

COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words



1	Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	Application No.
	78041			E175379	C

Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

I/We, hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here	Sign Here	Sign Here
First / Sole Applicant / Guardian POA	Second Applicant	Third Applicant

Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name Mr Ms M/s FIRST MIDDLE LAST Folio No

3 APPLICANT(S) INFORMATION Refer Instruction No II

1st Applicant Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

OR Net-worth (Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

Guardian (In case of Minor) / POA Holder Name Mr Ms M/s FIRST MIDDLE LAST

Relationship PAN PAN Proof Enclosed please KYC Proof Enclosed please

Mode of holding please Single Joint Anyone or Survivor(s) (Default Option - Joint)

Occupation please Business Professional Service Retired Student House wife Others SPECIFY

FATCA INFORMATION (1st Applicant/Non-Individual)

Country of Birth/Registration Country of citizenship / Nationality: India USA Other (please specify)

Country of Tax Residency: India USA Other (please specify) Tax Reference Number

Status please Resi Individual Flls Society AOP/BOI Banks Fls Trust Company/Corporate Body

Partnership Firm HUF Minor NRI Repatriable NRI Non-Repatriable PIO Others SPECIFY

Non-Individual Investor involved / providing any of the mentioned services Foreign Exchange / Money Changer Services Money lending / Pawning

(All Non-Individual Investors have to MANDATORILY fill UBO Declaration Form) Gaming / Gambling / Lottery / Casino Services None of the above

Mailing Address - 1st Applicant / Guardian / Corporate

ADDRESS LINE 1

ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Overseas Address - Mandatory for NRI / FII/ PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1

ADDRESS LINE 2 CITY STATE COUNTRY PIN CODE

Contact Details of SOLE / FIRST Applicant

STD Code Residence Office Mobile No +91

Email Id Contact Person (in case of corporate)

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

I / We wish to receive communication through physical mode in lieu of email I / We don't wish to receive consolidated account statement (CAS)

2nd Applicant (Second Applicant not allowed in case of minor as First / Sole applicant)

Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional

Housewife Business Retired Agriculture Proprietorship Others (please specify)

FATCA INFORMATION (2nd Applicant/Non-Individual)

Country of Birth/Registration Country of citizenship / Nationality: India USA Other (please specify)

Country of Tax Residency: India USA Other (please specify) Tax Reference Number

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

Acknowledgement

Received from Mr / Ms / M/s an application for allotment of units under as per the details below.

Plan Direct Plan Existing/ Regular Plan APPLICATION NO. **C**

Options Growth TIME STAMP & DATE OF RECEIVING OFFICE

Dividend (Payout Reinvestment) Frequency:

3rd Applicant (Third Applicant not allowed in case of minor as First / Sole applicant)

Name Mr Ms M/s FIRST MIDDLE LAST DOB D D M M Y Y Y Y

PAN/PEKRN PAN Proof Enclosed please KYC Proof Enclosed please

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

Occupation Details [Please tick (✓)] Service Private Sector Public Sector Government Service Student Professional

Housewife Business Retired Agriculture Proprietorship Others (please specify)

FATCA INFORMATION (3rd Applicant/Non-Individual)

Country of Birth/Registration Country of citizenship / Nationality: India USA Other (please specify)

Country of Tax Residency: India USA Other (please specify) Tax Reference Number

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP N/A

4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction No IV) (Optional)

NSDL please Depository Participant (DP) ID Beneficiary Account Number

CDSL please Depository Participant (DP) ID

5 BANK ACCOUNT DETAILS (Refer Instruction No V) MANDATORY for Redemption / Dividend / Refunds, if any

A/c Type please (✓) SB Current NRO NRE A/c Number

Bank Name Branch City

PIN Code 11 Digit IFSC Code 9 Digit MICR Code

If MICR and IFSC code for Redemption/Dividend/ Payout is available all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

6 INVESTMENT & PAYMENT DETAILS (Separate Application Forms are required for investment in each Plan / Option) (Refer Instruction No VI) PAYMENT BY CASH IS NOT PERMITTED. Cheque should be in favour of Scheme Name.

LUMPSUM SIP (Please also fill attached SIP Registration Cum Auto Debit Form)

Scheme Name: Indiabulls

PLAN: Direct Plan Existing/ Regular Plan OPTIONS: Growth Dividend (Payout Reinvestment) (Frequency:)

LUMPSUM	Payment Mode: Please (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
	Cheque / DD / RTGS / NEFT/FT No. Cheque / DD / RTGS / NEFT Date <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
	Amount in ₹ (Figures) Amount in ₹ (words)
	Source Bank Name Source Branch
	Source Bank A/C No. Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
	Cheque Issuer Name In case the cheque is issued by a person other than the investor
	Document attached in the case of third party payments <input type="checkbox"/> Proof / Bank Certificate for DD <input type="checkbox"/> Third Party Declarations

7 NOMINATION Mandatory for single mode of holding (Please ✓, Refer Instruction No VIII)

I / We wish to nominate I / We do not wish to nominate

I / We do hereby nominate the person(s) more particularly described here under / and* / cancel the nomination made by me / us.

