SIP REGISTRATION CUM SIP TOP UP & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES

WHITEOAK CAPITAL MUTUAL FUND
THE ART AND SCIENCE OF INVESTING

Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-345364			E657680		

** ☐ 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) Incase 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

Folio Number

Applicant Name _____ PAN

2. SIP INVESTMENT DETAILS

(SIP end date cannot exceed 30 years) — Refer SIP Registration and Discontinuation in Instructions for SIP

Scheme 1 - Whiteoak Capital Scheme Name ☐ Regular Plan ☐ Direct Plan

Option: ☐ Growth (Default) **OR** Income Distribution Cum Capital Withdrawal: ☐ Payout ☐ Reinvestment **(Pls ✓)**

Frequency (Pls ✓) ☐ Weekly (Pls Specify Day) ☐ Fortnightly ☐ Monthly* (Default) ☐ Quarterly* (Default Date 10th)

SIP Date: D D **SIP Amt. (₹):** **SIP Period: From** M M Y Y Y Y **To** M M Y Y Y Y

Top-Up (Minimum ₹ 500 or in Multiples of 5%, 10%, 15%, 20%)
Amount (₹) or Percentage (%) ₹ **OR** % **Frequency*** ☐ Yearly ☐ Half Yearly
TOP UP CAP Amount ₹ _____
OR Month-Year: _____

Scheme 2 - Whiteoak Capital Scheme Name ☐ Regular Plan ☐ Direct Plan

Option: ☐ Growth (Default) **OR** Income Distribution Cum Capital Withdrawal: ☐ Payout ☐ Reinvestment **(Pls ✓)**

Frequency (Pls ✓) ☐ Weekly (Pls Specify Day) ☐ Fortnightly ☐ Monthly* (Default) ☐ Quarterly* (Default Date 10th)

SIP Date: D D **SIP Amt. (₹):** **SIP Period: From** M M Y Y Y Y **To** M M Y Y Y Y

Amount (₹) or Percentage (%) ₹ **OR** % **Frequency*** ☐ Yearly ☐ Half Yearly
TOP UP CAP Amount ₹ _____
OR Month-Year: _____

Scheme 3 - Whiteoak Capital Scheme Name ☐ Regular Plan ☐ Direct Plan

Option: ☐ Growth (Default) **OR** Income Distribution Cum Capital Withdrawal: ☐ Payout ☐ Reinvestment **(Pls ✓)**

Frequency (Pls ✓) ☐ Weekly (Pls Specify Day) ