COMMON APPLICATION FORM

asset 360 Z

Signature, Stamp & Date

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification	No.* RIA Name & RIA	Code [#] Date & Time of Receipt
*Purpose of EUIN is to capture the identificati However, in case of any exceptional cases whe I/We hereby confirm that the EUIN box has i distributor/sub broker or notwithstanding the ar #I/ We hereby give my/our consent to share/ pr	been intentionally left blank by dvice of in-appropriateness, if an	me/us as this transaction is executed withon , provided by the employee/relationship mar	ut any interaction or advice by ager/sales person of the distribu	ctive of whether the transaction is "Execution only" or "Adviso the employee/relationship manager/sales person of the ab itor/sub broker. ioned RIA.
First Unitholder/ Guardian		Second Unitholder	essment of various factors inclu	Third Unitholder
		vestor across Mutual Funds		investor in Mutual Funds
TRANSACTION CHARGES Please tick (✓)	(₹ 150 will be deducted)		(₹ 100 will be deducte	
1 EXISTING UNITHOLDERS DETA	ILS			
Existing Folio No.	Name o	f Sole/ First Unit Holder		
Note: All investor details like mode of holdir For registering different information, please		estor address and contact details, will be ca	ptured as per existing information	ion under the given folio. Proceed directly to section 7.
2 NEW APPLICANT'S DETAILS	(Please fill in BLOCK LETTERS	with black/blue ink and read the instruction	is carefully, on page 1 to 4 befo	re filling up the form
Name of Entity/Sole/First Applicant	Mr. Ms.			
PAN/PEKRN	KYC	Yes No Mode of Holding (Please ✓) Single J	Joint Either/ Anyone or Survivor (Default Option : J
Date of Birth (Mandatory for Minor Applicant)	D D M M Y	Y Y Y Proof of Birth (Please ✓)	Birth Certificate Others
Resident Individual		Minor through Guardian	HUF Trust /Cha	arities / NGOs Society FI NRI
Status Please (✓) □ Company/Body Corpor □ Partnership Firm □ (For Non Individual investors: FATC	Others	r Defence Establishment	PIO Bank	FPI (as and when applicable) Government Body
Non-Individual Investors involved/pr Please (ü) (Applicable only for Non Individuals)		ed services	Exchange/ Money Changer / Gambling/ Lottery/ Casino	
Name of Guardian / Contact Person (Contact Person for non-indiviudal applicant)	Mr. Ms.			
PAN/PEKRN for Guardian / Contact Pe		Relations	nip with Minor Fathe	er Mother Legal Guardian (Refer instructio
3 NAME OF THE SECOND APPLIC	Mr. Ms. Y Y PAN/PEKRN		Self-attested conv of PAN/	PEKRN along with KYC acknowledgment should be attached
				·g
4 NAME OF THE THIRD APPLICA				
Date of Birth	Y Y Y PAN/PEKRN		Self-attested copy of PAN/	PEKRN along with KYC acknowledgment should be attached
5 ADDRESS & CONTACT DETAILS	S OF FIRST/ SOLE APPLIC	ANT (P.O. Box Address is not sufficien	. Refer instruction no. 3)	
Correspondence Address (address detail	s will be updated as per your KYC re	cords with CKYC / KRA. Overseas	Address (Mandatory for NRI / F	'II Applicants)
Н	OUSE / FLAT NO.			HOUSE / FLAT NO.
S	TREET ADDRESS			STREET ADDRESS
CITY / TOWN		STATE	CITY / TOWN	STATE
COUNTRY		PIN CODE	COUNTRY	PIN ¢ODE
Tel. (Res.)	Tel. (Of	:)	Mobile No.	
Mobile No. provided pertains to	Self Spouse	Dependent Children Depender	t Siblings Depender	nt Parents A Guardian in case of a minor
Email ID (CAPITAL letters only)				
Email ID provided pertains to		Dependent Children Depender	o .	nt Parents A Guardian in case of a minor
	eceive E - Statement of Accounts in I	heme related information through SMS and Whats eu of physical Statement of Accounts and the anni mary.		nail.
asset				
360 ACKNOWLEDGN (To be filled in by the		ARI	No:	Application No.
Received from				
Instrument No.	Drawn	on Bank & Branch		

Amount Rs.

