

# COMMON APPLICATION FORM FOR MULTIPLE SCHEMES

(For all schemes of WhiteOak Capital Mutual Fund except NFO schemes)



Application No.

Please read the Instructions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

## 1. DISTRIBUTOR INFORMATION\* (Please Refer instruction no. 1)

Name & Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
Assetmine Capital Pvt Ltd ARN-183038					

\*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please  if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" 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.

## Go Green Initiative (Refer instruction no.12)

Opt-in - Physical  Opt-out - Email

## 2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY\* (Please any one of the below) (Please Refer instruction no. 2)

I confirm that I am a First time investor in Mutual Funds. OR  I confirm that I am an existing investor in Mutual Funds.

## 3. FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

## 4. APPLICANT(S) NAME AND INFORMATION (If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian) (Please Refer instruction no. 4)

**SOLE / FIRST APPLICANT** Mr. / Ms. / M/s. Name as per PAN Card

**LEI Code for Non Individuals** (Please Refer instruction no. 4a)

**PAN** **CKYC ID No. (KIN)**

**POA / GUARDIAN** (In case 1st Applicant is a Minor) **Relationship with Minor (Please )**  
Mr. / Ms. / M/s. Name as per PAN Card  Mother  Father  Legal Guardian

**POA / GUARDIAN CKYC ID No. (KIN)** **KYC (Please )** **POA / GUARDIAN PAN**  
 Proof Attached

**\*Date of Birth / Incorporation (Individual) / (Non-Individual)** **Proof of Date of Birth (Please )** (For minor applicant)  Birth Certificate  School Leaving Certificate / Mark Sheet  Passport of the Minor  Others (Please specify)

**Mobile / Email ID Details -** Please confirm that the Mobile No. and Email ID belongs to (Please  below) (Please refer instructions 4[f])

**Mobile** **Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only. Email Id should be provided in block letters.**

**(Pls )**  SE - Self  SP - Spouse,  DC - Dependent Children  DS - Dependent Siblings  DP- Dependent Parents  GD- Guardian  PM - PMS  CD - Custodian  PO - POA

**E-mail**

**(Pls )**  SE - Self  SP - Spouse,  DC - Dependent Children  DS - Dependent Siblings  DP- Dependent Parents  GD- Guardian  PM - PMS  CD - Custodian  PO - POA

**Status:** (Mandatory, Please )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  Minor through guardian  Company  FIs  PIO  Body Corporate  Society/Club  Sole Proprietorship  Non Profit Organisation  Financial Institution  NBFC  Bank  Others

**Occupation:** (Mandatory, Please )  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others (please specify)

**Gross Annual Income:**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
OR Net worth\* (for Non-Individuals ₹) as on DDMMYYYY (Not older than 1 year)

**For Individuals (Please )**:  I am Politically Exposed Person (PEP)\*  I am Related to Politically Exposed Person (RPEP)  Not applicable (\*Please refer instruction 4)

**For Non Individuals, if involved in any of the below mentioned services, please  the appropriate option :**

(i) Foreign Exchange / Money Changer Services  Yes  No (ii) Gaming / Gambling / Lottery / Casino Services  Yes  No (iii) Money Lending / Pawning  Yes  No

## Acknowledgement Slip (To be filled in by the Investor)

Application No.

Received from Mr. / Ms. Date: / /

[Please Tick () Enclosed  PAN/PEKRN Proof  KYC Complied

Collection Centre /  
WOCAMC Stamp & Signature

Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

Version : 18.01.2023

**5. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque)**

(Please Refer instruction no. 5)

Name of the Bank															
Account No.										Account Type	<input type="checkbox"/> NRE	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> Others
Bank Branch					Address										
Bank City					State					Pincode					
MICR Code (9 digits)					IFSC Code for NEFT / RTGS					<small><sup>s</sup>This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.</small>					

**6. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS**

(Please Refer instruction no. 6)

**Mode of Holding:**  Single  Joint  Anyone or Survivor\*

\*(Please note that the Default option is Anyone or Survivor)