Name & Address of the Nominee(s)	Name & Address of Guardian <i>Incase Nominee is a Minor</i>	Date of Birth (Minor)	Proportion(%) by which the units will be shared by each Nominee <i>(Should aggregate to 100%)</i>	Signature of Nominee / Guardian of Nominee (Optional)

Sole / 1st Applicant / Guardian / Authorised Signatory/POA

2nd Applicant / Authorised Signatory/POA

3rd Applicant / Authorised Signatory/POA

8 DECLARATION

I/We would like to invest in _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions/PMLA/KYC/FATCA Norms or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding / limiting Indiabulls Mutual Fund Limited (IBMF) liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me / us to the satisfaction of the mutual fund. I/We hereby authorize IBMF, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a financial year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I/We hereby confirm that I/We have not been offered / communicated any indicative portfolio and / or any indicative yield by IBMF / Its Distributor. I / We confirm that I am/We are not resident(s) of United States under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify IBMF, in which event the IBMF reserves the right to redeem my/our investments in the Scheme(s).

APPLICABLE FOR NRI INVESTORS ONLY: I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I am /We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Sole/1st Applicant/Guardian/Authorised Signatory/POA

2nd Applicant/Authorised Signatory/POA

3rd Applicant/Authorised Signatory/POA

Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

Karvy ComputerShare Pvt. Ltd.,
 'KARVY CENTRE' 8-2-609/K,
 Avenue 4, Street No. 1,
 Banjara Hills,
 Hyderabad – 500 034
 Landline numbers : 040-67406120 / 040-67406121

Indiabulls Asset Management Company Ltd.
 Indiabulls House,
 Indiabulls Finance Centre, 11th Floor,
 Senapati Bapat Marg, Elphinstone (West),
 Mumbai - 400 013.
 Email ID: customercare@indiabullsamc.com

SIP REGISTRATION CUM AUTO DEBIT / NACH MANDATE FORM

Fill the form in BLOCK letters only | Leave one space between words

Indiabulls
MUTUAL FUND

Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	Application No.
78041			E175379	

Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

I/We, hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

APPLICANT DETAILS

Name Folio No

PAN PAN Proof Enclosed please

INITIAL INVESTMENT DETAILS (Refer Instruction No.12)

Scheme Name: **Indiabulls**

PLAN: Direct Plan Existing/ Regular Plan OPTIONS: Growth Dividend (Payout Reinvestment) (Frequency:)

Cheque / DD No Cheque / DD Date DD Charge Rs. Cheque / DD Net Amount Rs.

Bank Name Branch City

SIP DETAILS SIP through Post Dated Cheques SIP through Auto Debit

Frequency Please Monthly Quarterly SIP Date Please 1 5 10 15 20 25 Cheque Nos. From To

SIP AMOUNT ₹ (In figures) (In words) Bank Name

Enrolment Period From To I/We hereby authorise Indiabulls Mutual Fund/ Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.

BANK ACCOUNT DETAILS as in Bank Records

1st/ Sole Account holder Name

2nd Account holder Name

3rd Account holder Name

A/c Type please SB Current NRO NRE FCNR A/c Number

Bank Name Branch City

PIN CODE 11 Digit IFSC Code 9 Digit MICR Code

Mandatory: Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for NACH.
Mandatory Enclosure: Blank Cancelled Cheque Or Copy of Cheque

DECLARATION

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY	
Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

SIGNATURE/S AS PER BANK RECORDS MANDATORY	
Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

FOR OFFICE USE ONLY Not to be filled by the Investor

Recorded on Scheme Code

Recorded by Credit A/c No.

Bank use Mandate Ref. No. Customer Ref. No.

ONE TIME BANK MANDATE

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

APP No.

Tick (✓) UMRN For Office Use Only Date

CREATE MODIFY CANCEL Sponsor Bank Code For Office Use Only Utility Code For Office Use Only
I/We, hereby authorize Indiabulls Mutual Fund To debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c. Number Destination Bank Account Number

With Bank Destination Bank Account Number IFSC or MICR

An amount of Rupees ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Uniq ID Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of changes of the bank.

PERIOD From Signature Primary Account holder Signature Primary Account holder Signature Primary Account holder

To 1. Name as in bank records 2. Name as in bank records 2. Name as in bank records

Or Until cancelled

This is to confirm that the declaration has been carefully read, understood & made by me/us, I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/ corporate or the bank where I have authorized the debit.