Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

COMMON APPLICATION FORM FOR MULTIPLE SCHEMES



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

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.

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(Mandatory, Please ✓)	Housewife	[Student		☐ Fo	rex Deal	er		Others			(p	lease s	speci	fy)								
Gross Annual Income:	Below 1 Lac	[1-5 Lacs		<u> </u>	0 Lacs			10-25 Lac	s] >25 L	Lacs-	-1 crore					>1 cro	ore		
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Received from Mr. / Ms									_Date:	/_					-								







TOLL FREE NUMBER: 1800 266 3060 | EMAIL: clientservice@whiteoakinvestors.com | WEBSITE: https://mf.whiteoakamc.com

4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	d cheque)			Please Refer instruction no. 5)
	u cheque)			Please Refer Instruction no. 5)
Name of the Bank				
Account No.	Account Type	□ NRE □ Current	☐ Savings ☐ NRO	Others
Bank Branch	_ Address			
Bank City	_ State		Pincode _	
MICR Code (9 digits) §IFSC Code	e for NEFT / RTGS			1 Digit Number, kindly obtain cheque copy or Bank Branch.
5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS			(1	Please Refer instruction no. 6)
Mode of Holding: ☐ Single ☐ Joint ☐ An	yone or Survivor*		*(Please note that the Defaul	It option is Anyone or Survivor)
5a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint to be shall be shall be no joint to be shall	int holders) [Please ment	ion name as per PAN]		
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	on			
Occuption: Private Sector Service Public Sector Service Gov	t. Service Business	s Professional	Agriculturist Retired	Housewife Student
Forex Dealer	oo 🗆 CD. Coanding 🗆 DC	Children DC	Dependent Ciblings DD D	annual ant Desente DO DO
Email:	se GD - Guardian GD	, - Dependent Children 🗆 DS	- Dependent Sibilings	eperident Parents DPO-POA
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Sibling	s DP - Dependent Parents	□ PO - POA	
Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lac (Mandatory, Please 🗸)		☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	xposed Person (RPEP)	☐ Not applicable	
POA Name : (If applicable)		PC	DA PAN :	
5b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint	holders) [Please mentior	name as per PAN]		
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: Resident Individual NRI-Repatriation NRI-Non Repatriatio	on			
(Mandatory, Please ♥)	rt. Service Business	s Professional	Agriculturist Retired	Housewife Student
Mobile: (Pls ✓) □ SE - Self □ SP - Spous	se 🗌 GD - Guardian 🔲 DC	C - Dependent Children DS	- Dependent Siblings	ependent Parents
Email:				
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Sibling	s DP - Dependent Parents	□ PO - POA	
Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lac (Mandatory, Please 🗸)	cs	☐ >1 crore as on	D D M M Y Y Y	Y (Not older than 1 year)
	am Related to Politically E	xposed Person (RPEP)	☐ Not applicable	
POA Name: (If applicable)		PC	DA 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 Appl	licant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
			Zip Cod	e:
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Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details Cheque/UTR No.	David and David
			(in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
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3.		Scheme Name				□ Regu	lar □ Direct	□ IDCW		Grow		Re-inves	stment					
4.		Scheme Name				□ Regu	lar □ Direct	□ IDCW		Grow		Re-inves	stment					
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Pay	rment Type (Please ✓))		☐ Non	n-Third	Party	_ 1	Third Pa	rty Pa	ymei	nt (Pls	fill third	party de	eclarat	tion fo	rm)		
Pay	ment Details				Lum	npsum				□ s	SIP Top	up*	☐ FI	lex SIF)* [Go	al SIP*	
Am	ount (INR)																	
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*Address Type of 2nd Holder:

☐ Registered Office

Business

Residential

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

*Address Type of Sole/1st Holder:

☐ Residential ☐ Registered Office ☐ Business

Business

*Address Type of 3rd Holder:

☐ Residential ☐ Registered Office

^{*}If the address type is not ticked the default will be considered as residential.



