamic Bond Fund  
Application No. **W10542684**

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_ Dated: 

D	D	M	M	Y	Y	Y	Y
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Drawn on Bank & Branch \_\_\_\_\_

Scheme/ Plan/ Option/ Sub-Option \_\_\_\_\_

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

Signature, Stamp & Date

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

NAME OF THE THIRD APPLICANT  Mr.  Ms

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

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

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

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

I am PEP  I am Related to PEP  Not Applicable

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

Bank Name (Do not abbreviate)

Account No. Branch / City

Branch Address

Pin Code Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others

MICR Code\* RTGS/ NEFT / IFSC\* Code (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

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

(I) Investment Amount\* (II) DD Charges Net Amount (I)+(II)

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from 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 Party Declaration Form' as available on our website www.iiflmutualfund.com)

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

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

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

IIFL Dynamic Bond Fund  Direct  Growth (Default Growth)  
 Regular  Dividend  Quarterly  Dividend Payout  Dividend Reinvestment (Default)  
 Bonus

**8. SIP**

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

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

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

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

NOMINEE'S NAME  Mr.  Ms

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms

ADDRESS OF NOMINEE/ GUARDIAN

City Pin Code

OR

I/We do not wish to nominate a nominee in my/our folio.

For more than one nominee, please use nomination form.

Date of Birth (in case of minor)

Specimen Signature of Nominee / Guardian

Signature of 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/ Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA

**11. Demat Account Details (Optional) (Refer instructions)**

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

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



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

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.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@iiflmutualfund.com • Website: www.iiflmutualfund.com

**12. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO]** (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

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

(i) I/ We hereby declare that -

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

(ii) Details of Listed Company ^

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

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

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

(i) Category [ applicable category]:

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

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

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

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

**UBO Code Description**

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

**Part III: DECLARATION UBO**

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

**13. DECLARATION AND SIGNATURES**

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

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

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

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

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

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

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



## INSTRUCTIONS cum TERMS AND CONDITIONS

### SIP payment through NACH/ECS/SI/Auto Debit

- 1) The bank account provided for NACH/ECS/SI/Auto Debit should be participating in MICR and NACH clearing respectively.
- 2) In case of "At Par" cheques, investors need to mention the MICR number of his/her actual bank branch. In case MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
- 3) The investor agrees to abide by the terms and conditions of NACH/ECS/Direct Debit facility of Reserve Bank of India/Banks. IIFL Mutual Fund/ IIFLAMC, its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility. Investor will not hold IIFLAMC, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of Auto Debit/ local holidays.
- 4) Please read the Key Information Memorandum, Statement of Additional Information (SAI) and Scheme Information Document (SID) of respective Scheme(s) carefully before investing.
- 5) Existing investors are not required to submit the Investment Application form atleast 30 days before the first SIP Installment date for SIP Registration. The date of subsequent SIP Installment shall be 1st, 7th, 14th & 21st of a particular month, after completing a minimum time gap of 30 days from the date of allotment of the 1st SIP Installment amount.  
New Investors are required to submit the following documents:
  - a) Investment Application Form with SIP Registration Form.
  - b) The Initial investment amount cheque should be issued from the same bank account which is to be debited under ECS/ Direct Debit for SIP installments.
  - c) A photo copy/ cancelled cheque from ECS Debit Account (as mentioned on the application form should be submitted along with other requirements.
- 6) An investor can opt for Monthly or Quarterly frequency. SIP Auto debit is available only on specific dates of the month i.e. 1st or 7th or 14th or 21st. In cases where an investor opts for SIP facility without mentioning the date of installment, 7th will be considered as the default date. An investor shall have the option of choosing for 1 or more than 1 SIP in the same scheme and in the same month. SIP debit dates shall be 1st, 7th, 14th or 21st. To register multiple SIPs in the same scheme/ same month, please submit separate SIP Registration Form.
- 7) If the SIP Debit is a non- Business Day for the scheme, then the units shall be allotted on the next Business Day.
- 8) For SIP through monthly option - Rs.1000/- per month for a minimum period of six months. For Quarterly Option - Rs.1500/- per quarter for a minimum period of 4 quarters. Investments above the minimum amount mentioned, shall be made in multiples of Rs.100/- for all SIP irrespective of frequency of SIP or the Option.
- 9) Modification/Cancellation of SIP : You can request for a modification/cancellation of your SIP at any time. Your modification/cancellation request should be submitted 30 days prior to the next Auto Debit date. Any modification request should be accompanied by : (i) A new SIP duly filled in and carrying the revised SIP request details (ii) A written and signed confirmation for discontinuance of existing SIP.
- 10) For MICRO SIP maximum SIP amount of Rs.50000/- per year per investor shall be exempt from the requirement of PAN.
- 11) SIP is available in selected schemes of IIFL Mutual Fund. The initial cheque should be drawn in favor of the "Name of The Scheme A/c. First Investor Name" or "Name of The Scheme A/c. Permanent Account Number" or "Name of The Scheme A/c. Folio Number" and marked "Account Payee" payable locally in the city where the application is submitted. Post dated or outstation cheques/ draft are not permitted. Application received with outstation cheque/ demand draft shall be rejected.
- 12) "Perpetual SIP" will be the default option in case end date for enrolment period is not provided. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished. In case the SIP end date is not mentioned while submitting the application, the SIP mandate will be construed to be perpetual, till instruction to the contrary is received from the investor.
- 13) Allotment of units would be subject to realization of credit.
- 14) The Unit holders can choose to opt out from the SIP at any point of time by submitting a written request to the nearest investor service center. Such request for discontinuation should be received at least 30 days prior to the next due date of the SIP. On receipt of such a request, the SIP will be discontinued for the respective scheme(s).
- 15) The SIP Registration Form along with Application Form in all respects should be submitted at any of the Investor Service Centers.
- 16) Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
- 17) IIFLAMC reserves the right to reject any application without assigning any reason thereof. IIFLAMC in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- 18) If the investment is done on behalf of the minor then the guardian cannot undertake any financial and non-financial transactions including fresh registration of Systematic Investment Plan (SIP) and any other options, after the date of the minor attaining majority till the documents for the change in status are provided. In case of existing SIP registered prior to the minor attaining majority, the systematic investment will be continued to be processed beyond the date of the minor attaining majority and till the time a instruction from the major to terminate the SIP is received along with the required documents for change in the status of the folio.
- 19) SIP enrollment will be discontinued by IIFL Asset Management Limited (AMC) in case [a] the SIP installment is not honored consecutively for three SIP installments [b] the Bank account [for ECS (Debit Clearing) is closed and the request for change in bank account / Bank Branch is not submitted by the concerned unit holder at least 30 working days before the due date of next SIP installment.
- 20) Investors will not hold AMC, IIFL Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP start or end date.
- 21) The SIP facility would be made available by the company through a system made available through Bill Desk payment services provided by India Ideas.com Ltd.

