

iSIF EQUITY EX-TOP 100 LONG-SHORT FUND

offered by ICICI Prudential Mutual Fund

(An open ended investment strategy investing in equity and equity related instruments including limited short exposure in equity through derivative instruments of Ex – top 100 stocks)



By ICICI PRUDENTIAL MUTUAL FUND

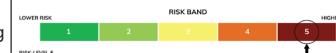
Application No.

The product is suitable for investors who are seeking#:

- Capital appreciation over long term
- An open ended investment strategy investing in equity and equity related instruments including limited short exposure in equity through derivative instruments of Ex – top 100 stocks.

#Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Risk band*



Benchmark Risk – band:
Nifty 500 TRI



*The Risk Band is as per AMFI specification.

BROKER CODE (ARN CODE#)	SUB-BROKER ARN CODE	SUB-BROKER CODE (AS ALLOTTED BY ARN HOLDER)	EMPLOYEE UNIQUE IDENTIFICATION NO. (EUIN)
ARN-307640			E584535
#By mentioning RIA code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the Investment Strategies of iSIF.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.			
SIGNATURE OF SOLE / FIRST APPLICANT		SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

1. APPLICANT(S) DETAILS [Please Refer to Instruction No. II] (Applicant's name should be as per PAN)

EXISTING FOLIO NO.

SOLE / 1ST APPLICANT

Mr. Ms. M/s

PAN/PEKRN*

Enclosed (Please ✓)* KYC Acknowledgement Letter

Date of Birth**

KYC Id No.¥

LEI Number

(Legal Entity Identifier Number is for Transaction value of INR 50 crore and above. See Instruction No. XVIII)

NAME OF GUARDIAN (in case First/Sole applicant is minor) / Contact person-designation / POA holder (in case of Non-Individual Investors)

Mr. Ms.

FIRST

MIDDLE

LAST

PAN/PEKRN*

KYC Proof Attached (Mandatory) Relationship with Minor applicant: Natural guardian Court appointed guardian Date of Birth (Mandatory)

KYC Id No.¥

2ND APPLICANT

Mr. Ms. M/s

PAN/PEKRN*

Enclosed (Please ✓)* KYC Acknowledgement Letter

Date of Birth (Mandatory)

KYC Id No.¥

3RD APPLICANT

Mr. Ms. M/s

PAN/PEKRN*

Enclosed (Please ✓)* KYC Acknowledgement Letter

Date of Birth (Mandatory)

KYC Id No.¥

If mandatory information left blank, the application is liable to be rejected. ¥Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

ACCREDITED INVESTOR : Yes No (default) [Please tick (✓)] (Refer to Instruction no. III)

Registration no.

Valid from dd/mm/yyyy to dd/mm/yyyy

Document submission Registration copy as proof [Please tick (✓)]: Any other

2. BANK ACCOUNT (PAY-OUT) DETAILS OF SOLE/FIRST APPLICANT (Please Refer to Instruction No. VI)

Mandatory information – If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here. Core Banking account (CBS) is mandatory

MANDATORY	Account Number	Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR	
	Name of Bank			
	Branch Name	Branch City		
	9 Digit MICR code	11 Digit IFSC Code	Enclosed (Please ✓): <input type="checkbox"/> Bank Account Details Proof Provided.	

3. YOUR INVESTMENT DETAILS OF iSIF EQUITY EX-TOP 100 LONG-SHORT FUND

PLAN [Please tick (✓)]:	<input type="checkbox"/> iSIF Equity Ex-Top 100 Long-Short Fund - Regular Plan <input type="checkbox"/> iSIF Equity Ex-Top 100 Long-Short Fund - Direct Plan
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OPTION : Growth

4. TAX STATUS [Please tick (✓)]

<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	<input type="checkbox"/> Partnership FIRM <input type="checkbox"/> Government Body	<input type="checkbox"/> FPI category I <input type="checkbox"/> NPS Trust <input type="checkbox"/> Bank
<input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Company	<input type="checkbox"/> AOP/BOI <input type="checkbox"/> FPI category II <input type="checkbox"/> NON Profit Organization/Charities	<input type="checkbox"/> FPI category III <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Defence Establishment
<input type="checkbox"/> HUF <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public limited company	<input type="checkbox"/> Mutual Funds FOF Schemes <input type="checkbox"/> Others (Please specify) _____
<input type="checkbox"/> Financial Institution <input type="checkbox"/> Trust/Society/NGO	<input type="checkbox"/> Limited Partnership (LLP) <input type="checkbox"/> Sole Proprietorship	