**6a. SECOND APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]**

Name*	Mr. Ms.	Name as per PAN Card																								
Date of Birth*		D	D	M	M	Y	Y	Y	Y																	
PAN/PEKRN*	<input type="checkbox"/> KYC Proof Attached*									CKYC / KIN																
<b>Status:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Resident Individual			<input type="checkbox"/> NRI-Repatriation			<input type="checkbox"/> NRI-Non Repatriation																			
<b>Occupation:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional		<input type="checkbox"/> Housewife					<input type="checkbox"/> Student		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Retired		<input type="checkbox"/> Others (Please specify)		
<b>Gross Annual Income:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Below 1 Lac		<input type="checkbox"/> 1-5 Lacs		<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		<input type="checkbox"/> >25 Lacs-1 crore		<input type="checkbox"/> >1 crore		as on		D	D	M	M	Y	Y	Y	Y	<small>(Not older than 1 year)</small>			
<b>For Individuals :</b> <small>(Please ✓)</small>	<input type="checkbox"/> I am Politically Exposed Person (PEP)*			<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)			<input type="checkbox"/> Not applicable																			
<b>POA Name :</b> (If applicable)											<b>POA PAN :</b>															

**6b. THIRD APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN Card]**

Name*	Mr. Ms.	Name as per PAN Card																								
Date of Birth*		D	D	M	M	Y	Y	Y	Y																	
PAN/PEKRN*	<input type="checkbox"/> KYC Proof Attached*									CKYC / KIN																
<b>Status:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Resident Individual			<input type="checkbox"/> NRI-Repatriation			<input type="checkbox"/> NRI-Non Repatriation																			
<b>Occupation:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional		<input type="checkbox"/> Housewife					<input type="checkbox"/> Student		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Retired		<input type="checkbox"/> Others (Please specify)		
<b>Gross Annual Income:</b> <small>(Mandatory, Please ✓)</small>	<input type="checkbox"/> Below 1 Lac		<input type="checkbox"/> 1-5 Lacs		<input type="checkbox"/> 5-10 Lacs		<input type="checkbox"/> 10-25 Lacs		<input type="checkbox"/> >25 Lacs-1 crore		<input type="checkbox"/> >1 crore		as on		D	D	M	M	Y	Y	Y	Y	<small>(Not older than 1 year)</small>			
<b>For Individuals :</b> <small>(Please ✓)</small>	<input type="checkbox"/> I am Politically Exposed Person (PEP)*			<input type="checkbox"/> I am Related to Politically Exposed Person (RPEP)			<input type="checkbox"/> Not applicable																			
<b>POA Name :</b> (If applicable)											<b>POA PAN :</b>															

**7a. MAILING ADDRESS**

Local Address of 1st Applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pin Code \_\_\_\_\_ Tel. Resi. \_\_\_\_\_ Tel. Off. \_\_\_\_\_

**7b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)**

[Please provide Full Address. P. O. Box address is not sufficient] \_\_\_\_\_

Zip Code: \_\_\_\_\_

Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
			Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				

In case of a single scheme, the Cheque/ DD should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". In case of multiple schemes, The Cheque/ DD should be drawn favouring "WhiteOak Capital MF Multi Collection A/c".

**8. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque. (Please Refer instruction no. 7)

Please read Instruction No. 7 for the Terms and Conditions of Multiple Scheme Investments and refer to Scheme Information Document, Statement of Additional Information, Key Information Memorandum and Addendums issued of the respective section for the applicability before filling this section.

Sr. No.	Name of the Schemes	Plan Please (✓)	Option & Sub-Option Please (✓)	Investment Amount (₹)
1.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
2.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
3.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
4.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
			<b>TOTAL AMOUNT</b>	

In case of Multiple Scheme, the Cheque/DD to be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and in case of single scheme, the Cheque /DD to be drawn in favour of Scheme Name. For e.g. "WhiteOak Capital Flexi Cap Fund" and the cheque amount should match with Total Investment amount mentioned here.

<b>Mode of Payment</b>	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> Normal SIP*
<b>Amount (INR)</b>		
<b>Cheque / RTGS / NEFT</b>		
<b>Drawn on Bank</b>		
<b>Date</b>		

\*If you wish to register SIP, kindly fill the SIP Registration & OTM Debit Mandate Form.

**9. UNIT HOLDING OPTION**  DEMAT MODE\*  PHYSICAL MODE (Default) (Please Refer instruction no. 8)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited		Central Depository Services (India) Limited	
DP Name		DP Name	
DP ID	IN	Beneficiary A/c No.	Beneficiary A/c No.

Enclosures - Please (✓)  Client Masters List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor)** (Please Refer instruction no. 9)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

*Address Type of Sole/1st Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 2nd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	*Address Type of 3rd Holder: <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
--	---	---

\*If the address type is not ticked the default will be considered as residential.

Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

Version : 18.01.2023

**11. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please Refer instruction no. 10)**

I/We do hereby nominate the undermentioned Nominee(s) 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 payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees. **(Please fill the nominee details in the table given below)**

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

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**Signature(s)** All Unit holders are requested to sign here, irrespective of the mode of holding.

Sign of 1st Applicant / Guardian

Sign of 2nd Applicant

Sign of 3rd Applicant

**12. DECLARATION AND SIGNATURES\* (Please Refer instruction no. 11)**

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that WhiteOak Capital Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) 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 (s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. 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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the Authorised Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓ if the EUIN space is left blank: 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.

**13. CONFIRMATION CLAUSE**

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

Yes  No **Please tick (✓) any**

**Signature(s)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian / Authorised Signatory / POA

Sign of 2nd Applicant / Authorised Signatory / POA

Sign of 3rd Applicant / Authorised Signatory / POA

Documents	Individuals	Companies	Societies	Partnership Firms	Investments through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓		✓		✓			
HUF / Trust Deed						✓					✓
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demat Account Details (Client Master List Copy)3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory 2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided 3. In case Units are applied in Electronic (Demat) mode.

# SIP REGISTRATION & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES

Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
<b>Assetmine Capital Pvt Ltd</b> <b>ARN-183038</b>					

\*\*  By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please  if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" 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.  
Please Note: All field marked with asterisk (\*) to be mandatorily filled.

## 1. UNIT HOLDER INFORMATION

Existing Folio Number \_\_\_\_\_ Name FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Use Existing One Time Debit Mandate (If already registered in the Folio) (Please  if applicable and provide the existing bank details)

Bank Name \_\_\_\_\_ Bank A /c No. \_\_\_\_\_

## 2. SIP INVESTMENT & PAYMENT DETAILS [Refer Terms and Conditions as part of Instructions]

Scheme Name/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Frequency	SIP Day & Date	SIP Start Month & Year and SIP End Month & Year	Top-Up (Minimum ₹ 500 or in Multiples of 5%, 10%, 15%, 20%) Amount (₹) or Percentage (%)	Frequency*
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly [D][D] Weekly** (Please mention day)	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly [D][D] Weekly** (Please mention day)	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly [D][D] Weekly** (Please mention day)	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly [D][D] Weekly** (Please mention day)	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly

First Installment Details First SIP Transaction via Cheque No. \_\_\_\_\_ Cheque Dated [D][D][M][M][Y][Y][Y][Y] Amount (₹) \_\_\_\_\_ In Figures

**Mandatory Enclosure** (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque (The name of the first/ sole applicant must be pre-printed on the cheque.)

Incase of a single scheme, the Cheque/DD should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". In case of multiple schemes, Cheque/DD should be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and the cheque amount should match with the Total Investment amount mentioned here.

## 3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all he 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/We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information.

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA \_\_\_\_\_

Sign of 2nd Applicant / Authorised Signatory / POA \_\_\_\_\_

Sign of 3rd Applicant / Authorised Signatory / POA \_\_\_\_\_

## 4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN \_\_\_\_\_ Bank use \_\_\_\_\_ Date [D][D][M][M][Y][Y][Y][Y]

Sponsor Bank Code \_\_\_\_\_ Bank use \_\_\_\_\_  CREATE  MODIFY  CANCEL

Utility Code \_\_\_\_\_ Bank use \_\_\_\_\_ I/We hereby authorize WhiteOak Capital Mutual Fund

To Debit (tick  SB  CA  CC  SB-NRE  SB-NRO  Other Bank A/c \_\_\_\_\_

With Bank \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC / MICR \_\_\_\_\_

An Amount Of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

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

Reference 1 \_\_\_\_\_ Folio No. \_\_\_\_\_ Reference 2 \_\_\_\_\_ Scheme Name \_\_\_\_\_

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. 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 instructions as agreed and signed by me. 3. 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.

PERIOD

From [D][D][M][M][Y][Y][Y][Y]

To [D][D][M][M][Y][Y][Y][Y]

Or  Until Cancelled

Signature Of Primary Account Holder \_\_\_\_\_ Signature Of Joint Account Holder \_\_\_\_\_ Signature Of Joint Account Holder \_\_\_\_\_

Phone No. \_\_\_\_\_ 1. Name Of Primary Account Holder \_\_\_\_\_ 2. Name Of Joint Account Holder \_\_\_\_\_ 3. Name Of Joint Account Holder \_\_\_\_\_

Please read the Terms and Conditions and refer to SID\_SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: mf.whiteoakamc.com

Version : 18.01.2023