### Instructions to fill Auto Debit Form and Terms & Conditions :

#### • Following fields need to be filled mandatorily :

1. Date : in format DD/MM/YYYY
2. Bank A/c Type : Tick the relevant box
3. Fill bank account number
4. Fill name of Destination Bank
5. IFSC/MICR code : Fill respective code
6. Default is maximum amount
7. Reference 1 : Mention Folio number
8. Reference 2 : Mention Application number
9. Period : Starting date of NACH registration (in format DD/MM/YYYY)
10. Telephone number : Optional
11. E-mail ID
12. Signature as per bank account
13. Name : Mention Holder name as per Bank record







# IIFL Liquid Fund

(An open ended Liquid Scheme)

## APPLICATION FORM

Application No. **W10542685**

Please read the instructions before filling the Application Form

1. DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
<b>17397</b>			

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"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
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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.

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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)

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Existing Folio No. \_\_\_\_\_ Name of Sole/ First Unit Holder \_\_\_\_\_

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### 4. NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms [Note: No Joint holding permitted in case of minor applicant]

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

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

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN | \_\_\_\_\_ Relationship with Minor Applicant  Father  Mother  Legal Guardian [Note: \*Enclose Supporting Document]

#### FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory)

##### a. Status of First/ Sole Applicant [Please tick (✓)] Individual Non - Individual

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  FIs  Minor through guardian  BOI  OCI  Body Corporate  LLP  Society/ Club  Foreign National Resident in India  QFI  FPI  Sole Proprietorship  Non Profit Organisation  Others \_\_\_\_\_

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

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

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

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

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

I am PEP  I am Related to PEP  Not Applicable

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instructions}

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

#### CONTACT DETAILS OF FIRST/ SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

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

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

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

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

Date of Birth | D | D | M | M | Y | Y | Y | Y | PAN | \_\_\_\_\_ Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form

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

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

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

I am PEP  I am Related to PEP  Not Applicable

... continued overleaf



### ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

ARN No: **17397**

### IIFL Liquid Fund

Application No. **W10542685**

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_ Dated: | D | D | M | M | Y | Y | Y | Y |

Drawn on Bank & Branch \_\_\_\_\_

Scheme/ Plan/ Option/ Sub-Option \_\_\_\_\_

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

Signature, Stamp & Date

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



NAME OF THE THIRD APPLICANT  Mr.  Ms

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

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

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

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

I am PEP  I am Related to PEP  Not Applicable

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

Bank Name (Do not abbreviate)

Account No.  Branch / City

Branch Address

Pin Code       Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Others \_\_\_\_\_

MICR Code\*  RTGS/ NEFT / IFSC\* Code  (IFSC/ NEFT code required for Direct credit)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above in case the bank account details differ from investment bank account details given in Section (7). IIFL Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [\* indicates - Mandatory]

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

(I) Investment Amount\*  (II) DD Charges  Net Amount (I)+(II)

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated

Payment from 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 Party Declaration Form' as available on our website www.iiflmutualfund.com)

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

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

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

IIFL Liquid Fund  Direct  Growth (Default Growth)  Regular  Dividend  Dividend Payout  Dividend Reinvestment (Default)  Daily  Weekly Dividend payout facility is not available for Daily option.  Dividend Payout (Default)  Dividend Reinvestment

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

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

NOMINEE'S NAME  Mr.  Ms

Date of Birth

(in case of minor)

NAME OF PARENT/ LEGAL GUARDIAN (in case of minor)  Mr.  Ms

ADDRESS OF NOMINEE/ GUARDIAN

OR City  Pin Code

Specimen Signature of Nominee / Guardian

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

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

**9. DOCUMENTS ENCLOSED (Please ✓)**

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

**10. Demat Account Details (Optional) (Refer instructions)**

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

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



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

For investment related enquiries, Investor Grievance please contact  
**IIFL Mutual Fund**  
Mr.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@iiflmutualfund.com • Website: www.iiflmutualfund.com

**11. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO]** (Mandatory for Non-individual Applicant/Investor) To be filled in **BLOCK LETTERS** (Please strike off section(s) that is/are not applicable)

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

(i) I/ We hereby declare that -

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

(ii) Details of Listed Company ^

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

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

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

(i) Category [ applicable category]:

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

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

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

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

**UBO Code Description**

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

**Part III: DECLARATION UBO**

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

**12. DECLARATION AND SIGNATURES**

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

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

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

I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank.

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

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

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