5. PAYMENT DETAILS (iSIF Equity Ex-Top 100 Long-Short Fund)

The cheque should be drawn in favour of "iSIF Equity Ex-Top 100 Long-Short Fund" and crossed "Account Payee Only". The cheque should be payable at the centre where the application is lodged. For third party investment, refer instruction no. XIV.

Mode of Payment Cheque Funds Transfer NEFT RTGS

Investment Amount ₹

Cheque Number

Date D D M M Y Y Y Y

BANK DETAILS : Same as above [Please tick (✓) if yes] Different from above [Please tick (✓) if it is different from above and fill in the details below]

A/c Number

Account Type Savings Current NRE NRO FCNR

Name & Branch of Bank

Branch City

Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) Cheque Copy Bank Statement Banker's Attestation _____

Applications with Third Party Cheques, prefunded instruments etc. and in circumstances as detailed in AMFI Circular No.135/BP/16/10-11 shall be processed in accordance with the said circular. Third Party Payment Declaration form is available in <https://isif.icicipruamc.com> or at any of the Investor Service Centre (ISC) of iSIF.

6. MODE OF HOLDING

Single Joint Anyone or Survivor (Default)

7. DEMAT ACCOUNT DETAILS (Optional - Please refer Instruction No. IV)

NSDL: Depository Participant (DP) ID (NSDL only) **Beneficiary Account Number (NSDL only)**

CDSL: Depository Participant (DP) ID (CDSL only)

8. CORRESPONDENCE DETAILS

Sole/First Applicant Correspondence Address
(Please provide full address)*

Overseas Address (Mandatory for NRI / FII Applicants)
(Please refer to the instruction No. II(3))

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

HOUSE / FLAT NO.
STREET ADDRESS
CITY / TOWN STATE
COUNTRY PIN CODE

Tel. **Office** **Residence**

First Unitholder: Mobile Email

Email

Mobile No.* provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA
Email ID* provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA
(* if any of above option is not ticked (✓) then [Self] option is considered as a default.)

Second Unitholder: Mobile Email

Email

Mobile No. provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA
Email ID provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Third Unitholder: Mobile Email

Email

Mobile No. provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA
Email ID provided pertains to: [Please tick (✓)]: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Please tick (✓) if you wish to receive Annual Report or Abridged Summary via Post - (Default communication mode is E-mail) [Refer Instruction No.VIII]
 Please tick (✓) if you wish to receive Account statement / Other statutory information via Post instead of Email [Refer Instruction No.VIII]

Please any of the frequencies to receive **Account Statement through e-mail**: Daily Weekly Monthly Quarterly Half Yearly Annually

* Mandatory information – If left blank the application is liable to be rejected.

Name of Guardian/Contact Person is Mandatory in case of Minor/Non-Individual Investor.

** Mandatory in case the Sole/First applicant is minor and/or if investing in Retirement Fund.

For documents to be submitted on behalf of minor folio refer instruction II(4)

£ Please refer to instruction no. VIII

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II)

The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

[Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident / Green Card Holder / Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ⇒ No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C ⇒ Others, please state the reason thereof: _____

Address Type of Sole/1st Holder:

Residential Registered Office Business

Address Type of 2nd Holder:

Residential Registered Office Business

Address Type of 3rd Holder:

Residential Registered Office Business

Annexure I and Annexure II are available on the website i.e. <https://isif.icicipruamc.com> or at the Investor Service Centres (ISCs) of iSIF.

