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

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. All field marked with asterisk (*) to be mandatorily filled.

1. DISTRIBUTOR INFO	ORMATION*																			(P	lease F	Refer iı	nstruc	tion no.	1)
Name & Broke ARN / RIA / PMR					ub Brok nt ARN			s		rnal Co gent / E	de for mployee				EUIN*						ate Ti eferer				
		_																							7
ARN-2	5703	0											E	47	797	79	4								
**By mentioning RIA/PMRN scheme(s) of WhiteOak Capi																	Go	Gree	n Init	iative	(Ref	er inst	tructi	on no.12	2)
Declaration & Signatures section the investor's assessment	tion overleaf. Up	front comm	nission "if a	any appli	cable" s	shall be	paid dire										*/D	*Opt-			cal	0	pt-ou	ıt – Ema	<u>i</u> ∐:
2. FOLIO NUMBER	or various facto	is, including	g the servi	Teriue	Jied by	uie disti		The (details	in our r	ecords un	ider the	e folio	numh	er menti	oned a	`	efault ide will	•	,	s annlic	ation			į
																	-								
3. APPLICANT(S) NA	ME AND IN	ORMAT	ION (If	the 1st	t / Sole	e Appli	cant is	Mino	or, the	en plea	se prov	/ide d	letail	s of ı	natura	l / leg	al gu	ıardia	n)	(P	lease	Refer i	nstru	ction no.	4)
SOLE / FIRST APPLICANT	Mr. / Ms. / N	1/s.	Name	as per	r PAN	Card																			╛
	(Please men	tion name	e as per	PAN an	d prov	ide co	py of P	PAN. P	Please	e refer	to instr	uction	n no.	13.)	_										:
LEI Code for Non Individua	als															(Plea	se Re	efer ins	truction	on no.	4a)				(
PAN			*Date o	of Birth/	Incorpo	oration	р	р М	M	V V	V V	\ [CKYC	ID N	lo. (KII	N)]
POA/GUARDIAN (In case	e 1st Applicant	is a Minor	(Indivi			dividual)		101	. .	1 . 1 .							Re	latio	nshir	with	Mino	r (Pl	ease√	
Mr. / Ms. / M/s.			as per	PAN C	Card										7 _	Mothe	r		Fat				`	Guardian	' :
POA / GUARDIAN PAN										RDIAN	СКҮС	Г						T -	_			_ 			i ;
Date of Birth of Guardian						Droof	of Date		b. (KIN		١	□ Bi	irth C	ertifica	ate .			School	Logvi	ina Co	rtificat	/ Mar	k Sho	ot	
Date of Birth of Guardian	D D M N	ЛҮҮ	YY			F1001		minor)	_			he Mino	r		Others		•		, iviai	K OHE	.Gt	
Mobile / Email ID Details	- Please confir	m that the	Mobile No	and En	mail ID b	belongs	to (Plea	ase ✓	below)									(F	Pleas	e refe	r instr	uctio	ns 4[f])	;
Mobile							_				o. would nic / Digi			•									coun	ts and	!
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E-mail																									
(Pls ✓) □ SE – Self □ SI	P - Spouse,	DC - Depe	endent Ch	ildren [□ DS -	Depend	dent Sib	lings	\Box D	P- Dep	endent P	arents		GD-	Guardia	ın 🗆	PM -	- PMS		D – C	ustodia	an 🗆	PO -	- POA	i
olalus. —	Resident Individ	ual	NRI-Re	epatriatio	n	☐ NR	I-Non R	tepatria	ation	F	artnershi	р			Trust			□ H	UF			AOP			
	Minor through g			•		File					10				Body (•	ate	□ Se	ociety	/Club		Sole F	Proprie	etorship	
Non-Individual investors will re	Non Profit Organ Duire to fill separ					□ NB nership		Form.	Entitie		ank ered as N	Non-Pr	ofit O	rganiz	Others) / Tr	ust / So	ocietie	s. etc	will als	o be r	eauire	ed to	
fill a separate NPO form availa							(020)			.0.09.0	.0.00 00 1		0	. 9				nstruct							
Occupation:	Private Sector Se	ervice [_ Public S	Sector Se	ervice	☐ Go	vernmer	nt Serv	ice	□ Вι	siness				Profes	sional		A	gricult	urist		Retire	d		0
(Mandatory, Please ✓)	Housewife		Student	t		☐ Foi	rex Deal	ler		☐ Ot	hers			(pl	ease sp	ecify)									_ 8
	Below 1 Lac		☐ 1-5 Lac	s		5-1	0 Lacs			<u> </u>	-25 Lacs				>25 La	acs-1 ci	rore	1	.	1.7/1		>1 cro			
Ol For Individuals [Please ✓]:	R Net worth* (for		· · · · · ·	(DED)A] lam [Palatad	to Poli	tically	Evnos	ed Person	(DDE	:D)		as on L	nnlicat	M Na	IVI	YY	Υ	`			n 1 year) ruction 4.	_
For Non Individuals, if involve											50 1 G1301	1 (1X1 L	.1)		1400 &	ірріїсаі	JIG.				(, , , , ,			-,
(i) Foreign Exchange / Mone	y Changer Servi	ces 🗌 Ye	es 🗌 No	(ii)	Gamir	ng / Gan	nbling / I	Lottery	/ Cas	sino Ser	vices	Yes	□ N	lo	(iii) Mo	ney Le	endin	g / Pav	vning	☐ Y	es 🗌	No			
																					>	ß			-
Acknowledgement Sl	ip (To be filled	in by the	Investor)																						
Application No.																				WOO		ction (e / ignature	
Received from Mr. / Ms.		· · · · ·								ı	Date:	1		/						.,,	Aillo	Juni	- 4 0	.g.iutuic	
. 10001700 110111 1711. / 1710										'	Julio			,											







