

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please read documentation requirements and terms & conditions overleaf. Please fill in the information below in English and in BLOCK Letters.



DATE: D D M M Y Y Y Y

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|--------------------|-----|-----|-----|--|
| Folio No(s) | | | | |
| Sole/1st Applicant | Mr. | Ms. | M/s | |

[illegible]

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|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|--|
| PAN of Sole/ First Applicant/Guardian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth* | <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="checkbox"/> | Enclosed KYC Acknowledgement Letter |
| PAN of Second Applicant | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth* | <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="checkbox"/> | Enclosed KYC Acknowledgement Letter |
| PAN of Third Applicant | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth* | <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="checkbox"/> | Enclosed KYC Acknowledgement Letter |

Note:

- Consolidation can take place only if a. Names of unit holders, b. Address of unit holders, c. Mode of holding, d. Order of unit holders, e. Tax status and Nominee details are identical in all the mentioned folios.
- I/We agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.
- Bank particulars in the target folio has been retained for your redemption/dividend proceeds.

Target Folio (MANDATORY):

Source Folio: I/We wish to consolidate all my/our investments under specified folios into one folio.

Folios to be consolidated:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

| SCHEME NAME | OPTIONS | |
|-------------|---|---|
| | <input type="checkbox"/> PAYOUT TO REINVESTMENT | <input type="checkbox"/> REINVESTMENT TO PAYOUT |
| | <input type="checkbox"/> PAYOUT TO REINVESTMENT | <input type="checkbox"/> REINVESTMENT TO PAYOUT |
| | <input type="checkbox"/> PAYOUT TO REINVESTMENT | <input type="checkbox"/> REINVESTMENT TO PAYOUT |

All unit holders should sign the form irrespective of mode of holding in the folio

Please tick (✓) ☐ Joint ☐ Anyone or Survivor

I/We have read and understood the contents of the Scheme information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under 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. 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 hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment. I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. 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 266 3060

| | | |
|-------------------------------------|-------------------------------|------------------------------|
| SIGNATURE OF SOLE / FIRST APPLICANT | SIGNATURE OF SECOND APPLICANT | SIGNATURE OF THIRD APPLICANT |
| | | |

1. Change of Bank details

For existing unit holders – Individual / HUF / Sole Proprietor

DOCUMENT REQUIRED FOR BOTH OLD/EXISTING AND NEW BANK MANDATE : Any One Document to be submitted for the respective mandate. All documents should have the First Unit Holder's Name, Account Number, Account type, IFSC, MICR, Bank address details.

New Bank Mandate :

- Original cancelled cheque
- Bank passbook (with current entries not older than 3 months)
- Self-attested Bank account statement issued by the concerned bank (not older than 3 months) OR, Bank letter, on letterhead of the bank duly signed by branch manager/authorized personnel stating the investor's bank details.

AND

Old/Existing Bank Mandate :

- Original cancelled cheque
- Bank passbook (with current entries not older than 3 months)

In case of non-availability of old bank proof, In-Person verification (IPV) is mandatory.

For IPV - Original with self attested copies of PAN Card as per the applicable Mode of Holding/ Photo Identity Proof for PAN Exempt Investors like Passport, Voter ID, Ration Card, Driving License

For existing unit holders – other than Individual / HUF / Sole Proprietor

Any one of below document is required to be submitted for old and new bank account:

- Original cancelled cheque with First unit holder's name and bank account number pre-printed on the face of the cheque
- Self-attested Bank account statement issued by the concerned bank (not older than 3 months)
- Bank passbook (with current entries not older than 3 months)
- Bank letter, on letterhead of the bank duly signed by branch manager/authorized personnel stating the investor's bank account number, account type, bank branch, MICR and IFSC code of the bank branch (not older than 3 months)

Note :

- In case of photocopies of above documents are submitted, unit holder must procure original for verification at any of the AMC branches or official point of acceptance of transactions.
- The name printed on the documents should be same as per the folio.
- The AMC reserves the right to accept the request, subject to additional verifications, production of additional documents or In Person Verification of unit holder.
- For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned and the Client Master List (CML) is also submitted.

2. Change of Address: (i) Proof of Identity and (ii) Proof of new Address are Mandatory

- Proof of Identity and Proof of new Address should be attested by bank/notary/AMC designated person and also self-attested by the investor)
- It is advisable for KYC non-compliant investors to complete the KYC formalities by submitting the KYC forms with the required documentation as prescribed by the guidelines.
- For Change of address in KYC compliant folios, please submit the appropriate KYC form with documentation to the designated intermediaries of the KRA.

3. In case there is any changes in your KYC information, please update the same by using the prescribed 'CKYC-KRA KYC Form Individual' available on our website <https://mf.whiteoakamc.com> under download section, and submit the same at the point of service of any KYC Registration Agency.

4. Alterations in the form, if any should be countersigned.

5. Date of Birth updation: please provide self-attested PAN, Driving Licence, Passport and birth certificate.