Scheme/ Plan/ Option/ Sub-Option

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 AC	CCOUNT DETAILS (Mandatory) (Details of bank account in which redemption, IDCW or other i	payments to be credited.)
Account No. ^{\$}		Account Type Savings Current NRO NRE FCNR
Bank Name	(Do not abbre	viate)
Branch	City	Pin Code
IFSC Code*	MICR Code*	(IFSC/ NEFT code required for Direct credit)

Please provide a cancelled cheque leaf of the same bank account as mentioned above incase the bank account details differ from investment bank account details given in Section (9). 360 ONE Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. ^sFor unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. * indicates - Mandatory.

7 FATCA and CR	S DETAILS F	or Individ	duals (N	landatory) Non Indiv	vidual inv	vestors incl	uding HU	IF mand	atorily fill s	eparate FATC	A/CRS d	etails for	m		
Sole	First Applica	nt/Guard	ian				2nd App	licant					3rd App	olicant		
Country#	Tax Paye Ref. ID N	er [@] No		ication pe	Coun	itry#	Tax Pa Ref. II	iyer [@]) No		tification Type	Country	r#	Tax Pa Ref. II	ayer [®] D No		ification Type
1					1						1					
2					2						2					
3					3						3					
[#] Please indicate all Cou [®] In case Tax Identification	ntries in which y on Number is no	ou are a re t available,	sident fo kindly pr	r tax purpos ovide its fui	e, associated	l Taxpayer alent.	r Identification	Number ar	id it's Ider	ntification type	e eg. TIN etc.					
Sole/	First Applica	nt/Guard	ian				2nd App	licant					3rd App	olicant		
Country of Birth					Country	of Birth					Country of	Birth				
Country of Nationa	lity				Country	of Natior	nality				Country of	Nationali	ty			
In case Country of Tax F	Residence is onl	ly India the	n details	of Country of	of Birth & Nati	onality ne	ed not be prov	ded.			ļ					
8 ADDITIONAL M	YC DETAILS	(Mandato	ry. Pleas	e read inst	ructions no	5 & 6 und	er APPLICAN	T'S INFOR	MATION.	.)						
OCCUPATION	Profession	al Agricu	ulturist	Housewi	fe Retired	Goveri	nment Servi	ce/Public	: Sector	Business	Forex Dealer	Studen	t Privat	e Sector	Service	Others
1st Applicant]								
2nd Applicant]								
3rd Applicant]								
Guardian]								
GROSS ANNUAL I	NCOME DET	AILS^	Belo	w 1 Lac	1-5 Lacs	1-5 Lacs	s 5-10 Lac	s 10-25	Lacs	25 Lacs-1	Crore >1 Cror	e NE	T-WORT	H IN ₹		Date
1st Applicant												(Ne	t worth	should	DDM	МҮҮҮҮ
2nd Applicant												r	not be o	lder	DDM	МҮҮҮҮ
3rd Applicant												1	han 1 y	ear)	DDM	МҮҮҮҮ
Guardian															DDM	МҮҮҮҮ
PEP DETAILS						1s	t Applicant		2nd	Applicant	3r	d Applic	ant		Guardia	an
Are you a Politically	Exposed Per	son (PEP)				Yes 🗌 N	0	Y	es 🗌 No		Yes	No		Yes	No
Are you related to a			`	EP)			Yes 🗌 N	0	Y	es 🗌 No		Yes	No		Yes [No
^Please attach Proo																
9 PAYMENT & IN	VESTMENT	DETAILS	(Manda	tory) (Deta	ails of accou	nt from w	hich investm	ent has be	en done.)						
Scheme									Plan	Regula	r Dire	ct Opt	ion			
Amount (figures)			Payme	nt mode	Chequ	e 🗌 D	D 🗌 Fu	nd Transf	er	RTGS/NEF	т	Instrun	nent no.	Chec	ue/DD/UTR	2/UMR No.
Account No.			A/c	Sav	ng 🗌 Cur	rent	NRO 🗌 M	ire 🗌 i	CNR	Others	Please specify	Instru	ment Dat	te D	DM	M Y Y
Bank									Branch							
Types of Investment	Lu	mpsum		Lumpsum	+ SIP	(for SIP p	olease fill sepa	ate SIP cu	m Manda	te registratior	n form)					
LEI No.									Valid U	Jpto D	D M M	YYY	(Y			
Note: LEI no. is Ma	ndatroy for tra	nsaction a	amount	50 crs abo	ove for Non	individua	II. LEI numbe	r of 360 (ONE Mut	tual Fund is	335800JVNCk	DJJFV1I	16			
10 UNITHOLDING	OPTION		De	mat Mode	PI	hysical N	lode Thes	e details are	compulsor	y if the investor	wishes to hold the u	units in DEM	AT mode.			
Please ensure that th						on form	matches wit	h that of	the acco		,		,	<u> </u>		
	National Se	curities D)eposito	ory Limite	d (NSDL)					Central	Depository S	ecurities	Limited	(CDSL)		
DP ID No. Ben	eficiary Accou	nt No.	IN					Target	ID No.							
Enclosures (Please tic	k any one box)		lient Ma	ster List (C	CML)	Tra	ansaction cur	n Holding	Statem	ent	Cancelled	Delivery	Instructio	on Slip (D	IS)	