TOLL FREE NUMBER: 1800 266 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	l cheque)			Please Refer instruction no. 5)
	- Cheque		(Please Refer Instruction no. 5)
Name of the Bank				
Account No.	Account Type	□ NRE □ Current	☐ Savings ☐ NRO	Others
Bank Branch	_ Address			
Bank City	State		Pincode _	
MICR Code (9 digits) §IFSC Code	for NEFT / RTGS			1 Digit Number, kindly obtain cheque copy or Bank Branch.
5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS			(I	Please Refer instruction no. 6)
Mode of Holding: ☐ Single ☐ Joint ☐ Any	yone or Survivor*		*(Please note that the Defaul	t option is Anyone or Survivor)
5a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no join	nt holders) [Please ment	ion name as per PAN]		
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	n			
	. Service Business	Professional .	Agriculturist Retired	Housewife Student
Mobile:	e C.C. Guardian C.D.C	Dependent Children DS	- Dependent Siblings □ DP - De	enendent Parente PO - POA
Email:	e GD - Guardian G DC	- Dependent Children	- Dependent Sibilings	spendent alens 10-10A
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	DS - Dependent Sibling	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs (Mandatory, Please ✓)		□ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	cposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
5b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint h	nolders) [Please mention	name as per PAN]		
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: Resident Individual NRI-Renatriation NRI-Non Renatriation	n			
(Mandatory, Please ♥)	. Service Business	Professional .	Agriculturist Retired	Housewife Student
Foliax Dealer	a □ CD - Guardian □ DC	- Dependent Children	- Dependent Siblings □ DP - De	enendent Parents PO - POA
Email:	e GD - Guardian G DC	- Dependent Children	- Dependent Sibilings	pendent alens 10-10A
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	DS - Dependent Sibling	DP - Denendent Parents	□ PO - POA	
Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs (Mandatory, Please ✓)	,	>1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	kposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	A PAN :	
6a. MAILING ADDRESS				
Local Address of 1st Applicant				
City			State	
Pin Code	Tel. Resi		Tel. Off.	
6b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Appli	cant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
			Zip Cod	e:
Scheme Name	Dian / Ontion	Not Amount Daid (₹)	Payment Details Cheque/UTR No.	
Scheme Hallie	Plan / Option	Net Amount Paid (₹)	(in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				



