

COMMON APPLICATION FORM

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique	Identification No.*	RIA Name & RIA Code [#]	Date & Time of Receipt
tD (5100)			P. C.		
However, in case of any exceptional cases wh	ere there is no such interaction, the been intentionally left blank by radvice of in-appropriateness, if any	e investor can keep EUIN be me/us as this transaction is y, provided by the employee	ox blank and sign the follow s executed without any in /relationship manager/sal	ving declaration; nteraction or advice by the emplo es person of the distributor/sub bro	
First Unitholder/ Guard	lian/ POA	Secon	d Unitholder		Third Unitholder
Upfront commission shall be paid directly by					
TRANSACTION CHARGES Please tick ()	(₹ 150 will be deducted)	vestor across Mutual d through a distributor who has bus factors including service ren		I am an existing investor (₹ 100 will be deducted) es. Upfront commission shall be paid di	rectly by the investor to the AMFI register distributor based on
1 EXISTING UNITHOLDERS DETA	AILS				
Existing Folio No.	Name o	of Sole/ First Unit Hold	er		
Note: All investor details like mode of holding For registering different information, please		estor address and contact	details, will be captured a	s per existing information under t	he given folio. Proceed directly to section 7.
2 NEW APPLICANT'S DETAILS	(Please fill in BLOCK LETTERS	S with black/blue ink and re	ad the instructions carefu	lly, on page 1 to 4 before filling u	p the form
APPLICATION FOR Zero Ba	lance Folio Investment	t			
Name of Entity/ Sole/First Applica	nt Mr. Ms.				(as in PAN)
PAN/PEKRN	KYC [Yes No Moo	de of Holding (Please ✓) Single Joint	Either/ Anyone or Survivor (Default Option : Joint)
Date of Birth/Incorporation (Mandatory)	D D M M Y	YYY	Proof of Birth (Please ✓) Passport Birt	h Certificate Others
Status Please () Resident Individual Company/Body Corpo Partnership Firm (For Non-Individual investors, FATC	PSU AOP/BOI rate Sole Proprietor Others CA, CRS & Ultimate Beneficial OwnersI		olishment Plo		NGOs Society FI NRI and when applicable) Government Body
Non-Individual Investors involved/p		.,,,		nge/ Money Changer Service	s Money Lending/ Pawning
Please (✓) (Applicable only for Non Individuals)			Gaming/ Gamb	ling/ Lottery/ Casino Services	None of the above
Name of Guardian / Contact Person (Contact Person for non-indiviudal applicant)	Mr. Ms.				(as in PAN)
PAN/PEKRN for Guardian / Contact Pe	erson		Date of Birth (Ma	ndatory) D D M M Y	YYY
Relationship with Minor Father	Mother Legal Guardia	RN (Refer instructions)			
3 NAME OF THE SECOND APPLI	CANT Mr. Ms.				(as in PAN)
Date of Birth (Mandatory)	M Y Y Y Y PAN	/PEKRN		Self-attested copy of PAN	I/PEKRN along with KYC acknowledgment should be attached
4 NAME OF THE THIRD APPLICA	Mr. Ms.				(as in PAN)
Date of Birth (Mandatory)	M Y Y Y Y PANA	/PEKRN		Self-attested copy of PAN	I/PEKRN along with KYC acknowledgment should be attached
5 ADDRESS & CONTACT DETAIL	S OF FIRST/ SOLE APPLIC	ANT (P.O. Box Address	is not sufficient. Refer i	nstruction no. 3)	
Correspondence Address (address deta		cords with CKYC / KRA.	Overseas Addre	SS (Mandatory for NRI / FII Applicants	,
	HOUSE / FLAT NO.				FLAT NO.
	TREET ADDRESS				ADDRESS
CITY / TOWN		STATE		CITY / TOWN	STATE
COUNTRY		PIN CODE		COUNTRY	PIN CODE
Tel. (Res.)	Tel. (Off	f.)		Mobile No.	
Mobile No. provided Self Self	Spouse Dependent Child	Iren Dependent Sib	lings Dependent I	Parents Guardian Po	OA Custodian (for FPIs only) PMS
Email ID (CAPITAL letters only)					
pertains to — —	Spouse Dependent Child		• .	Parents Guardian Po	OA Custodian (for FPIs only) PMS
I hereby authorise 360 ONE MF (Formerly ki Investors providing Email ID would mandatorily I wish to receive physical copy of the schem-	receive E - Statement of Accounts in li	ieu of physical Statement of Acc		or abridged summary on email.	
T WISH to receive physical copy of the scrient	e wise aimuai report and abhuged sun				
360 ACKNOWLEDGA (To be filled in by the			ARN No:		Application No.
Received from					
Instrument No.	Drawn	on Bank & Branch	_		
Scheme/ Plan/ Option/ Sub-Option			Amount Rs.		Signature, Stamp & Date

Please Note: All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.

