

# COMMON APPLICATION FORM FOR MULTIPLE SCHEMES

(For all schemes of WhiteOak Capital Mutual Fund except NFO schemes)



Application No.

Please read the Instructions and refer to SID,SAI, KIM and Addendums issued for the respective schemes. All field marked with asterisk (\*) to be mandatorily filled.

## 1. DISTRIBUTOR INFORMATION\*

(Please Refer instruction no. 1)

Name & Broker Code / ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Internal Code for Sub Agent / Employee	EUIN*	ISC Date Time Stamp Reference No.

☐ \*\*By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please ✓ if applicable) In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

**Go Green Initiative (Refer instruction no.12)**

☐ \*Opt-in – Physical ☐ Opt-out – Email

\*(Default Opt-out)

## 2. FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

## 3. APPLICANT(S) NAME AND INFORMATION (If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian)

(Please Refer instruction no. 4)

### SOLE / FIRST APPLICANT

Mr. / Ms. / M/s.

Name as per PAN Card

(Please mention name as per PAN and provide copy of PAN. Please refer to instruction no. 13.)

LEI Code for Non Individuals

(Please Refer instruction no. 4a)

PAN

\*Date of Birth/ Incorporation  
(Individual) (Non-Individual)

CKYC ID No. (KIN)

POA / GUARDIAN (In case 1st Applicant is a Minor)

Mr. / Ms. / M/s.

Name as per PAN Card

☐ Mother ☐ Father ☐ Legal Guardian

Relationship with Minor (Please ✓ )

POA / GUARDIAN PAN

POA / GUARDIAN CKYC  
ID No. (KIN)

\*Date of Birth of Guardian

Proof of Date of Birth (Please ✓ )  
(For minor applicant)

☐ Birth Certificate

☐ School Leaving Certificate / Mark Sheet

☐ Passport of the Minor

☐ Others (Please specify)

**Mobile / Email ID Details -** Please confirm that the Mobile No. and Email ID belongs to (Please ✓ below)

(Please refer instructions 4(f))

**Mobile**  Investors providing email Id and mobile no. would mandatorily receive all communications, Statement of Accounts and Abridged Annual Report through Electronic / Digital mode. Email Id should be provided in block letters.

(Pls ✓) ☐ SE – Self ☐ SP - Spouse, ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP- Dependent Parents ☐ GD- Guardian ☐ PM – PMS ☐ CD – Custodian ☐ PO - POA

**E-mail**

(Pls ✓) ☐ SE – Self ☐ SP - Spouse, ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP- Dependent Parents ☐ GD- Guardian ☐ PM – PMS ☐ CD – Custodian ☐ PO - POA

**Status:** (Mandatory, Please ✓)  
☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP  
☐ Minor through guardian ☐ Company ☐ FIs ☐ PIO ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship  
☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Bank ☐ Others

→ Non-Individual investors will require to fill separate FATCA & Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com. (Refer instructions of FATCA, UBO & NPO Form)

**Occupation:** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired

(Mandatory, Please ✓) ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

**Gross Annual Income:** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

OR Net worth\* (for Non-Individuals ₹)

as on  (Not older than 1 year)

**For Individuals [Please ✓]:** ☐ I am Politically Exposed Person (PEP)\* ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable (\*Please refer instruction 4.d)

**For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option:**

(i) Foreign Exchange / Money Changer Services ☐ Yes ☐ No (ii) Gaming / Gambling / Lottery / Casino Services ☐ Yes ☐ No (iii) Money Lending / Pawning ☐ Yes ☐ No

## Acknowledgement Slip (To be filled in by the Investor)

Application No.

Collection Centre /  
WOCAMC Stamp & Signature

Received from Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WhiteOak Capital Asset Management Limited.

Registered Office: Unit No. B4, 6th Floor, Cnergy, Appasaheb Marathe Marg,  
Prabhadevi, Mumbai – 400025

Toll Free Number: 1800 266 3060 | Fax +91-22 62301191 | <https://mf.whiteoakamc.com> | CIN : U65990MH2017PLC294178



**4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque)**

(Please Refer instruction no. 5)

Name of the Bank															
Account No.										Account Type	<input type="checkbox"/> NRE	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> Others
Bank Branch										Address					
Bank City										State			Pincode		
MICR Code (9 digits)										<sup>1</sup> IFSC Code for NEFT / RTGS			<sup>3</sup> This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.		