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7. I	NVESTMENT & PAY	MENT DETAILS* The name of	the first/	sole a	ıpplica	nt must	be pre-	printed on	the chec	que.				(Please I	Refer instr	ruction no. 7)
		or the Terms and Conditions of Multiple S ective section for the applicability before fi			and refe	er to Sche	me Informa	ation Docume	ent, Stateme	ent of A	dditiona	l Informat	ion, Key II	nformatio	n Memora	ndum and
Sr. No.		Name of the Schemes					Plan	Please (√)	Opti	on & Si	ub-Opti	on Pleas	e (✓)	Inve	stment A	mount (₹)
1.		Scheme Name					□ Regu	lar □ Direct	□ IDCW		Growth		vestment			
2.		Scheme Name					□ Regu	lar □ Direct	□ IDCW		Growth	CW Re-in	vestment			
3.		Scheme Name					□ Regu	lar □ Direct	□ IDCW		Growth	CW Re-in	vestment			
4.		Scheme Name					□ Regu	lar Direct	□ IDCW		Growth	CW Re-in	vestment			
sche	eme, the Cheque to be drav	Cheque to be drawn in favour of 'WhiteO vn in favour of Scheme Name. For e.g. 'WhiteO the contract of the cont								то	TAL A	OUNT				
Pa	yment Type (Please	7)			Non	-Third F	Party		Third Par	rty Pay	yment	(Pls fill th	ird party o	leclaratio	n form)	
Pa	yment Details					Lum	psum				SIF	Top Up	F	lex SIP*	☐ Go	al SIP*
An	nount (INR)															
	ode of Payment (Plea Cheque	se ✓) EFT/RTGS			Cheq	ue No./	UTR No.						Cheque /	UTR No		
Dr	awn on Bank & Date				Ban	k Name	& Date						Bank Nar	ne & Dat	е	
	Use Existing One Time Debit	Mandate (If already registered in the Folio)	Please√ if app	plicable a	nd provide	the existing	bank details)	Registration /		gistration &	& OTM D	ebit Mandate	indly fill the Form. In ca	elevant SIF se your OT	registration M is already	/ Flex SIP registered in the
	k Name						nk A /c No		kindly fill the		TM detail	S.				
		I, then the debit instructions will be ser						n the date of	application	۱.						
	JNIT HOLDING OPT	ION DEMAT MODE* mandatory if the investor wishes to				DE (De		ura that tha	20211222	of no	maa aa	aivon in				uction no. 8)
		ils. In case of any ambiguity or valida											i tile orde	ei Oi tiie	аррисан	is matches
		National Securities Depository Li	mited						Centra	al Depo	ository	Services	(India) l	imited		
DP	Name						DP Nam	ne								
DP	ID IN	Beneficiary A/c No.					Beneficia	ary A/c No.								
End	closures - Please (✓)	Client Masters List (CML)	ransaction	cum H	olding S	Statemen	t 🗌 De	livery Instru	ction Slip ((DIS)						
9. F	ATCA AND CRS DE	TAILS FOR INDIVIDUALS (Inclu	ding Sole	Prop	rietor)	[Manda	tory]							(Please	Refer inst	ruction no. 9)
		I require to fill separate FATCA & Ult) Form. E	Intities regis	stered as N	Non-Pro	-			,		
WIII	also be required to fill a	separate NPO form available on our	website m	ir.wnite	oakamo	c.com .			-	The hel						NPO Form) nts/guardian
	Particulars	Place/City of Birth		С	ountry (of Birth							nip / Nati		аррпсат	113/guarulari
Fi	rst Applicant / Guardian			-				□ In	dian 🗆	U.S. ${\sqcap}$) □ Othe	rs (Pleas	e specify)		
S	econd Applicant								ndian \square				. ,			
TI	nird Applicant							□ In	ndian 🗆	U.S.	Othe	ers (Pleas	e specify)		
lf "	•	are you assessed for Tax) in any oth countries (other than India) in whice						-	e tick (√)] e a Citizer	n/Resid	lent/Gr	een Card	l Holder/	Tax Res	ident in t	he
Pa	articulars	Country of Tax Residency				n Numbe ent (Man			dentification			If ⁻	TIN is no	availab A, B or	le please C (as defi	e tick (🗸) ned below)
Fir	st Applicant / Guardian											Rea	ason: A		В□	с□
Se	cond Applicant											Rea	ason: A		В□	с□
Th	ird Applicant											Rea	ason: A		В□	c 🗆
	Reason B ⇒ No TIN	untry where the Account Holder is lia I required (Select this reason only if to please state the reason thereof:										I to be c	ollected)			

*Address Type of 2nd Holder:

☐ Registered Office

Business

Residential

*Address Type of Sole/1st Holder:

☐ Residential ☐ Registered Office ☐ Business

Business

*Address Type of 3rd Holder:

☐ Residential ☐ Registered Office



10. NOMINATION DETAILS* (To be filled	d 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 undermentic my/our credit in my/our folio in the event payment and settlements made to such N acknowledging receipt thereof, shall be a v (Please fill the nominee details in the ta	of my/our death. I/We lominee(s) and Signa alid discharge by the	e also understand ture of the Nomin	that all ee(s) Trustees. OR units held in my/our m of nominee(s) and fur our legal heirs would it	nutual fund folio and ther are aware that need to submit all t	d understand the issuin case of death of a he requisite document	ominee(s) for my mutual fund ues involved in non-appointmen all the account holder(s), my / nts issued by Court or other in the mutual fund folio.
If you do not wish to nomi	nate (Opt Out of Nomina	tion), it is mandatory	to sign as per the mode of holding in signature	e space provided below	v i.e. in Nomination Deta	ils section
Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth (to be furn	Name and Address of Guardian nished in case the Nominee is a minor)		f Nominee (Optional)/ Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1						
Nominee 2						
Nominee 3						
Signature(s) All Unit holders are requested to sig	n here, irrespective of the	e mode of holding.		·		
Sign of 1st Applicant / Guardian 11. DECLARATION AND SIGNATURES We hereby confirm and declare as under:- I/We have read and ddenda thereto, issued from time to time and the Instructions. I/	understood the contents of th				ment(s)/Key Information men	(Please Refer instruction no. 11)
nd regulations of the relevant Scheme(s). I/We have neither reci gitimate sources only and is not designed for the purpose of co ee commissions (in the form of trail commission or any other moc rm is correct, complete and truly stated. In the event of my/our it the applicable NAV as on the date of such redemption. I/We ag of recommended or advised melus regarding the suitability or a ggregate investments exceeding Rs. 50,000 in a year. Applicab r om funds i n my/our Non-Resident External / Ordinary Account ee above specified information is found to be false or untrue or mi didtional information as may be required at your end. I/We here! und, its Sponsor, Asset Management Company, trustees, their of uthorities and other investigation agencies without any obligation.	eived nor been induced by any intravention or evasion of any Je), payable to him for the diffe tot fulfilling the KYC process to yree to notify WhiteOak Capita ppropriateness of the product le to NRIs: I/We confirm that I / FCNR Account (s). FATCA sleading or misrepresenting, liby authorise you to disclose, semployees ('the Authorised Pa nof advising me/us of the sam you authorise you to disclose semployees ('the Authorised Pa of advising me/us of the sam	y rebate or gifts, directly o Act, Regulation, Rule, Not rent competing Schemes the satisfaction of the Al Asset Management Limit ischeme/plan. Applicable am/We are Non-Residen and CRS Declaration: I/ We shall be liable for it. I/h hare, remit in any form, ri urties') or any Indian or fo e.	ir indirectly in making this investment. I/We declare that fication, Directions or any other applicable laws enacte of various Mutual Funds from amongst which the Scher AC/MhiteOak Capital Mutual Fund, I/We hereby authoric di immediately in the event the information in the self-ct to Micro Investors: I/We hereby declare that I/We d (s) of Indian Nationality/Origin and I/We hereby acknowledge and confirm that the information we haso undertake to keep you informed in writing about ode or manner, all/any of the information provided by nereign governmental or statutory or judicial authorities/api	I am/We are authorised to d by the Government of Inme(s) is/are being recommes the AMC/WhiteOak Capertification changes. For it on thave any existing M that the funds for subscript on provided in this form is to any changes/modification ne/us, including all change gencies including but not list	make this investment and the dia or any Statutory Authority, ended to meius. I/We declare ital Mutual Fund to redeem th vvestors investing in Direct cro investments which togeth ion have been remitted from a use and correct to the best of ro to the above information in full to, updates to such information mitted to the Financial Intelligent mitted to the Financial Intelligent to the such information in full to the Financial Intelligent mitted to the Financial Intelligent to the such information mitted to the Financial Intelligent to the such such information to the financial Intelligent to the financial Intelligent to the financial to the financial	amount invested in the Scheme is throughthe American The ARN holder has disclosed to mefusith the information given in this application units against the funds invested by mefular liWe hereby agree that the AMC her with the current application will result broad through normal banking channels unifour knowledge and belief. In case any ure and also undertake to provide any oth as and when provided by mefus to Mutuance Unit-India (FIU-IND), the tax /revenignments.
Please ✓ if the EUIN space is left blank: I / We hereby confirm distributor or notwithstanding the advice of in-appropriateness,						s person of the above
12. CONFIRMATION CLAUSE We hereby give consent to the Company or its Authorized Ager ed disclosure of the information contained herein to its affiliates/ gree that all personal or transactional related information collect ith privacy policy as available at the website of the Company. Yes No Please tick (✓) any	group companies or their Auth	orized Agents or Third Pa	rty Service Providers in order to provide information and	d updates to me on various	financial and investment prod	ducts and offering of other services. I/We
	/ on the Application Forn	n and in the same ord	er. In case the mode of holding is joint, all Uni	it holders are required	to sign.	
	/ on the Application Form	n and in the same ord	er. In case the mode of holding is joint, all Uni	it holders are required	to sign.	



