

MULTIPLE SIP COMMON APPLICATION FORM

(Multiple SIPs through Single Cheque / One Time Bank Mandate Form)

KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIIN)
ARN-			

* EUIIN Declaration (Only where EUIIN box is left blank) - EUIIN Declaration: I/We hereby confirm that the EUIIN 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 and the distributor has not charged any advisory fees on this transaction. (Refer Instruction No XII)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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1. EXISTING INVESTOR FOLIO NUMBER

 /

2. MODE OF HOLDING [Please tick (✓)]

☐ Single ☐ Joint (Default) ☐ Any one or Survivor

3. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.

NSDL <input type="checkbox"/> DP Name <input type="text"/>	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL <input type="checkbox"/> DP Name <input type="text"/>	Beneficiary Account No. <input type="text"/>	

4. APPLICANT DETAILS (Mention name as per your PAN / Income Tax Department (ITD)) (Mandatory to mention Date of Birth for all holders)

Sole/First Applicant Mr. /Ms./M/s	DOB <input type="text"/>
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Name of Guardian if first applicant is minor/ Contact Person for non individuals	Mr. /Ms./M/s
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Date of Birth of Guardian <input type="text"/>	Guardian's Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Proof of Date of Birth and Guardian's Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify)
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PAN / PEKRN <input type="text"/>	CKYC ID (CKIN) <input type="text"/>
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LEI No.: **Valid upto:** Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual. (Refer instruction No.XV)

STATUS	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Limited Company <input type="checkbox"/> FPI Category I <input type="checkbox"/> Banks <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust /Society/ NGOs* (Enter Registration No. of Darpan Portal) <input type="checkbox"/> NRI <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> FPI Category II <input type="checkbox"/> Defence Establishment <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal) <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Partnership Firm/LLP <input type="checkbox"/> FPI Category III <input type="checkbox"/> Government Body <input type="checkbox"/> Mutual Fund FOF Schemes <input type="checkbox"/> Others (Please specify)
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Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)	<input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
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Correspondence Address (Address details will be updated as per your KYC records with CKYC / KRA) Overseas Address (Mandatory for NRI / FPI Applicants & PIO's)

House/Flat No. <input type="text"/>	House/Flat No. <input type="text"/>
Street Address <input type="text"/>	Street Address <input type="text"/>
City/Town <input type="text"/>	City/Town <input type="text"/>
State <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Pin Code <input type="text"/>	ZIP Code <input type="text"/>
Tel. (Res.) <input type="text"/>	Tel. (Off.) <input type="text"/>
Mobile No. <input type="text"/>	Fax <input type="text"/>

Email ID (CAPITAL Letters Only) <input type="text"/>

Email ID belongs 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 in case of minor <input type="checkbox"/> Others
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Mobile No. belongs 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 in case of minor <input type="checkbox"/> Others
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Investors providing Email Id would mandatorily receive Statement of Accounts / Annual Report / Abridged Annual Report / Statutory & other documents on email. Please register your Mobile No & Email Id with us to get transaction alerts via SMS & Email, respectively.

I hereby declare that I shall immediately update any change in Mobile Number/Email ID. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the Email ID).

Second Applicant Mr. /Ms./M/s	DOB <input type="text"/>
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PAN / PEKRN <input type="text"/>	CKYC ID (CKIN) <input type="text"/>	STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
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Mobile No. <input type="text"/>	Email ID (CAPITAL Letters Only) <input type="text"/>
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Email ID belongs 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 in case of minor <input type="checkbox"/> Others
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Mobile No. belongs 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 in case of minor <input type="checkbox"/> Others
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Third Applicant Mr. /Ms./M/s	DOB <input type="text"/>
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PAN / PEKRN <input type="text"/>	CKYC ID (CKIN) <input type="text"/>	STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
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Mobile No. <input type="text"/>	Email ID (CAPITAL Letters Only) <input type="text"/>
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Email ID belongs 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 in case of minor <input type="checkbox"/> Others
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Mobile No. belongs 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 in case of minor <input type="checkbox"/> Others
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5. BANK ACCOUNT DETAILS MANDATORY for Redemption / IDCW / Refunds, if any (Refer instruction No.III)

Account No. <input type="text"/>	A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
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Name of Bank <input type="text"/>	Bank Branch <input type="text"/>
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Branch City <input type="text"/>	PIN <input type="text"/>	IFSC Code <input type="text"/>	MICR Code <input type="text"/>
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Please ensure the name on this application form and in your bank account is the same. Mandatory to attach proof in case the pay-out bank account is different from the bank account from where investment is made.

