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.

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eceived from Mr. / Ms Date://					WOCAMC Stamp & Signature
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WhiteOak Capital Asset Management Limited. Registerd Office: Unit No. B4, 6th Floor, Cnergy, Appasaheb Marathe Marg, Prabhadevi, Mumbai – 400025 Toll Free Number: 1800 266 3060 | Fax +91-22 62301191 | https://mf.whiteoakamc.com | CIN : U65990MH2017PLC294178

THE ART AND SCIENCE OF INVESTING



4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	d cheque)		(Please Refer instruction no. 5)
Name of the Bank				
Account No.	Account Type	NRE Current	Savings NRO	Others
Bank Branch	_ Address			
Bank City MICR Code (9 digits) 5// 5// 5// 5// 5// 5// 5// 5// 5// 5/	_ State		Pincode \$ This is an 1	1 Digit Number, kindly obtain
5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS			it from your	cheque copy or Bank Branch. Please Refer instruction no. 6)
	yone or Survivor*			t option is Anyone or Survivor)
5a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joi	,	ion name as per PAN]		
Name* Mr / Ms.				
D D M Y Y Y PAN/PEKRN*		CKYC / KIN		
$\begin{array}{c} \textbf{Status:} \\ \textbf{(Mandatory, Please \checkmark)} \end{array} \square \textbf{Resident Individual} \square \textbf{NRI-Repatriation} \square \textbf{NRI-Non Repatriation} \end{array}$	n			
Occuption: Private Sector Service Public Sector Service Gov Forex Dealer Others (Please specify)	t. Service 🗌 Busines	s Professional	Agriculturist Retired	Housewife Student
Mobile: (Pls ✓) SE - Self SP - Spous	se 🗌 GD - Guardian 🔲 D(C - Dependent Children 🛛 DS	- Dependent Siblings 🗌 DP - De	ependent Parents 🗌 PO - POA
Email:				
$(Pls \checkmark) \ \square \ SE \ \text{-} \ Self \ \square \ SP \ \text{-} \ Spouse \ \square \ GD \ \text{-} \ Guardian \ \square \ DC \ \text{-} \ Dependent \ Children$		s DP - Dependent Parents	🗆 PO - POA	
Gross Annual Income: □ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lac (Mandatory, Please ✓)	s >25 Lacs-1 crore	>1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
For Individuals : (Please ✓) □ I am Politically Exposed Person (PEP)^ □ I a	am Related to Politically E	xposed Person (RPEP)	Not applicable	
POA Name : (If applicable)			DA PAN :	
5b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint I	holders) [Please mention	n name as per PAN]		
Name* Mr / Ms.				
Date of Birth* D D M M Y Y Y PAN/PEKRN* Status: Decided to divided NDI Deceticities NDI Non Deceticities NDI Non Deceticities		CKYC / KIN		
(Mandatory, Please ✓) □ Resident Individual □ NRI-Repatriation □ NRI-INON Repatriatio				
Occuption: Private Sector Service Public Sector Service Gov Forex Dealer Others (Please specify)	t. Service Dusines	s Professional	Agriculturist Retired	Housewife Student
Mobile: (Pls ✓) □ SE - Self □ SP - Spous	se 🗌 GD - Guardian 🔲 D0	C - Dependent Children 🛛 DS	- Dependent Siblings 🗌 DP - De	ependent Parents 🗌 PO - POA
Email:				
(Pls ✓) □ SE - Self □ SP - Spouse □ GD - Guardian □ DC - Dependent Children			🗆 PO - POA	(Net elder there (
Gross Annual Income: □ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lac (Mandatory, Please ✓)	s >25 Lacs-1 crore	>1 crore as on	D D M M Y Y Y	(Not older than 1 year)
For Individuals : (Please ✓) □ I am Politically Exposed Person (PEP)^ □ I am	am Related to Politically E	xposed Person (RPEP)	Not applicable	
POA Name : (If applicable)		PC	DA 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 Appl	icant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
				e:
σ~			Payment Details	
Scheme Name	Plan / Option	Net Amount Paid (₹)	Cheque/UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.			-	
J.				

4.