6 BANK ACCO	JNT D	ETAILS	S (Mano	latory) (De	tails of b	ank ac	count in	which r	edempti	on, IDCW o	or other	payments	to be credit	ted.)					
Account No. ^{\$}												Accou	int Type	Savings	Curre	nt \square	NRO	NRE	FCNR
Bank Name										(Do r	not abbre	(Please	v) _						
										(D01	1	eviale)							
Branch											City					Pin Co			
FSC Code*								Code						(IFSC/ NEFT co			ect credit)		
Please provide a cance 360 ONE Mutual Fund For unit holders opting	shall no	t be held	respon	sible for de	ays or err	ors in pr	ocessing	your req	uest if the	informatio	n provid	ed is incomp	olete or inacci	urate.	en in Sec	ion (9).			
7 FATCA and C	RS DI	TAILS	For In	dividuals	(Mand	atory)	Non Ind	ividua	linvest	ors inclu	ding H	JF manda	atorily fill s	separate FATC	A/CRS d	etails fo	orm		
Sol	/Fire	Annlie	rant/Gi	ıardian	<u>` </u>					2nd Appl	icant			<u> </u>		3rd Ar	plicant		
		Tax Pa			ntification	on	Cour	na fan elf		Tax Pay		Ident	ification	Country			Payer [®]	Ident	ification
Country#		Ref. ID	No No		Туре		Cou	intry#		Ref. ID	Ño		Гуре	Country	#	Ref.	ID No		Гуре
1							1							1					
2	_					-	2							2					
3					_		3							3					
Please indicate all Co In case Tax Identifica	untries tion Nu	ın which mber is	n you are not avail	e a residen able, kindl	t for tax p provide	urpose, its func	associate tional equ	ed Taxpa ivalent.	ayer Iden	tification N	umber a	nd it's Iden	tification type	eg. TIN etc.					
Sol	e/First	Applic	cant/G	ıardian					:	2nd Appl	icant					3rd Ap	plicant		
Country of Birth							Countr	y of Biı	th					Country of I	3irth				
Country of Nation	ality						Countr	y of Na	ationality	,				Country of	National	ity			
n case Country of Tax	Resid	ence is o	only Indi	a then deta	ils of Cou	intry of	Birth & Na	ationality	need no	t be provid	ed.								
8 ADDITIONAL	KYC	DETAIL	.S (Man	datory. Pl	ease rea	l instru	ctions no	5 & 6	under AF	PLICANT'	S INFO	RMATION.))						
OCCUPATION	Pre	ofessio	nal A	griculturi	st Hou	sewife	Retire	d Go	vernme	nt Servic	e/Publi	c Sector	Business	Forex Dealer	Studen	t Priva	te Sector S	Service	Others
1st Applicant						$\overline{}$	П												
2nd Applicant																			
3rd Applicant		$\overline{\Box}$		$\overline{\Box}$			$+\overline{\Box}$												
Guardian			\neg																
GROSS ANNUAL	INCO	ME DE	TAILS	, E	Below 1	Lac	1-5 Lac	cs 5-	10 Lacs	10-25	Lacs	25 Lac	s-1 Crore	>1 Crore	NE	T-WOR	TH IN ₹	ı	Date
1st Applicant															(Ne	t worth	should	DDM	M Y Y Y Y
2nd Applicant															1	not be	older	r DDMMYY)	
3rd Applicant																han 1	year)	DDM	M Y Y Y Y
Guardian																		DDM	MYYY
PEP DETAILS									1st Ap	plicant		2nd	Applicant	3r	d Applic	ant		Guardi	an
Are you a Political	ly Exp	osed P	erson (PEP)					Yes	No		Ye	es 🗌 No		Yes	No		Yes [No
Are you related to					(PEP)				Yes	No		Ye	es No		Yes	No		Yes [No
^Please attach Pro																			
9 PAYMENT & I	NVES	TMENT	DETA	ILS (Man	datory)	(Detail	s of acco	unt fro	m which	investmer	nt has b	een done.)							
Scheme												Plan	Regula	r Direc	t Opt	ion			
Amount figures)				Payr	nent mo	de	Cheq	ue	DD	Fund	d Trans	fer F	RTGS/NEF	Т	Instrur	nent no.	Cheq	ue/DD/UTF	/UMR No.
Account No.											A/c	Saving	Curren		NRE	FCN	R Othe	are F	lease specify
			1.4 V)							Joanny] IVIXE		Tt Out		
L	D D	IVI	IVI	_ T	Bank								Br	anch					
ypes of Investmen	t		umpsu	ım	Lump	sum +	SIP	(for S	IP please	e fill separa	te SIP c	um Mandat	e registration	n form)					
LEI No.												Valid U	pto	D M M	/ Y	YY			
Note: LEI no. is M	andatr	oy for t	ransac	tion amou	nt 50 cr	s abov	e for Nor	n indivi	dual. LE	I number	of 360				DJJFV1I	16			
10 UNITHOLDIN	G OP1	ION			Demat I	lode		Physic	al Mode	• These	details ar	e compulsory	if the investor	wishes to hold the u	nits in DEM	AT mode.			
lease ensure that	the se	quence	of Na	nes as m	entione	d in the	applica	ition fo	rm mate	ches with	that of	the acco	unt held w	ith any one of	the Depo	ository F	articipant.		
	Nat	ional S	ecuriti	es Depos	itory L	mited	(NSDL)						Central	Depository Se	curities	Limited	d (CDSL)		
DP ID No. Be	neficia	iry Acco	ount No	. 1	N						Targe	t ID No.							
Enclosures (Please	iale anne			Client	Master L	ict (CN	MI)	$\overline{}$	Transac	otion oum	Holdin	g Stateme	nt	Cancelled	Dolivory	Inotruot	ion Slip (DI	C)	