**5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS**

(Please Refer instruction no. 6)

**Mode of Holding:** ☐ Single ☐ Joint ☐ Anyone or Survivor\* \*(Please note that the Default option is Anyone or Survivor)
**5a. SECOND APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN]**

Name* Mr / Ms.									
Date of Birth*				PAN/PEKRN*				CKYC / KIN	
Status: (Mandatory, Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation									
Occupation: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)									
Mobile:				(Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA					
Email:									
(Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA									
Gross Annual Income: <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore as on				D D M M Y Y Y Y (Not older than 1 year)					
For Individuals : (Please ✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable									
POA Name : (If applicable)				POA PAN :					

**5b. THIRD APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN]**

Name* Mr / Ms.									
Date of Birth*				PAN/PEKRN*				CKYC / KIN	
Status: (Mandatory, Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation									
Occupation: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)									
Mobile:				(Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA					
Email:									
(Pls ✓) <input type="checkbox"/> SE - Self <input type="checkbox"/> SP - Spouse <input type="checkbox"/> GD - Guardian <input type="checkbox"/> DC - Dependent Children <input type="checkbox"/> DS - Dependent Siblings <input type="checkbox"/> DP - Dependent Parents <input type="checkbox"/> PO - POA									
Gross Annual Income: <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore as on				D D M M Y Y Y Y (Not older than 1 year)					
For Individuals : (Please ✓) <input type="checkbox"/> I am Politically Exposed Person (PEP)^ <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable									
POA Name : (If applicable)				POA PAN :					

**6a. MAILING ADDRESS**

Local Address of 1st Applicant									
City						State			
Pin Code			Tel. Resi.			Tel. Off.			

**6b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)**

[Please provide Full Address. P. O. Box address is not sufficient]									
Zip Code:									

Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
			Cheque/UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				

In case of a single scheme, the Cheque should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". In case of multiple schemes, The Cheque should be drawn favouring "WhiteOak Capital MF Multi Collection A/c".

**7. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque.

(Please Refer instruction no. 7)

Please read Instruction No. 7 for the Terms and Conditions of Multiple Scheme Investments and refer to Scheme Information Document, Statement of Additional Information, Key Information Memorandum and Addendums issued of the respective section for the applicability before filling this section.

Sr. No.	Name of the Schemes	Plan Please (✓)	Option & Sub-Option Please (✓)	Investment Amount (₹)
1.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
2.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
3.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
4.	Scheme Name	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-investment	
In case of Multiple Scheme, the Cheque to be drawn in favour of 'WhiteOak Capital MF Multi Collection A/c' and in case of single scheme, the Cheque to be drawn in favour of Scheme Name. For e.g. 'WhiteOak Capital Flexi Cap Fund' and the cheque amount should match with Total Investment amount mentioned here.			<b>TOTAL AMOUNT</b>	

Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party	<input type="checkbox"/> Third Party Payment (Pls fill third party declaration form)
Payment Details	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> SIP Top Up* <input type="checkbox"/> Flex SIP* <input type="checkbox"/> Goal SIP*
Amount (INR)		
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/RTGS	Cheque No. / UTR No.	Cheque / UTR No.
Drawn on Bank & Date	Bank Name & Date	Bank Name & Date

☐ Use Existing One Time Debit Mandate (If already registered in the Folio)

(Please ✓ if applicable and provide the existing bank details)

\*If you wish to register SIP Top Up / Flex SIP / Goal SIP, kindly fill the relevant SIP registration / Flex SIP Registration / Goal SIP Registration &amp; OTM Debit Mandate Form. In case your OTM is already registered in the existing folio kindly fill the existing OTM details.

Bank Name

Bank A/c No.

\* If the payment mode is OTM, then the debit instructions will be sent to investor's bank within 1 working day from the date of application.

**8. UNIT HOLDING OPTION** ☐ DEMAT MODE\* ☐ PHYSICAL MODE (Default)

(Please Refer instruction no. 8)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited		Central Depository Services (India) Limited	
DP Name		DP Name	
DP ID	IN	Beneficiary A/c No.	Beneficiary A/c No.

 Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

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

(Please Refer instruction no. 9)

→ Non-Individual investors will require to fill separate FATCA &amp; Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com .

(Refer instructions of FATCA, UBO &amp; NPO Form)

The below information is required for all applicants/guardian

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

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent (Mandatory)	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				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				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:	*Address Type of 2nd Holder:	*Address Type of 3rd Holder:
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

\*If the address type is not ticked the default will be considered as residential.

