

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

Name & Broker Code/ ARN / RIA / PMRN 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)
 In case 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 [Please mention name as per PAN]

Folio Number

Applicant Name PAN

2. SIP INVESTMENT DETAILS

(SIP end date cannot exceed 40 years)

Refer SIP Registration and Discontinuation in Instructions for SIP

Scheme Name	WhiteOak Capital	WhiteOak Capital
Plan	<input type="checkbox"/> Regular OR <input type="checkbox"/> Direct	<input type="checkbox"/> Regular OR <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth OR <input type="checkbox"/> IDCW: <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Growth OR <input type="checkbox"/> IDCW: <input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
SIP Frequency	Monthly (Default) OR <input type="checkbox"/> Weekly (Specify Day) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly	Monthly (Default) OR <input type="checkbox"/> Weekly (Specify Day) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly
SIP Date	Default date (Monthly and Quarterly): 10th OR (Specify Date)	Default date (Monthly and Quarterly): 10th OR (Specify Date)
SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SIP Amount		

3. ☒ SIP TOP-UP - 5% yearly SIP Top up is the Default option for all Monthly and Quarterly SIPs. In case you wish to modify please select from the options provided below

To avail Top up in an existing SIP please provide	Unique Ref No: <input type="text"/> (As given in SOA)	Unique Ref No: <input type="text"/> (As given in SOA)
Percentage (min. 5% or in multiples of 5%) Or Amount (min Rs. 500 or in multiples of 500)	5% (default) OR <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% OR Amount Rs. <input type="text"/>	5% (default) OR <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% OR Amount Rs. <input type="text"/>
Top- Up Frequency	Yearly (default) OR <input type="checkbox"/> Half Yearly	Yearly (default) OR <input type="checkbox"/> Half Yearly
Top Up Cap (if any)	Amount: <input type="text"/> OR Month - Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount: <input type="text"/> OR Month - Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Opt Out of Top Up	<input type="checkbox"/> I do not wish to opt for SIP Top - Up	<input type="checkbox"/> I do not wish to opt for SIP Top - Up

*SIP Top Up is not applicable for Weekly and Fortnightly frequency SIPs. Only Fixed Top Up option can be availed in WhiteOak Capital ELSS Tax Saver Fund. (Please refer T & C of form)

4. SIP PAYMENT DETAILS

1st SIP Cheque No. Chq Date Amt.

Mandatory Enclosures*

OR ☐ Payment through Existing OTM already Registered in the Folio including the First Installment☐ Cancelled Cheque Leaf ☐ Copy of Cheque

(Name of the 1st applicant must be pre-printed on the cheque.)

*Blank Cancelled Cheque Leaf or Copy of Cheque Leaf of the new OTM bank account to be provided in case

1st instalment cheque is different from the OTM Mandate.

Bank Name Bank A/c No.

If the OTM is not registered in folio or not provided, then the below OTM Debit Mandate Form will be required to be filled for SIP instalment payments.

5. 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 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.

"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



Scan and view the video to
avoid errors while filling the below
OTM Debit Mandate Form

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

	UMRN <input type="text"/>	Bank use <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sponsor Bank Code <input type="text"/>	Bank use <input type="text"/>	<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	
Utility Code <input type="text"/>	Bank use <input type="text"/>	I/We hereby authorize WhiteOak Capital Mutual Fund	
To Debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	Bank A/c <input type="text"/>		
With Bank <input type="text"/>	Name of customers bank <input type="text"/>	IFSC / MICR <input type="text"/>	
An Amount Of Rupees <input type="text"/>	₹ <input type="text"/>		
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		
Reference 1 <input type="text"/>	Folio No. <input type="text"/>	Reference 2 <input type="text"/>	Scheme Name <input type="text"/>

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

To

(End date cannot exceed 40 years)

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