360 Z

360 ONE Asset Management Limited (Formerly known as IIFL Asset Management Limited)

7th Floor, 360 ONE Center, Kamala Mills Compound, Lower Parel, Mumbai - 400013.

Email ID: service@360.one

Toll-free no. 1800-2108-606 | Website: www.360.one/asset-management/mutualfund/

Ī	NOMINATION / NOMINATION OPT-OUT	(Mandatory
ч		IIVIaiiuatuiv

NOMINATION DETAILS

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.

	omination can be made ree nominees in the ac		Details of 1s	st Nominee	Details of	2nd Nominee	Details of 3rd Nominee				
				Mano	datory information						
1	Name of the nomine	e(s)	Mr./Ms.		Mr./Ms.		Mr./Ms				
-		- (-)									
2	Share of each Nomin	nee#		%		%	%				
3	Date of Birth (for Minor	or)	D D M M	Y Y Y Y	D D M M	Y Y Y Y	D D M M Y Y Y				
4	Relationship with the Applicant (select one)	е	Spouse Fathe Daughter Others		Spouse Fat		Spouse Father Mother Son Daughter Others (please specify)				
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required]. Passport (for NRIs/OCIs/			PAN Aadhaar (masked Passport (for NRI Driving License		PAN Aadhaar (masked last 4 digits) Passport (for NRIs/OCIs/PIOs) Driving License					
6	Address of Nominee Guardian in case of I (City, Place, State & Cour	Minor	,	Place	CityStatePin Code	_ Place	City Place State Country Pin Code				
_	Mobile of Nominee(s										
-	Guardian in case of I Email ID of nominee(
8	Guardian in case of I										
	Name of nominee(s) w	Minor) //ournor /ith %		tatement of holding or sta		rided to me/ us by the 360 (DNE AMC/MF as follows; (please tick, as appropriate) Nomination: Yes No (Default)				
			ny prior nomination made f holding in MF folio(s)		s), if any						
Jig		nitholder			nd Unitholder Name		Third Unitholder Name				
	First Unitho		nature(s) /	First Uni	nitholder Signature(s) /		First Unitholder Signature(s) / thumb impression				
	st Witness Name						Witness Signature				
	tness address										
	cond Witness Name tness address						Witness Signature				
			ame and address are req			ession, instead of signatur	е.				
			<u> </u>		R OPTING-OUT OF NO	DMINATION					
aw	are that in case of death	of all the	account holder(s), my / ou	ır legal heirs would need	d to submit all the requisit		d in non-appointment of nominee(s) and further are for claiming of assets held in my / our Mutual Fund al Fund Folio.				
	First Un	nitholder	Name	Secor	nd Unitholder Name		Third Unitholder Name				
	First Unitho thumb	older Sigr b impress	ature(s) / sion	First Uni	nitholder Signature(s) / numb impression	_	First Unitholder Signature(s) / thumb impression				
*Fi	rst Witness Name						Witness Signature				
	itness address										
	econd Witness Name						Witness Signature				
*W	itness address										