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



(Please Refer instruction no. 7)

r. Io.	Name of the Schemes		Plan Please (✓)	Option	n & Sub-Option Please (✓)	Investme	ent Amount (₹)
	Scheme Name		□ Regular □ Direct	D IDCW Pa	□ Growth ayout □ IDCW Re-investme	nt	
	Scheme Name		□ Regular □ Direct		□ Growth ayout □ IDCW Re-investme	nt	
	Scheme Name		□ Regular □ Direct	D IDCW Pa	□ Growth ayout □ IDCW Re-investme	nt	
	Scheme Name		🗆 Regular 🗆 Direct		Growth		
neme, the Cheque to be o	the Cheque to be drawn in favour of 'Whi Irawn in favour of Scheme Name. For e.g otal Investment amount mentioned here.				TOTAL AMOUNT		
ayment Type (Pleas		Non-Third F	Party	Third Party	y Payment (Pls fill third part	y declaration for	m)
ayment Details		Lum	psum		SIP Top Up*	Flex SIP*	Goal SIP*
mount (INR)							
ode of Payment (P	lease √) NEFT/RTGS	Cheque No. /	JTR No.		Chequ	e / UTR No.	
rawn on Bank & Da	-	Bank Name	& Date		Bank N	ame & Date	
Use Existing One Time De	bit Mandate (If already registered in the Folio	(Please✓ if applicable and provide the existing	Registration	/ Goal SIP Regist	p Up / Flex SIP / Goal SIP, kindly fill t tration & OTM Debit Mandate Form. Ir sting OTM details.		
ank Name		Bar	k A /c No.				
f the payment mode is C	OTM, then the debit instructions will be	sent to investor's bank within 1 workin	g day from the date of	f application.			
UNIT HOLDING O		PHYSICAL MODE (De					instruction no.
	are mandatory if the investor wishes etails. In case of any ambiguity or va					der of the app	licants match
,	National Securities Depository				Depository Services (India) Limited	
P Name			DP Name				
DP ID IN	Beneficiary A/c No.		Beneficiary A/c No.				
()	Client Masters List (CML)	•		uction Slip (D	NS)		
on-Individual investors	DETAILS FOR INDIVIDUALS (Inc will require to fill separate FATCA & Il a separate NPO form available on (Ultimate Beneficial Ownership (UBC		stered as No	on-Profit Organizations (NP (Refer instructions	O's) / Trust / S	
					e below information is requ		olicants/guardi
Particulars	Place/City of Birth	Country of Birth			Country of Citizenship / Na	,	
First Applicant / Guardi	an				.S. Others (Please spec	•	
Second Applicant			Ir	ndian 🗌 U	.S. Others (Please spec	ify)	
Third Applicant			🗆 Ir	ndian 🗌 U	.S. 🗌 Others (Please spec	ify)	
	e., are you assessed for Tax) in any LL countries (other than India) in w	,		se tick (√)] re a Citizen/F	Resident/Green Card Holde	er/Tax Resider	t in the
Particulars	Country of Tax Residency	Tax Identification Number Functional Equivalent (Man		dentification or other plea		not available pl on A, B or C (as	
First Applicant / Guardia	an				Reason :	A 🗌 🛛 B	□ с□
Second Applicant					Reason :	A 🗌 🛛 🛛 B	□ c□
Third Applicant					Reason :	A 🗌 🛛 B	□ c □
			Lise (10 10 NL 1				
❑ Reason A ⇒ The ❑ Reason B ⇒ No	country where the Account Holder is TIN required (Select this reason only ers, please state the reason thereof:	if the authorities of the respective co				d)	

7. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque.



