

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt
ARN-257030		E-479794		

*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.
#I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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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.

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

Existing Folio No. Name of Sole/ First Unit Holder

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

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

APPLICATION FOR ☐ Zero Balance Folio ☐ Investment

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

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

Date of Birth/Incorporation (Mandatory) Proof of Birth (Please ✓) ☐ Passport ☐ Birth Certificate ☐ Others

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

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

Non-Individual Investors involved/providing any of the mentioned services Please (✓) (Applicable only for Non Individuals)	<input type="checkbox"/> Foreign Exchange/ Money Changer Services	<input type="checkbox"/> Money Lending/ Pawning
	<input type="checkbox"/> Gaming/ Gambling/ Lottery/ Casino Services	<input type="checkbox"/> None of the above

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

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

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

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

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

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

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

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

Correspondence Address (address details will be updated as per your KYC records with CKYC / KRA.)	Overseas Address (Mandatory for NRI / FII Applicants)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

ARN No: Application No. Received from Instrument No. Drawn on Bank & Branch Scheme/ Plan/ Option/ Sub-Option Amount Rs.

Signature, Stamp & Date

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

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

7 FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			3rd Applicant		
Country#	Tax Payer® Ref. ID No	Identification Type	Country#	Tax Payer® Ref. ID No	Identification Type	Country#	Tax Payer® Ref. ID No	Identification Type
1			1			1		
2			2			2		
3			3			3		

[@]In case Tax Identification Number is not available, kindly provide its functional equivalent.

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

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

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

^Please attach Proof for income and occupation.

9 PAYMENT & INVESTMENT DETAILS (Mandatory) (Details of account from which investment has been done.)

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

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

LEI No. Valid Upto

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

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

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

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

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

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

*Witness Name

*Witness address

Witness Signature

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

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

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

*Name and Signature of Holder	First Unitholder Name <div><div></div><div></div><div></div><div></div><div></div><div></div></div> First Unitholder Signature	Second Unitholder Name <div><div></div><div></div><div></div><div></div><div></div><div></div></div> First Unitholder Signature	Third Unitholder Name <div><div></div><div></div><div></div><div></div><div></div><div></div></div> First Unitholder Signature
*Witness Name	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
*Witness address	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
If the account holder affixes thumb impression, instead of signature.			

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

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

13 DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund www.360.one/asset-management/mutualfund/ and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

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

First Unitholder/ Guardian/ POA

Second Unitholder

Third Unitholder

SIP REGISTRATION CUM MANDATE FORM
(For investment through NACH)

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt
ARN-257030		E-479794		

*Please sign alongside in case the EUIN is left blank/not provided. 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.

Sign Here	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Up-front 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.

☐ I/We hereby give my/our consent to share/provide transaction data feed/unit holding in respect of my/our investments under Direct Plan to the above mentioned RIA.

1 UNITHOLDER INFORMATION

Folio Number/ Application No.	<input type="text"/>	PAN	<input type="text"/>
Name of the First Holder	<input type="text"/>		
Scheme	<input type="text"/>	Option	<input type="text"/>
Plan	<input type="text"/>		

2 REQUEST FOR

☐ Registration of SIP ☐ Renewal of SIP

3 SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL)

Frequency	Enrolment Period			SIP Date	Instalment Amount	Step-Up (Optional) (Please refer inst. no. 10)		
	From	To	Perpetual			Amount	Cap Amount	Frequency
<input type="checkbox"/> Monthly (Any date: 1 st to 28 th , 7 th is default)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>				<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<input type="checkbox"/> Quarterly (Any date: 1 st to 28 th , 7 th is default)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>				<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
<input type="checkbox"/> Weekly (<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NA		NA	NA	NA
<input type="checkbox"/> Fortnightly (2 nd & 16 th every month)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	NA		NA	NA	NA

4 INVESTMENT DETAILS

First Instalment	Cheque Date	<input type="text"/>	Cheque No.	<input type="text"/>	Amount	<input type="text"/>
Bank A/C No.	<input type="text"/>					
Bank Name	<input type="text"/>					
Drawn on Bank and Branch	<input type="text"/>					

5 UNITHOLDING OPTION

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

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

National Securities Depository Limited (NSDL)	DP ID No. Beneficiary Account No.	<input type="text"/>	Central Depository Securities Limited (CDSL)	Target ID No.	<input type="text"/>
Enclosures (Please tick any one box)	<input type="checkbox"/> Client Master List (CML)	<input type="checkbox"/> Transaction cum Holding Statement	<input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)		