**10. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please Refer instruction no. 10)**

☐ I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees. **(Please fill the nominee details in the table given below)**

OR

☐ 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.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**Signature(s)** All Unit holders are requested to sign here, irrespective of the mode of holding.

Sign of 1st Applicant / Guardian

Sign of 2nd Applicant

Sign of 3rd Applicant

**11. DECLARATION AND SIGNATURES\***

(Please Refer instruction no. 11)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account (s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

☐ Please ✓ if the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**12. CONFIRMATION CLAUSE**

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

☐ Yes ☐ No **Please tick (✓) any**

**Signature(s)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian /  
Authorised Signatory / POA

Sign of 2nd Applicant /  
Authorised Signatory / POA

Sign of 3rd Applicant /  
Authorised Signatory / POA



Scan and View  
Supporting documents required with this application form.

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

Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Internal Code for Sub Agent / Employee	EUIN*	ISC Date Time Stamp Reference No.

\*\* By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please ✓ if applicable)  
 In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.  
**Please Note: All field marked with asterisk (\*) to be mandatorily filled.**

## 1. UNIT HOLDER INFORMATION [Please mention name as per PAN]

Folio Number

Applicant Name  PAN

## 2. SIP INVESTMENT DETAILS

(SIP end date cannot exceed 40 years)

Refer SIP Registration and Discontinuation in Instructions for SIP

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

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

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

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

## 4. SIP PAYMENT DETAILS

1st SIP Cheque No. Chq Date Amt. 

Mandatory Enclosures\*

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

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

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

1st instalment cheque is different from the OTM Mandate.

Bank Name Bank A/c No. 

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

## 5. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.


I/We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

"I/We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."

For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA	 Scan and view the video to avoid errors while filling the below <b>OTM Debit Mandate Form</b>
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## 5. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

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

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD									
From	<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"/>
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"/>
(End date cannot exceed 40 years)									
Phone No. <input type="text"/>	1. Name Of Primary Account Holder <input type="text"/>	2. Name Of Joint Account Holder <input type="text"/>	3. Name Of Joint Account Holder <input type="text"/>						

# Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information

(Only for Non Individuals)

Please Note: All field marked with asterisk (\*) to be mandatorily filled.

Please tick the applicable tax resident declaration:

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

\*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

PAN Date of Incorporation

City of Incorporation Country of Incorporation

Entity Constitution Type  
(Please 3 as appropriate)

☐ Partnership Firm ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP / BOI ☐ Trust ☐ Liquidator ☐ HUF  
☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

## ADDITIONAL KYC INFORMATION

Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5-10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ 1 Crore

OR

Net - worth\* (for Non-Individual) ₹ as on (Not older than 1 year)

\*Politically Exposed Person (PEP) Statuś (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ PEP ☐ Related to PEP ☐ Not Applicable

Is the entity involved in any of the mentioned services:  
(Please tick as appropriate)

☐ Foreign exchange/ Money changer ☐ Gaming/ Gambling/ Lottery (Casinos, betting syndicates)  
☐ Money lending/ Pawning ☐ Not applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

## FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution <sup>5</sup>	<input type="checkbox"/>	GIIN	
		Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below	
OR		Name of sponsoring entity	
Direct reporting NFE <sup>6</sup> (please tick as appropriate)	<input type="checkbox"/>		
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/>	Applied for	<input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>7</sup>
			<input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> No	Yes <input type="checkbox"/> Security ISIN Name of listed company Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Nature of stock exchange
3	Is the Entity an active <sup>3</sup> NFE	<input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business Please specify the sub-category of Active NFE (Mention code-refer 2c of Part C)
4	Is the Entity a passive <sup>4</sup> NFE	<input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business



■ **UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick application category) ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Private Trust ☐ Public Charitable Trust ☐ Religious Trust ☐ Others

**UBO / Controlling Person(s) details:** (Please refer instructions no. 3.iv)

(Please refer instructions no. 3.iv)

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#			
UBO / SMO PAN # For Foreign National, TIN to be provided]			
% of beneficial interest # Please tick (✓)	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/> >15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency #			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number #			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth #	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP # Please tick (✓)	Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP <input type="checkbox"/>		
UBO / SMO Address [include City, Pincode, State, Country]	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:
UBO / SMO Address Type Please tick (✓)	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender Please tick (✓)	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		
UBO / SMO Father's Name			