I/We do hereby nominate the undermentio my/our credit in my/our folio in the event of payment and settlements made to such No acknowledging receipt thereof, shall be a va (Please fill the nominee details in the tat	of my/our death. I/We ominee(s) and Signa alid discharge by the	e also understand ature of the Nomin	that all lee(s) /Trustees. OR units held in my/our mu of nominee(s) and furth our legal heirs would ne	at I / We do not wish to appoint any r ual fund folio and understand the iss er are aware that in case of death of r ed to submit all the requisite docume ty, based on the value of assets held	ues involved in non-appointme all the account holder(s), my nts issued by Court or other
If you do not wish to nomin	nate (Opt Out of Nomina	tion), it is mandatory	to sign as per the mode of holding in signature s	pace provided below i.e. in Nomination Deta	
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%
Nominee 1					
Nominee 2					
Nominee 3					
Sign of 1st Applicant / Guardian			Sign of 2nd Applicant	Sign of 3rd	A . P
hereby confirm and declare as under:- I/We have read and u nda thereto, issued from time to time and the Instructions. I/W egulations of the relevant Scheme(s). I/We have neither recei- nate sources only and is not designed for the purpose of con ommissions (in the form of trail commission or any other mode is correct, complete and truly stated. In the event of mylour nc applicable NAV as on the date of such redemption. I/We agr ecommended or advised me/us regarding the suitabilityor ap apple investments exceeding NB 50000 in aver. Andicable	Inderstood the contents of th We, hereby apply to the Trustived nor been induced by any travention or evasion of any a payable to him for the diffe of utililling the KYC process to the to notify WhiteOak Capita propriateness of the product et o NBIs : I/We confirm that 1	o the satisfaction of the Al al Asset Management Limi //scheme/plan. Applicable / am/We are Non-Residen	I Information of WhiteOak Capital Mutual Fund and the Sc Iutual Fund for allotment of units of the Scheme(s) of White r indirectly in making this investment. IWe declare that I a tification, Directions or any other applicable laws enacted to of various Mutual Funds from amongst which the Scheme MC/WhiteOak Capital Mutual Fund, IWe hereby authorise ited immediately in the event the information in the self-cer e to Micro Investors: I/We hereby declare that I/We do r f(s) of Indian Nationalit/Wicrim and IWe hereby confirm the	heme Information Document(s)/Key Information mer Oak Capital Mutual Fund, as indicated above and a NWe are authorised to make this investment and th y the Government of India or any Statutory Authority s) is/are being recommended to me/us. I/We declare he AMC/White/Oak Capital Mutual Fund to redeem th ification changes. For investors investing in Direc ot have any existing Micro investments which toget the funds for subscription have been remitted from	(Please Refer instruction no. 1 norandum of the respective Scheme(s) gree to abide by the terms, conditions, r The ARN holder has disclosed to me/u that the information given in this applica that the funds invested by m Plan: I/We hereby agree that the AMC ner with the current application will resu- horand through normal handmic channe
ereby confirm and declare as under:- I/We have read and u da thereto, issued from time to time and the Instructions. I/W gulations of the relevant Scheme(s). I/We have neither recei- ale sources only and is not designed for the purpose of com mmissions (in the form of trail commission or any other mode sourcet, complete and truly stated. In the event of my/our no applicable NAV as on the date of such redemption. I/We agr commended or advised melus regarding the suitabilityor ap ale investment sexceeding RS. 50.000 in a year. Applicable funds in my/our Non-Resident External / Ordinary Account / ove specified information is found to be false or untrue or mis nail information as may be required at your end. I/We hereby its Sponsor, Asset Management Company, trustees, their er ities and other investigation agencies without any obligation Please ✓ if the EUIN space is left blank: I / We hereby confirm th distributor or notwithstanding the advice of in-appropriateness, if CONFIRMATION CLAUSE hereby give consent to the Company or its Authorized Agent sclosure of the information contained herein to its affiliate/gr that all personal or transactional related information collect rivecy policy as available at the website of the Company.	understood the contents of th We, hereby apply to the Trust ived nor been induced by any travention or evasion of any v e), payable to him for the diffe of fulfilling the KYC process to e to notify WhiteOak Capita propriateness of the product e to NRIs: I/We confirm that I FOIR Account (s). FATCA Jeading or misrepresenting, I, y authorise you to disclose, s mployees ('the Authorised Pe of advising me/us of the sam that the EUIN box has been into any, provided by the employee ts and third party service pro roup companies or their Auth	srent competing Schames of the satisfaction of the AI Asset Management Limi Vischeme/plan. Applicabli arm/We are Non-Residen and CRS Declaration: I We shall be liable for it. I/ share, remit in any form, n artifes?) or any Indian or fo re. entionally left blank by me/Lo- relationship manager/sale	I Information of WhiteOak Capital Mutual Fund and the Sc futual Fund for allotment of units of the Scheme(s) of White or