10. ADDITIONAL KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Sole/First Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired
Second Applicant	<input type="radio"/> Private Sector Service <input type="radio"/> Housewife	<input type="radio"/> Public Sector Service <input type="radio"/> Student	<input type="radio"/> Government Service <input type="radio"/> Forex Dealer	<input type="radio"/> Business <input type="radio"/> Others (Please specify) _____	<input type="radio"/> Professional	<input type="radio"/> Agriculturist	<input type="radio"/> Retired

10. Additional KYC DETAILS (Mandatory)

Occupation [Please tick (✓)]

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income [Please tick (✓)]

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore OR Net worth ₹ _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR** Net worth ₹ _____

PEP status [Please tick (✓)]

Self/First **For Individuals** [Please tick (✓)]: I am Politically Exposed Person (PEP)⁴ I am Related to Politically Exposed Person (RPEP) Not applicable

For Non-Individuals (Please tick (/)) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. XVIII)

(i) Foreign Exchange / Money Changer Services – YES NO; (ii) Gaming /Gambling /Lottery/Casino Services – YES NO; (iii) Money Lending / Pawnning – YES NO

Second Applicant Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP) Not applicable

Politically Exposed Person (PEP)¹ Related to Politically Exposed Person (RPEP) Not applicable

* (Also applicable for the authorised signatories/ Promoters /Karta /Trustee /Whole time Directors)

PEP are defined as individuals who have been entrusted with prominent public functions by a foreign country, including the Heads of States or Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations and important political party official are considered

As per the prevailing regulatory requirements, it is necessary to obtain approval of senior management of the AMC for establishing business relationship with PEPs and their close relatives/ accounts of family members. In case the applicant or its UBO is a PEP or RPEP, the application shall be processed subject to applicable guidelines.

11. NOMINATION

NOMINEE (OPT-IN) Detach

A) FOR NOMINATION CERT-IN: PLEASE MENTION THE AMOUNT TO WHICH YOU DESIRE TO INVEST IN EVENT OF

A) FOR NOMINATION OF T-IN, I/WE HEREBY NOMINATE THE UNDERMENTIONED NOMINEE(S) TO RECEIVE THE AMOUNT TO MY/OUR CREDIT IN EVENT OF MY/OUR DEATH AS FOLLOWS:

Nomination Details				
Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory information				
1	Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
2	Share of each Nominee#	%	%	%
3	Date of Birth (in case Nominee is Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
4	Relationship with the Applicant (select one)	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <hr/>
5	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** * * * * <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>	<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>	<input type="checkbox"/> PAN <hr/> <input type="checkbox"/> Aadhaar(last 4 digits) ***** * * * * <input type="checkbox"/> Passport(for NRIs/OCIs/PIOs) <hr/> <input type="checkbox"/> Driving License <hr/>
6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Pincode:	Pincode:	Pincode:
7	Mobile of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
Non-mandatory details				
9	Nominee/Guardian Name (in case Nominee is Minor)			

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

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

Name of nominee(s) with %

Nomination: Yes / No (Default)

B) FOR NOMINATION OPT-OUT: (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my SIF units held in my / our SIF 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 SIF folio.

Signature of First Unit holder

Signature of 2nd Unit holder

Signature of 3rd Unit holder

12. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XIX).

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). Yes No

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. We are/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.

13. INVESTOR(S) DECLARATION & SIGNATURE(S)

[^]To the Trustee, iSIF by ICICI Prudential Mutual Fund, I/We have read, understood and hereby agree to abide by the Investment Strategy Information Document/Key Information Memorandum of the Strategy, 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. I/We apply for the units of the SIF and agree to abide by the terms, conditions, rules and regulations of the Strategy and other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objectives, investment pattern, and risk factors applicable to Plans/Options under the Strategies. 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 Strategy is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We agree that in case my/our investment in the strategy breaches the Minimum Investment Threshold then iSIF units shall be frozen for debit and I/We fails to rebalance within the 30 calendar day period, the frozen units shall be automatically redeemed at the applicable Net Asset Value of the next immediate business day after the 30th calendar day. 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 Strategy of various SIFs from amongst which the Strategy is being recommended to me/us. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. I/we declare that the email address provided in the form belongs to me/us or to spouse, dependent children or dependent parents (applicable to individual investors only). I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. I/We hereby provide consent for uploading/updating/fetching CKYC record from Central KYC Records Registry. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on tollfree no. 1800 222 999 or 1800 200 6666.

Information/documents given in/with this application form is true and complete in all respects and I/we agree to provide any additional information that may be required by the AMC/the SIF/ Registrar and Transfer Agent (RTA). I/We agree to notify the AMC/the SIF immediately upon change in any information furnished by me.