10. NOMINATION DETAILS* (To be filled	d in by individuals	singly or jointly.	. Mandatory only for Investors who	o opt to	hold units in Non-Demat)	(Please Refer instruction no. 10)
☐ I/We do hereby nominate the undermentic my/our credit in my/our folio in the event of payment and settlements made to such N acknowledging receipt thereof, shall be a var (Please fill the nominee details in the ta	of my/our death. I/We ominee(s) and Signa alid discharge by the	e also understand ture of the Nomin	that all lee(s) /Trustees. OR units held in my/our r of nominee(s) and fur our legal heirs would	mutual fu rther are need to	We do not wish to appoint any nand folio and understand the issu aware that in case of death of a submit all the requisite docume sed on the value of assets held	ues involved in non-appointment all the account holder(s), my / nts issued by Court or other
If you do not wish to nomin	nate (Opt Out of Nomina	tion), it is mandatory	to sign as per the mode of holding in signatur	re space p	rovided below i.e. in Nomination Deta	ills section
Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth (to be furn	Name and Address of Guardian nished in case the Nominee is a minor)		Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1						
Nominee 2						
Nominee 3						
Signature(s) All Unit holders are requested to sign	n here, irrespective of the	e mode of holding.				
Sign of 1st Applicant / Guardian			Sign of 2nd Applicant		Sign of 3rd	Applicant
We hereby confirm and declare as under:- I/We have read and Addenda thereto, issued from time to time and the Instructions. I/N and regulations of the relevant Scheme(s). I/We have neither rece egitimate sources only and is not designed for the purpose of cor he commissions (in the form of trail commission or any other mod orm is correct, complete and truly stated. In the event of mylour n the applicable NAV as on the date of such redemption. I/We ag not recommended or advised me/us regarding the suitabilityor ag	understood the contents of th We, hereby apply to the Trustived nor been induced by any travention or evasion of any e), payable to him for the diffe of fulfilling the KYC process to ree to notify WhiteOak Capita pyropriateness of the product	ee of WhiteOak Capital M y rebate or gifts, directly o Act, Regulation, Rule, Not rent competing Schemes to the satisfaction of the Ah I Asset Management Limit /scheme/plan. Applicable	Mutual Fund for allotment of units of the Scheme(s) of V in directly in making this investment. I/We declare tha tification, Directions or any other applicable laws enach to of various Mutual Funds from amongst which the Sche MC/WhiteOak Capital Mutual Fund; I/We hereby author titled immediately in the event the information in the self- te to Micro Investors: I/We hereby declare that I/We to Micro Investors: I/We hereby declare that I/We	WhiteOak Ca at I am/We a ted by the Ga eme(s) is/ard rise the AMC f-certification do not have	nformation Document(s)/Key Information men pital Mutual Fund, as indicated above and age re authorised to make this investment and the overnment of India or any Statutory Authority, a being recommended to mefus. IWb declare ¿WhiteOak Capital Mutual Fund to redeem th changes. For investors investing in Direct any existing Micro investments which togeth	gree to abide by the terms, conditions, rules amount invested in the Scheme is through The ARN holder has disclosed to melva all that the information given in this application e units against the funds invested by melvu Plans: I/We hereby agree that the AMC has ner with the current application will result in
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We hereby confirm and declare as under:- I/We have read and addenda thereto, issued from time to time and the Instructions. I/l and regulations of the relevant Scheme(s). I/We have neither receignitimate sources only and is not designed for the purpose of cor he commissions (in the form of trail commission or any other mod orm is correct, complete and truly stated. In the event of my/our not the applicable NAV as on the date of such redemption. I/We ago not recommended or advised me/us regarding the suitabilityor aggregate investments exceeding Rs. 50,000 in a year. Applicable r om funds in my/our Non-Resident External / Ordinary Account. he above specified information is found to be false or untrue or mit additional information as may be required at your end. I/We herebe fund, its Sponsor, Asset Management Company, trustees, their eauthorities and other investigation agencies without any obligation. Please ✓ if the EUIN space is left blank I / We hereby confirm distributor or