^{*} Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

12 POWER OF ATTORNEY (POA)	HOLDER DETAILS							PAN				
First Applicant POA Name												
Second Applicant POA Name												
Third Applicant POA Name												
13 DECLARATION & SIGNATURE	S											
/ We have read, understood and agree Scheme(s), Foreign Account Tax Complia 360 ONE Asset Management Limited (361 and all applicable rules and regulations a Scheme(s) is through legitimate sources of ARN holder has disclosed to me/us all the scheme is being recommended to me persons as per applicable Regulations of Resident Ordinary / FCNR Account maintal //We hereby accord my/our consent and I another body corporate or any person as ("UIDAI") by itself or through its Registrar communication. (iii) I/We hereby accord me/us in this Application Form.	ance Act and Common Repo 0 ONE AMC) (Formerly known and hereby confirm that I/W ponly and is not for the purpose e commissions (in the form of thus. For NRIs / PIOs / FPIso r (ii) residents of Canada, a pained in accordance with apple hereby authorize 360 ONE, toting under a lawful contrary and Transfer Agent ("RTA"	orting Standards, statutor wn as IIFLAsset Manage fe have not received nor se of contravention and/o of trail commission or any only: I/We confirm that I and I/We have remitted fuplicable RBI guidelines. AMC/Fund for (i) collectirct with 360 ONE AMC, ir (). I hereby authorize the I	y requirements prescri ment Limited) available been induced by any of revasion of any act, ru other mode), payable m/we are Non-Reside unds from abroad thro ong, receiving, possessi a accordance with the representatives of 360	bed by SEBI, AMFI, Pie on the website of 360 rebate or gifts, directly les, regulations, notifict to him for the different ent Indians / Person(s) ugh approved banking ing, storing, dealing, h Privacy Policy. (ii) val ONE Asset Managen	revention ONE Mo or indire cations or competir of Indian g channel andling o lidating/a nent Limit	of Money La stual Fund w ctly, to make directions is g Schemes Origin / Forei s or from fur disclosure uthenticating ed and its As	underin ww.360. this inv sued by of varior gn Portf ds in m of my/ o with U	ng Act, 2002 one/asset- vestment. To any regula us Mutual If folio Invest- ny / our Nor ur Persona nique Iden es to contact	? (PMLA) manage he amou tory auti Funds fro ors but no n-Reside I Data t tification or me thr), Privace ement/nunt invertion amoont (i) Unent Externo the the to the the Authoriough are	cy Pol mutual ested in India ongst v nited S ernal / nird pa rity of ny mo	icy of fund/ in the The which states Non- rty or India ide of

Second Unitholder

Third Unitholder

First Unitholder/ Guardian/ POA



SIP REGISTRATION CUM MANDATE FORM (For investment through NACH)