SIGNATURE OF SOLE / FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

SIGNATURE OF THIRD APPLICANT

[^]Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Witnesses for the Sole / First Holder (Mr./Ms.):

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:

Witnesses for the Second Holder (Mr./Ms.):

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:

Witnesses for the Third Holder (Mr./Ms.):

Witness 1 Name & Address:

Witness 1 Signature:

Witness 2 Name & Address:

Witness 2 Signature:

Mandatory fields in OTM form as per NPCI: • Mandate Date is Mandatory • Transaction type to be selected • Only one Account type to be selected • Bank account number and Bank name • Please mention IFSC Code (11 Alpha numeric Characters) / MICR Code (9 Numeric) • Maximum amount to be mentioned (should be same in figures and words) • valid PAN • OTM start date & end date • Name & Signature(s) as per bank records • Mandate Date and the Validity of the mandate should be mentioned in DD/MM/YYYY format • Mandate start (From) date should be after Mandate (Application) date. • Maximum duration of this mandate is 40 Years.

GENERAL INSTRUCTIONS

UMRN (Unique Mandate Reference Number) is provided by NPCI, which is assigned to every mandate that has been submitted to them.

Investor will not hold iSIF, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles.

The Bank & AMC shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the Bank's reasonable control and which has effect of preventing the performance of the contract by the Bank.

The investor hereby agrees to indemnify and not hold responsible, AMC/iSIF (including its affiliates), and any of its officers directors, personnel and employees, the Registrars & Transfer (R&T) agent and the service providers incase for any delay/wrong debits on the part of the bank for executing the debit mandate instructions for any sum on a specified date from your account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the user institution responsible. Investor confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility.

Registration of OTM/PAN BASED MANDATE FACILITY: As an investor I/we hereby request you to register me/us for availing the facility of OTM/PAN based mandate and carrying out transactions of additional purchase/redemption/switch in my/our folio through Call Centre and/or also authorize the distributor(s) to initiate the above transactions on my/our behalf. In this regard, I/we also authorize the AMC, on behalf of iSIF to call/email on my/our registered mobile number/email id for due verification and confirmation of the transaction(s) and such other purposes. The mobile number provided in the common application form will be used as registered mobile number for verification and confirmation of transactions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non-confirmation/verification of the transaction due to any reason, I/we shall not hold AMC, iSIF, its sponsors, representatives, service providers, participant banks responsible in this regard. The AMC would not be liable for any delay in crediting the Investment Strategy collection accounts by the Service Providers which may result in a delay in application of NAV. I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).

Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction.

INSTRUCTIONS FOR PAN BASED MANDATE FACILITY

- 1) Investor can transact through OTM facility registered for the respective folio(s).
- 2) If more than one bank accounts are registered for OTM facility, investor is requested to mention the bank account number and bank name from where amount is to be debited. If the same is not mentioned or no OTM is registered for the given bank details, AMC reserves the right to initiate the debit through any of the valid OTMs registered or reject the request
- 3) The units shall be allotted based on the day on which funds are credited to AMC's collection account by the service provider/ bank. This is subject to compliance with the time stamping provision as contained in the SEBI (mutual funds) regulations, 1996.
- 4) Registration request or any other subsequent transaction may be liable for rejection, if the frequency for the registered OTM is other than "As and when presented" and/ or if the transaction amount is other than fixed amount or more than maximum amount registered in the mandate.
- 5) AMC reserves right to reject or process the application subject to internal verification.
- 6) PAN based mandate will be mapped to all the folios wherever investor is the Sole/First holder subject to completion of mandate registration with the banker.
- 7) PAN based mandate will not be applicable, if bank details provided is for Minor's Account.
- 8) Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- 9) Mandate start (From) date should be after Mandate (Application) date.

DEMAT ACCOUNT STATEMENT DETAILS (OPTIONAL – PLEASE REFER INSTRUCTION NO. 16)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

YOUR CONFIRMATION/DECLARATION: 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 Strategies of various iSIF from amongst which the Strategy is being recommended to me/us. The AMC would not be liable for any delay in crediting the strategy collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s) as per iSIF Records (Mandatory)

Sole/First Holder	2nd Holder	3rd Holder