notwithstanding the advice of in-appropriateness, it. 12. CONFIRMATION CLAUSE I/We hereby give consent to the Company or its Authorized Agen the disclosure of the information contained herein to its affiliates/gagree that all personal or transactional related information collect with privacy policy as available at the website of the Company. Yes No Please tick (✓) any	understood the contents of the Me, hereby apply to the Trusts is vived nor been induced by any travention or evasion of any! e), payable to him for the diffe of tuffilling the KYC process to ree to notify WhiteOak Capilla propriateness of the product e to NRIs: Who confirm that I / FCNR Account (s). FATCA sleading or misrepresenting, It is pauthorise you to disclose, sumployees ('the Authorised Pa of advising me/us of the sam that the EUIN box has been intel fany, provided by the employee that the EUIN box has been intel fany, provided by the employee that and third party service progroup companies or their Authed/provided by me can be she	se of WhiteOak Capital M rebate or gifts, directly o Act, Regulation, Rule, Not rent competing Schemes to the satisfaction of the Ah Asset Management Limit scheme/olan. Applicable am/We are Non-Resident and CRS Declaration: I/ We shall be liable for it. II/ We shall be liable for it. II/ we shall be liable for it. II/ early any form, re articles) or any Indian or fore. e. entionally left blank by me/u o/relationship manager/sale widers to use information/ orized Agents or Third Pa rend/transferred and disclo	Mutual Fund for allotment of units of the Scheme(s) of V in directly in making this investment. I/We declare that this discision, Directions or any other applicable laws enacts of various Mutual Funds from amongst which the Sche Mc/WhiteOak Capital Mutual Fund, I/We hereby author ited immediately in the event the information in the self-e to Micro Investors: I/We hereby declare that I/We to Micro Investors: I/We hereby declare that I/We (s) of Indian Nationality/Origin and I/We hereby confirm/We hereby acknowledge and confirm that the information onde or manner, all/any of the information provided by reign governmental or statutory or judicial authorities/auss at this is an "execution-only" transaction without any intess person of the distributor and the distributor has not charge in the provided by me to contact me through any channer try Service Providers in order to provide information and the service provider in the service pr	MhiteOak Ci t1 am/We a ted by the G ame(s) is/arr ise the AM/ c-certification do not have not that the full on that the full agencies inc eraction or a ged any advi mel of comm d updates t ny regulatory	Information Document(s)/Key Information menapital Mutual Fund, as indicated above and agre authorised to make this investment and the overment of India or any Statutory Authority, a being recommended to me/us. I/We declare I/WhiteOak Capital Mutual Fund to redeem the changes. For investors investing in Direct any existing Micro investments which togeth as for subscription have been remitted from a in this form is true and correct to the best of inselfment of the properties of	norandum of the respective Scheme(s) an gree to abide by the terms, conditions, rule a amount invested in the Scheme is through The ARN holder has disclosed to melus a that the information given in this application e units against the funds invested by melu Plan: I/We hereby agree that the AMC had ner with the current application will result in abroad through n ormal banking channels on my/our knowledge and belief. In case any cure and also undertake to provide any other and and when provided by me/us to Mutue ence Unit-India (FIU-IND), the tax /revenue as person of the above
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Please ✓ if the EUIN space is left blank: I / We hereby confirm distributor or notwithstanding the advice of in-appropriateness, it. 12. CONFIRMATION CLAUSE I/We hereby give consent to the Company or its Authorized Agen the disclosure of the information contained herein to its affiliates/gagree that all personal or transactional related information collect with privacy policy as available at the website of the Company. Yes No Please tick (✓) any	understood the contents of the Me, hereby apply to the Trusts is vived nor been induced by any travention or evasion of any! e), payable to him for the diffe of tuffilling the KYC process to ree to notify WhiteOak Capilla propriateness of the product e to NRIs: Who confirm that I / FCNR Account (s). 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Scan and View Supporting documents required with this application form.