Scan and View Supporting documents required with this application form.

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

Application Form for SIP Registration with Top Up and One Time Debit Mandate



	N Code**		ent ARN Code	Sub Agent / Empl	yee			Reference No.
ARN-25	57030				E	47979	4	
By mentioning RIA/PMRN coccase the EUIN box has been le gistered distributor, based on the ease Note: All field marked w	eft blank, please refer t he investor's assessm	the point related to EUI ent of various factors, i	IN in the Declaration & Sign	natures section overleaf.	y/our transact Upfront comm	ions in the scheme(s) of hission "if any applicable"	WhiteOak Capita shall be paid dir	Il Mutual Fund. (Please ✓ if applice type by the investor to the AMFI
. UNIT HOLDER INFOR	٠,		s per PAN]			Folio Number		
pplicant Name						PAN		
. SIP INVESTMENT DE	TAILS	(SIP	end date cannot excee	ed 40 years)		Refer SIP Registr	ation and Disco	ontinuation in Instructions for
cheme Name	WhiteOak Ca			,	WhiteOak	Ţ		
an	Regular O I	<u> </u>			Regula			
otion	Growth OF		Reinvest Payout		Growth		Reinvest	Payout
	Monthly (Defau		,		Monthly (D			1
P Frequency	Weekly	(Specify Day)	Fortnightly	Quarterly	Weekl	y (Specify Day)	For	rtnightly Quarterly
P Date	Default date (M	onthly and Quarterly): 1	0th OR(Spec	cify Date)	Default dat	e (Monthly and Quarter	y): 10th OR _	(Specify Date)
Period	From M M	I Y Y To I	M M Y Y		From M	M Y Y To	M M Y	Υ
P Amount								
✓ SIP TOP-UP - 5%		is the Default option	on for all Monthly and C	Quarterly SIPs. In ca	se you wish	to modify please sel	ect from the o	ptions provided below
avail Top up in an exist	Unique Ref No	o:	(As given in	n SOA)	Unique Re	ef No:		(As given in SOA)
rcentage (min. 5% or multiples of 5%)	5% (default)	OR 10% 159	% 20%		5% (defau	It) OR10%	15% 20%	
Amount (min Rs. 500 or multiples of 500)	OR Amount Rs	i			OR Amour	nt Rs		
p- Up Frequency	Yearly (default)	OR Half Yearly	/		Yearly (def	ault) OR Half Yea	arly	
p Up Cap (if any)	Amount:		OR Month - Year	m M Y Y	Amount:		OR	Month - Year: M M Y
t Out of Top Up	I do not wis	h to opt for SIP Top - Up	p		I do no	t wish to opt for SIP Top -	Up	
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GOAL SIP REGISTRATION & OTM DEBIT MANDATE FORM



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* By mentioning RIA/PMRN code, I/We authorize you to s Incase the EUIN box has been left blank, please refer the poil distributor, based on the investor's assessment of various fact	nt related to EUIN in the Declaration & Sign	atures section overleaf. Upfront co		
1. UNIT HOLDER INFORMATION [Please mo	ention name as per PAN]		NAME ACREDIDAN	
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