

Please read the Terms and Condition, KIM, SID, SAI and any addendums issued for the respective schemes.



Name & Broker Code/ ARN/RIA Code**	Sub Broker/ Agent ARN Code	Internal Code for Sub Agent / Employee	EUIN*	ISC Date Time Stamp/ Reference No.

\*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)

**1. EXISTING UNIT HOLDER INFORMATION** (The details in our records under the folio number mentioned will apply for this application.) [Please mention name as per PAN]

[illegible]

Name of Unit Holder:	Name as per PAN
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## 2. ADDITIONAL PURCHASE

<b>Scheme</b>	Please Specify	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input checked="" type="radio"/> Growth (Default)	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment (Default)	<input type="radio"/> IDCW frequency* .....
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\*IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Duration Fund

Payment Type: Please (✓) ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

[illegible]

<b>Payment Type: Please (✓)</b> <input type="checkbox"/> Cheque <input type="checkbox"/> RTGS / NEFT	<b>Instrument No. / UTR No.</b>	<b>Amount (₹)</b>	<b>Drawn on Bank / Branch, Date</b>
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☐ **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. \_\_\_\_\_

\* If the payment mode is OTM, then the debit instructions will be sent to investor's bank within 1 working day from the date of application.

**2A. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details.**

National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)

DP Name: \_\_\_\_\_ DP Name: \_\_\_\_\_

[illegible]

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

**3. REDEMPTION - I WISH TO REDEEM UNITS / AMOUNT AS UNDER:**

Scheme	Please Specify	<input type="radio"/> Regular Plan	<input type="radio"/> Growth	<input type="radio"/> IDCW Payout	<input type="radio"/> IDCW Frequency*
		<input type="radio"/> Direct Plan		<input type="radio"/> IDCW Reinvestment	.....

\*IDCW frequency is applicable to WhiteOak Capital Liquid Fund and WhiteOak Capital Ultra Short Duration Fund..

Amount (in figures) (₹): Or Units (in figures): ☐ Or All Units

Amount (in words) (₹):

**Direct Credit to other than Default Bank Account:** I / We request you to directly credit the proceeds to my (Bank Name) for this transaction, which is one of the multiple bank already registered under the folio.

**4. SWITCH REQUEST - I WISH TO SWITCH UNITS / AMOUNT AS UNDER:**

From Scheme	Please Specify	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth	<input type="radio"/> IDCW Payout <input type="radio"/> IDCW Reinvestment	<input type="radio"/> IDCW frequency* .....
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Amount (in figures) (₹): \_\_\_\_\_ Or Units (in figures): \_\_\_\_\_ ☐ Or All Units

Amount (in words) (₹):

To Scheme	<input type="radio"/> Regular Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> IDCW Payout	<input type="radio"/> IDCW frequency* .....
	<input type="radio"/> Direct Plan		<input type="radio"/> IDCW Reinvestment (Default)	

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## 5. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of WhiteOak Capital Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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 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.

☐ 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.

## ACKNOWLEDGEMENT SLIP

Folio No.: \_\_\_\_\_ ☐ Additional Purchase ☐ Redemption ☐ Switch **Date:** D D M M Y Y Y Y

Scheme: \_\_\_\_\_ Amount (₹): \_\_\_\_\_ or Units: \_\_\_\_\_

From Scheme (in case of switch): \_\_\_\_\_ To Scheme: \_\_\_\_\_

Please read the KIM, SID, SAI and any addendums issued for the respective schemes

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