*

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.iiflmf.com

PART A – NOMINATION OPT-OUT

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 issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder

PART B – NOMINATION OPT-IN

I/We hereby Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death.

Details	Nominee 1	Nominee 2			No	minee	e 3		
Nominee Name									
Nominee Address									
Relationship with the Investor									
Allocation % (Total to be 100%)									
Nominee PAN									
Mobile No.									
Email ID									
Date of Birth	(D D / M M / Y Y Y)	(D D / M M / Y Y Y)		(D [D / N	M/	ΥΥ	YY)	
	In case if Nomir	nee is a Minor (Mandatory)							
Guardian Name									
Guardian Address									
Guardian's Relationship with the Minor (attach Proof)									
Nominee/Guardian Signature									
12 POWER OF ATTORNEY (POA) H	HOLDER DETAILS				PA	N			
First Applicant POA Name									
Second Applicant POA Name									
Third Applicant POA Name									

13 DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund www.iflmf.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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 NRIs / PIOs / FPIs only: I / We confirm that I and / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNRAccount maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.



SIP REGISTRATION CUM MANDATE FORM (For investment through NACH)

auonship manager/sales person of the anove dis	tributor/sub broker or n	otwithstanding the a	dvice of in-annronri	ateness, if any	left blank by	me/us as	this transa	ction is ex	ecuted v	vithout any	interaction of the dist	or advice	by the emp
Sign First / Sole Applica	nt / Guardian /		Se	cond Application	nt /	, are emple				Third	Applicant /		
p-front commission shall be paid directly by the i		jistered Distributors			-	ous factors	sincluding	he servio	e rendei			J	
[*] I/ We hereby give my/ our consent to share/p	provide transaction dat	a feed/ unit holding i	n respect of my/ ou	rinvestments	under Direc	ct Plan to t	he above n	entioned	I RIA.				
1 UNITHOLDER INFORMATION										1			
blio Number/ Application No.				PAN									
ame of the First Holder									_				
cheme			C	ption			_		P	an			
2 REQUEST FOR								Registra	ation of	SIP [Ren	ewal of \$	SIP
3 SYSTEMATIC INVESTMENT PLAN	DETAIL (SIP DETA	AIL)											
Frequency	E	nrolment Period	SIP I	Date In:	stalment /			Step-Up	o (Optio	onal) (Ple	ase refer	instructio	on no. 10)
Monthly (Any date: 1 st to 28 th , 7 th is defaul	t) From M	IMYY	ΥΥ		In Figu	res	_	Amou	nt	Сар	Amoun	t Fro	equency
Weekly (Every Tuesday) Quarterly (Any date: 1 st to 28 th , 7 th is defa	ult) To 🕅	IMYY	Y Y D	D								ШПН	alf-Yearly
Fortnightly (2 nd & 16 th every month)	·	rpetual (Till 2099)			Multiples of (500 for El			fultiples o (500 for E				<u> </u> □ Y	early (Defa
4 INVESTMENT DETAILS													
irst Installment Cheque Da	te D D M N	ΛΥΥΥ	Y Chequ	e No.				A	mount				
Bank A/C No.]									