6. INVESTMENT & PAYMENT DETAILS (Cheque should be drawn in favour of Helios Multi SIP collection A/c) (Refer instruction No.IV)

Investment Amount (₹)	DD Charges (₹)	Net Amount (₹)	Instrument No/TR No.	Date	Drawn on Bank	Bank Branch	City
				D D M M Y Y Y Y			

7. SIP REGISTRATION DETAILS (Investors are required to fill an OTM form below for SIP debits. Single mandate form to be filled, irrespective of no. of schemes chosen for SIP).

Scheme / Plan / Option	Frequency (Please ✓ any one)	Enrollment Period	SIP Date	SIP Amount	Top-Up Facility (Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)			
Scheme 1 Helios	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)	Amount (₹) or in Percentage (%) <input type="checkbox"/> 10% <input type="checkbox"/> 15% OR <input type="checkbox"/> 20% <input type="checkbox"/> Others (Multiples of 5%) Frequency <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)			
	Scheme 2 Helios	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)	SIP Top Up Start Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP Top Up End Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Scheme 3 Helios	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)	SIP Top Up Start Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP Top Up End Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			Scheme 4 Helios	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)	SIP Top Up Start Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP Top Up End Month/Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Scheme 5 Helios	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)

SIP Enrollment period should be less than 40 years and it should be less than or equal to the mandate tenure.

8. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form (Refer instruction No.XIV)

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third 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								
2								
3								
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

9. ADDITIONAL KYC DETAILS (For Non Individuals, please attach mandatory UBO Declaration Form) (Mandatory)

OCCUPATION	Government Service/ Public Sector	Private Sector Service	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
1 st 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"/> (please specify)
2 nd 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"/> (please specify)
3 rd 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"/> (please specify)
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"/> (please specify)

GROSS ANNUAL INCOME DETAILS	Below ₹1 Lac	₹1-5 Lacs	₹5-10 Lacs	₹10-25 Lacs	₹25 Lacs-1 Crore	>₹1 Crore	NET-WORTH (in ₹)	Date				
1 st Applicant	<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				
2 nd Applicant	<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				
3 rd Applicant	<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"/>		D D M M Y Y Y Y				
PEP DETAILS	1st Applicant			2nd Applicant			3rd Applicant			Guardian		
Are you a Politically Exposed Person (PEP)	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 <input type="checkbox"/>		
Are you related to a Politically Exposed Person (PEP)	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 <input type="checkbox"/>		

10. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

First Applicant POA Name Mr. /Ms./M/s

DOB

PAN

Original POA document or notarized copy of POA needs to be submitted in case of Investment through POA. In case each applicant wants to provide separate POA, the same can be provided by the way of letter.

11. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XVI).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. I/We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

☐ Yes
☐ No

12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Nomination shall be optional for jointly held Mutual Fund Folios) (Refer instruction No.VI for details)

☐ A) I/We wish to nominate as under:

OR

☐ B) I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the implications / issues involved in non-appointment of any nominee(s) and am / are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Mandatory Information								Non-mandatory Information
Name of Nominee(s) (IN CAPITALS) (Mandatory)	Share of each Nominee#	Date of Birth (for Minor)	Relationship with the Applicant (select one)	Nominee/ Guardian (in case of Minor) Identification details <i>[Please tick any one of the following and provide ID Number and no copies required].</i>	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Mobile of nominee(s)/ Guardian in case of Minor	Email ID of nominee(s)/ Guardian in case of Minor	Nominee Guardian Name (in case Nominee is Minor)
Mr./Ms. Details of 1st Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	Pin Code:			
Mr./Ms. Details of 2nd Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	Pin Code:			
Mr./Ms. Details of 3rd Nominee	%	DD MM YYYY	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	Pin Code:			