6 DECLARATION

I/We wish to inform you that I/We have registered for the contribution payment to the 360 ONE Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorize the beneficiary or their authorized Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the 360 ONE Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that 360 ONE Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

7 AUTHORISATION AND SIGNATURE/S AS PER 360 ONE MUTUAL FUND RECORDS (MANDATORY)

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. Debited contributions may be passed on to the 360 ONE Mutual Fund / Service Provider as per rules, procedures and practices in force. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

Sole /1st AccountHolder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature
-------------------------------------	--------------------------------	--------------------------------

ONE TIME MANDATE (OTM)

UMRN FOR OFFICE USE ONLY Date

Tick (✓)

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

I/We hereby authorize 360 ONE AMC to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees (Amount in Words) ₹ (Amount in Figures)

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN / Application No. Mobile No.

Reference Email ID

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

- This is to confirm 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 & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

PERIOD

From	<input type="text"/>	Signature of Primary Account Holder as per Bank records	Signature of Second Account Holder as per Bank records	Signature of Third Account Holder as per Bank records
To	<input type="text"/>			
Maximum period is 40 year from start date	1. <input type="text"/> Name as in bank records 2. <input type="text"/> Name as in bank records 3. <input type="text"/> Name as in bank records			

**FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO)
SELF CERTIFICATION FORM FOR NON-INDIVIDUALS**

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Name of the entity										
Type of address given at KRA	<input type="checkbox"/>	Residential or Business	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Registered Office		
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Incorporation	<input type="text"/>	<input type="text"/>
City of incorporation					Country of incorporation					

FATCA & CRS DECLARATION

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India ☐ YES ☐ NO
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country %	Tax Identification Number	Identification Type % (TIN or Other, please specify)
1.			
2.			
3.			

% In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Intermediary Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. (United States) but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	<input type="checkbox"/> We are a, Financial Institution (Refer 1 of Part C)	GIIN <input type="text"/>
	OR <input type="checkbox"/> Direct Reporting NFE (Refer 3(vii) of Part C) (Please tick as appropriate)	Name of sponsoring entity <input type="text"/>
	GIIN not available (please tick as applicable)	GIIN (of sponsoring Entity, if any) <input type="text"/>
		<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI
		<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	YES <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	YES <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3.	Is the Entity an active NFE (Refer 2c of Part C)	YES <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	YES <input type="checkbox"/> Nature of Business <input type="text"/>

UBO DECLARATION (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed Security ISIN

Name of the Listed Company (applicable if the investor is subsidiary/associate):

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm Limited	<input type="checkbox"/> Liability Partnership Company	<input type="checkbox"/> Unincorporated association / body of individuals
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust	<input type="checkbox"/> Trust created by a Will
<input type="checkbox"/> Others	<input type="text"/> please specify		

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FI's should provide FI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C).

UBO DECLARATION (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company) (Contd.)Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # ☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

Details	UBO 1 / Senior Managing Official (SMO)	UBO 2	UBO 3
Name of the UBO/SMO[§]			
UBO Code[§]			
UBO / SMO PAN[§] For Foreign National, TIN to be provided]			
% of beneficial interest[§] Refer to Part C-3-iv	<input type="checkbox"/> >10% controlling interest. <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest. <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest. <input type="checkbox"/> NA. (for SMO)
UBO / SMO Country of Tax Residency[§]			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number[§]			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth[§]	Place of Birth <input type="text"/> Country of Birth <input type="text"/>	Place of Birth <input type="text"/> Country of Birth <input type="text"/>	Place of Birth <input type="text"/> Country of Birth <input type="text"/>
UBO / SMO Nationality			
UBO / SMO Date of Birth[§]			
UBO / SMO PEP[§]	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP	<input type="checkbox"/> Yes - PEP <input type="checkbox"/> Yes - Related to PEP <input type="checkbox"/> N - Not a PEP
UBO / SMO Address	<input type="text"/> <input type="text"/> <input type="text"/> Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Zip <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
UBO / SMO Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
UBO / SMO Father's Name			
UBO / SMO Occupation	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others
SMO Designation[§]			
UBO / SMO KYC Complied?^{**}	<input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> YES <input type="checkbox"/> NO If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

[§] Mandatory column.^{**} In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

^{*} Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.**UBO DECLARATION (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**

I/We acknowledge and confirm that the information provided above 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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized 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 in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Designation <input type="text"/>	Designation <input type="text"/>	Designation <input type="text"/>
<div>Authorized Signatory</div>	<div>Authorized Signatory</div>	<div>Authorized Signatory</div>

Date Place

Date:

D	D	M	M	Y	Y	Y	Y
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