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

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** Ry mentioning RIA/DMPN code	We authorize you to a	share with the Inves	tment Adviser / Portfolio M	Manager the details of my	/our transes	tions in the scheme(s) of W	hiteOak Capital Mutual Fund. (Please ✓ if applicable)
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Please Note: All field marked with a 1. UNIT HOLDER INFORMA		-	per PAN1			Folio Number	
Applicant Name	THOM [1 16000 III	Carron Hamile as				PAN	
2. SIP INVESTMENT DETA	ILS	(SIP er	nd date cannot excee	d 40 vears)			on and Discontinuation in Instructions for SIP
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SIP Frequency	Monthly (Default)	OR			Monthly (I	Default) OR	
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shared with third parties for facilitating tran	nsaction processing throu	gh NACH/ Auto Debit	Clearing or for compliance w	ith any legal or regulatory re	quirements. I/	We hereby declare that the part	understand that the information provided by me/us may be ticulars given above are correct and complete and express
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Funds from amongst which the Scheme is "I/We acknowledge that the RIA has enter	being recommended to r	me/us. n the AMC / MF for acc	cepting transaction feeds und	ler the code. I / We hereby in	demnify, defe	end and hold harmless the AMC	/ MF against any regulatory action, damage or liability that
For Micro SIP only: I hereby declare that I	do not have any existing	Micro SIPs which toge	g, disclosing and transferring ther with the current applicat	tion in rolling 12 month perio	d or in financia	al year i.e. April to March will res	sult in aggregate investments exceeding ₹ 50,000 in a year.
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Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information



(Only for Non Individuals)

ADDITIONAL KYC INFORMATION Gross Annual Income (?) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs > 25 Lacs - 1 Crore 1 Crore	Please Note:					. ,		ndato	rily fille	ed.																										
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Money lending by many the properties of state owned corporations, important political party officials, etc. FATCA & GRS Declaration (Piesse consult your professional tax advisor for further guidance on FATCA & GRS described by Financial Institutions or Direct Reporting NFEs) FATCA & GRS Declaration (Piesse consult your professional tax advisor for further guidance on FATCA & GRS described by Financial Institutions or Direct Reporting NFEs) FATCA & GRS Declaration (Piesse consult your professional tax advisor for further guidance on FATCA & GRS described by Financial Institutions or Direct Reporting NFEs) FATCA & GRS Declaration (Piesse consult your professional tax advisor for further guidance on FATCA & GRS described by Financial Institutions or Direct Reporting NFEs) GIIN Note: If you do not have a GIIN but you are sponsored by arother entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity Name of sponsoring entity Piesse provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity Name of sponsoring entity Piesse specify 2 digits sub-category Not obtained - Non-participating FI	ls the entity in	wolved in s	any of th	na mani	tionad	convi	coc.			Foi	reian	excha	nge/	Mone	v chan	aer			Gar	mina/ (Gam	blina/	/ Lot	erv (C	asino	ns h	ettina	svn	dicat	es)						
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UBO / SMO Gender Please tick (✓)	Male													
UBO / SMO Father's Name							Ī							

UBO / SMO Occupation Please tick (✓)	Public Service		
SMO Designation #			
UBO / SMO KYC Validated? Please tick (✓)	☐ Yes / ☐ No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	☐ Yes / ☐ No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	☐ Yes / ☐ No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
		inclosed as additional sheet(s) duly signed by Author rer required or if the given information is not clear / in	ized Signatory. complete / correct and you may provide the same as and

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with WhiteOak Capital Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the USTax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

DECLARATION

I/We acknowledge and confirm that the information provided above 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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and WhiteOak Capital Asset Management Ltd. and the RTA can make reliance on the same. I/We hereby authorize WhiteOak Capital Asset Management Ltd. and its RTA to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to WhiteOak Capital Mutual Fund, its Sponsor, Asset Management Company and trustees. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep WhiteOak Capital Asset Management Ltd. or its RTA informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required by WhiteOak Capital Asset Management Ltd., the RTA or by domestic or overseas regulators/ tax authorities.

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