indirectly in making this investment. I/We declare that I a tification, Directions or any other applicable laws enacted to or various Mutual Funds from amongst which the Scheme MCWhiteOak Capital Mutual Fund, I/We hereby authorise ted immediately in the event the information in the self-cere et o Micro Investors: I/We hereby declare that I/We dor (ts) of Indian Nationality/Origin and I/We hereby confirm that We also undertake to keep you informed in writing about ar node or manner, all/any of the information provided by me/ preign governmental or statutory or judicial authorities/ager us as this is an "execution-only" transaction without any interace as person of the distributor and the distributor has not charged (data provided by me to contact me through any channel of try Service Providers in order to provide information and	heme Information Document(s)/Key Information mer Oak Capital Mutual Fund, as indicated above and a mWe are authorised to make this investment and th y the Government of India or any Statutory Authority s) is/are being recommended to me/us. I/We declare the AMC/WhiteOak Capital Mutual Fund to redeem th iffication changes. For investors investing in Direc of have any existing Micro investments which toget the funds for subscription have been remitted from yrovided in this form is true and correct to the best of y changes/modification to the above information in fu us, including all changes, updates to such informatio cicles including but not limited to the Financial Intellig ion or advice by the employee/relationship manager/sala my advisory fees on this transaction.	(Please Refer instruction no. 1 norandum of the respective Scheme(s) gree to abide by the terms, continos, r, a amount invested in the Scheme is thro. The ARN holder has disclosed to me/u that the information given in this applica te units against the funds invested by m (Plan: I/We hereby agree that the ANC are with the current application will resu- abroad through n ormal banking channe my/our knowledge and belief. In case ar ture and also undertake to provide any o n as and when provided by me/us to ML ence Unit-India (FIU-IND), the tax /reve as person of the above
	Inderstood the contents of th We, hereby apply to the Trust ived nor been induced by any travention or evasion of any v e), payable to him for the diffe of fulfilling the KYC process to e to notify WhiteOak Capita propriateness of the product e to NRIs: I/We confirm that I FOIR Account (s). FATCA Jeading or misrepresenting, I, y authorise you to disclose, s mployees ('the Authorised Pa of advising me/us of the sam that the EUIN box has been intti any, provided by the employee ts and third party service pror roup companies or their Auth ad/provided by me can be sha	srent competing Schames of the satisfaction of the AI Asset Management Limi Vischeme/plan. Applicabli am/We are Non-Residen and CRS Declaration: I We shall be liable fori .I. U share, remit in any form, n artifes') or any Indian or fo ne. entionally left blank by me/u eridationship manager/sale viders to use information/ torized Agents or Third Pa ared/transferred and discl	I Information of WhiteOak Capital Mutual Fund and the Sc futual Fund for allotment of units of the Scheme(s) of White or indirectly in making this investment. I/We declare that I a tification, Directions or any other applicable laws enacted to or various Mutual Funds from amongst which the Scheme MCWhiteOak Capital Mutual Fund, I/We hereby authorise ted immediately in the event the information in the self-cere et o Micro Investors: I/We hereby declare that I/We dor (ts) of Indian Nationality/Origin and I/We hereby confirm that We also undertake to keep you informed in writing about ar node or manner, all/any of the information provided by me/ preign governmental or statutory or judicial authorities/ager us as this is an "execution-only" transaction without any interace as person of the distributor and the distributor has not charged (data provided by me to contact me through any channel of try Service Providers in order to provide information and	heme Information Document(s)/Key Information mer Oak Capital Mutual Fund, as indicated above and a WW are authorised to make this investment and th y the Government of India or any Statutory Authority s) is/are being recommende to me/us. IW4 declare the AMC/WhiteOak Capital Mutual Fund to redeem th ification changes. For investors investing in Direc of have any existing Micro investments which toget the funds for subscription have been remitted from rovided in this form is true and correct to the best of y changes/modification to the above information in fu us, including all changes, updates to such information cicles including but not limited to the Financial Intellig ion or advice by the employee/relationship manager/sali any advisory fees on this transaction.	(Please Refer instruction no. 1 norandum of the respective Scheme(s) gree to abide by the terms, continos, r, a amount invested in the Scheme is thro. The ARN holder has disclosed to me/u that the information given in this applica te units against the funds invested by m (Plan: I/We hereby agree that the ANC are with the current application will resu- abroad through n ormal banking channe my/our knowledge and belief. In case ar ture and also undertake to provide any o n as and when provided by me/us to ML ence Unit-India (FIU-IND), the tax /reve as person of the above

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