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) with % ☐ Nomination: Yes / No (Default)

Signature(s) – As per mode of holding in demat accounts / MF Folio(s)

Name of the Holder	Signature/ Thumb Impression of holder	Signature of two witness(es) along with name & address are required, if the account holder affixes thumb impression instead of signature	
		Name & Address of Witness	Witness Signature
Sole / 1st Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2
2nd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2
3rd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2

13. RESOLUTION OF DISPUTES (For Institutional or Corporate Clients) (Refer instruction No.XVII)

☐ Smart ODR **OR** ☐ By harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

14. DECLARATION AND SIGNATURE

I/We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. 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 hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby agree and authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We have read and understood the purpose(s), as described under the Privacy Policy of the AMC, for which my/our details can be shared with various entities/people/authorities indicated in foregoing Para and I/We hereby consent to the same. I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby authorize the representatives of the Fund/AMC and its Associates to contact me through any mode of communication. This will override the registry on DND / DNDC, as the case may be.

Signature of Sole/First Applicant/Guardian

Signature of Second Applicant

Signature of Third Applicant

Please submit the following documents with your application (where applicable)

SR.No.	Documents	Individuals	NRIs/ PIO/ OCI	Minors	Companies / Body Corporates	Trusts	Societies	HUF	Partnership Firms / LLP	FPIs	Investments through Constituted Attorney
1	Signed A/c Payee cheque/draft favouring the scheme	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Copy of cancelled cheque (Required where pay out bank details are different from the instrument bank)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Resolution / Authorisation to invest				✓	✓	✓		✓	✓	
4	List of Authorised Signatories with Specimen Signature(s)				✓	✓	✓		✓	✓	✓
5	Memorandum & Articles of Association				✓						
6	Trust Deed					✓					
7	Bye-Laws						✓				
8	Partnership Deed / Deed of Declaration							✓	✓		
9	Proof of PAN & KYC / CKYC - KIN number (including for guardian)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Foreign Inward Remittance Certificate		✓							✓	
11	Date of Birth Certificate or School Living Certificate or Passport of Minor evidencing relationship with Guardian			✓							
12	Declaration for Identification of Beneficial ownership				✓	✓	✓	✓	✓	✓	✓
13	FATCA / CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	PIO/OCI (As applicable)		✓								

All documents for entities above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

ONE TIME BANK MANDATE
(NACH/OTM/Direct Debit Mandate Form)

UMRN

F O R O F F I C E U S E O N L Y

Date

D D M M Y Y Y Y

Tick (✓)

CREATE ✓

MODIFY X

CANCEL X

Sponsor Bank Code

FOR OFFICE USE ONLY

Utility Code

FOR OFFICE USE ONLY

I/We hereby authorize

HELIOS MUTUAL FUND

to debit (tick ✓)

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NRO

☐ Other

Bank a/c number

with Bank

Name of customers Bank

IFSC

or MICR

an amount of Rupees

Amount in words

₹

FREQUENCY

☒ Mthly

☒ Qtly

☒ H-Yrly

☒ Yrly

☒ As & when presented

DEBIT TYPE

☒ Fixed Amount

☒ Maximum Amount

PAN

Phone No.

+91

Reference

Email ID

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.

This is to confirm that the declaration has been carefully read, understood and 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. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD

From

To

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1. Name as in Bank records

2. Name as in Bank records

3. Name as in Bank records

As per the NPCI circular dated October 31, 2023, effective April 1,2024, the mandate can be for a maximum duration of 40 years from the date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - MULTIPLE SIP + TOP-UP FACILITY FORM

Name of the Investor:

PAN/FOLIO NO.:

SIP Amount: ₹

Fixed SIP Top-Up Amount: ₹

Top-Up Frequency (✓):

Variable SIP TOP-UP:

☐ 10%

☐ 15%

☐ 20%

☐ other

(multiples of 5% only)