Maximum period is 40 year from start date

Distributor Name & ARN No.	Sub-Broker Code	Employee Uniqu	e Identification No.*	RIA Name & RIA	Code [#]	Date & Time of Receipt
ease sign alongside in case the EUIN is left blar titionship manager/sales person of the above dis Sign First / Sole Applica	stributor/sub broker or notwithstanding t	the advice of in-appropriaten Second	ess, if any, provided by the e Applicant /	is as this transaction is execu imployee/relationship manag	ted without any interer/sales person of the	ne distributor / sub broker.
lere Authorised S front commission shall be paid directly by the *I/ We hereby give my/ our consent to share/	Signatory Investor to the AMFI registered Distrib	utors based on the investor'		•	Authorised S endered by the distri	Signatory
UNITHOLDER INFORMATION	provide transaction data reed, unit not	ang irrespectoring our inv	estinents under Directi la	no the above mentioned Ni		
o Number/ Application No.			PAN			
ne of the First Holder						
eme		Optio	n		Plan	
REQUEST FOR				Registratio	n of SIP	Renewal of SIP
SYSTEMATIC INVESTMENT PLAN	DETAIL (SIP DETAIL)					
Frequency	Eni	rolment Period	SIP	Instalment Ste	ep-Up (Optional	(Please refer inst. no. 10)
1	From	То	Perpetual Date	Amount Amoun	t Cap Amoun	
Monthly (Any date: 1st to 28th, 7th is defaul	<u> </u>	M M Y Y Y Y	Perpetual D D			Half Yearly Ye
Quarterly (Any date: 1st to 28th, 7th is defa			(Till 40 Years	NA NA	NA NA	Half Yearly Ye
Fortnightly (2 nd & 16 th every month)	D D M M Y Y Y Y		from SIP NA	NA NA	NA NA	NA NA
INVESTMENT DETAILS						
st Installment Cheque Da	ate DDMMYY	Y Y Cheque No).	Amo	unt	
nk A/C No.						
nk Name		Drawn on Bar	nk and Branch			
UNITHOLDING OPTION	Demat Mode Pl	hysical Mode These	details are compulsory if the	investor wishes to hold the u	nits in DEMAT mode).
ase ensure that the sequence of Name	es as mentioned in the application	n form matches with the	at of the account held v	vith any one of the Depo	sitory Participan	t.
ational Securities DP ID No. Beneficiary Account No.	I N	Central Depositor Securities Limited (CDSL)				
nclosures (Please tick any one box)	Client Master List (CML)	Transaction cum	Holding Statement	Cancelled De	livery Instruction	on Slip (DIS)
DECLARATION						
e wish to inform you that I/We have rec clare that the particulars given above are correct r authorized Service Providers to get this manda trol of the 360 ONE Mutual Fund/service provide to the service of the service of the service of the temporarious mutual Funds from amongst wh	iity with this mandate. The ARN holder na	as disclosed to me/us all the	t to the 360 ONE Mutu e as a participant under the l s on the applicable dates. If d them responsible. I/We sh commissions (in the form of	al Fund as per account d Electronic Debit arrangement of the mandate is not lodged / tra all keep indemnified for claims trail commission or any other	letails as above to if the SIP facility. I/We insaction is not colle and actions, that 360 mode), payable to h	by debit to said Bank acce hereby authorize the benefici cted or delayed for reasons be I ONE Mutual Fund/ service pro him/them for the diferent com
AUTHORISATION AND SIGNATUR	•		ANDATORY)			
hereby request and authorise the Bank to hono sep sufficient funds in the account well prior to the Il not dispute any debit raised under this mandate Sole /1st AccountHolder's Sign		above and cause my account to tion. Debited contributions ma the validity period. I/We shall 2nd Account Holder's			cation may be debite ider as per rules, pro of execution in confor Account Holder's	
asset		NE TIME MANDA				
360	UMRN FOR C	NE TIME MANDA	U S E	ONITY	Date D D	MMYYY
m			Utility Code	FOE	R OFFICE USE O	
		USE UNLT	Othity Code	FUR	OFFICE USE C	JINLT
Sponsor Bank Cod			:-1. ()	CA CC	CD NDE	CD NDO
Sponsor Bank Cod Tick (<) CREATE I/We hereby authoriz MODIFY		to debit t	ick (✓) SB	CA CC	SB-NRE	SB-NRO Othe
Sponsor Bank Cod Tick (<) CREATE			ick (✓) SB			SB-NRO Othe
Sponsor Bank Cod Tick (<) CREATE I/We hereby authoriz MODIFY Bank A/c number		to debit to	ick (🗸)	CA CC		SB-NRO Othe
Sponsor Bank Cod Tick (<) CREATE					DR	SB-NRO Other
Sponsor Bank Cod Tick (<) CREATE	ze 360 ONE AMO	IFSC (Amount in Wor		or MIC	DR	
Sponsor Bank Cod Tick () CREATE I/We hereby authoriz MODIFY Bank A/c number with Bank an amount of Rupees	ze 360 ONE AMO	IFSC (Amount in Work Yearly ✓ As & w	ds)	or MIC	CR Amo	unt in Figures)
Sponsor Bank Cod Tick (<) CREATE	Quarterly Half Yearly	IFSC (Amount in Work Yearly As & w	ds) then presented Mobile No. +91 Email ID per latest schedule for ch	DEBIT TYPE * Fi	CR Amount (Amo	unt in Figures)
Sponsor Bank Cod Tick (<) CREATE	Quarterly Half Yearly Augrees by the bank whom I am authority read, understood & made by me/us. I am authority read & m	IFSC (Amount in Wor Yearly As & w izing to debt my account as norizing the user entity/corporate if	ds) then presented Mobile No. +91 Email ID per latest schedule for choodebit my account, based on the	DEBIT TYPE ★ Fi arges of the bank. e instructions as agreed & signed	CR Amount (Amo	unt in Figures)
Sponsor Bank Cod Tick (<) CREATE	Quarterly Half Yearly Augrees by the bank whom I am authority read, understood & made by me/us. I am authority read & m	IFSC (Amount in Wor Yearly As & w izing to debt my account as norizing the user entity/corporate if	ds) then presented Mobile No. +91 Email ID per latest schedule for choodebit my account, based on the	DEBIT TYPE ★ Fi arges of the bank. e instructions as agreed & signed	CR Amount (Amo	unt in Figures)