Bank Name			Drawn on	Bank and	Branch [
5 UNITHOLDING OPTION	Demat Mod	A Dhuoi		ese details are	L	if the inve	stor wishes	to hold +	he unite i	n DEMAT -	node		
ease ensure that the sequence of Name													
National Securities							I Deposi		·				
	IN			_									
DP ID No. Beneficiary Account No.													
Enclosures (Please tick any one box)	Client Master List		Transaction		g Statem					<u> </u>	ction Sli	,	l Bank ac
Enclosures (Please tick any one box)			_	cum Holdin	g Statem					<u> </u>		,	l Bank ac the benefic or reasons b d/ service pi
Enclosures (Please tick any one box) DECLARATION We wish to inform you that I/We have reg leclare that the particulars given above are correct eir authorized Service Providers to get this mande norto of the 360 ONE Mutual Fund/service provide ay incur, for execution of transactions in conform themes of various mutual Fund/service provide	istered for the subje and complete. I/We agre te lodged with bank / ge or on account of incomp ty with this mandate. Th ch the Scheme is being r	ct scheme for the e to discharge the res t verified and further lete or incorrect infor e ARN holder has dis ecommended to me/	contribution pay ponsibility expected execute by raising nation, I/We shall n closed to me/us al Is.	ment to the of me as a par lebits on the a thold them re the commission	g Stateme 360 ONE ticipant unde oplicable dat sponsible. I/V ons (in the fo					<u> </u>		,	d Bank ac e the benefic or reasons b d/ service p liferent corr
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Enclosures (Please tick any one box)	istered for the subje and complete. I/We agre te lodged with bank / ge or on account of incomp y with this mandate. Th ch the Scheme is being r E/S AS PER 360 O the periodic debit instruct applicable date and till tl and as specified therein	ct scheme for the e to discharge the rest t verified and further lete or incorrect infor e ARN holder has di ecommended to me/ INE MUTUAL FL ctions raised as above he date of execution. and during or for the v	contribution pay ponsibility expecte execute by raising mation, I/We shall n closed to me/us al is.	ment to the lofme as a par lebits on the a thold them re the commissie (MANDAT(unt to be debit is may be pass shall keep inde	g Statem 360 ONE ticipant unde policable dat sponsible. Wo sponsible. Wo ORY) ad according ed on to the 2 mnified for cla	Mutual Fi r the Electi es. If the m Ve shall ke rm of trail	und as pe ronic Debit nandate is r ep indemni commission	r accou irrangem of lodged ied for cla o or any o nandate v ' Service l ur for rea	nt detail ent of the / transacd ims and a ther mod verificatio Provider a son of exe	s as abo SIP facility. tion is not of ctions, that ctions, that e), payable n may be do s per rules ecution in co	ve by deb I/We hereb collected or 1360 ONE I to him/the	it to sai yauthoriz delayed f Autual Fur m for the account. s and prac ith this ma	
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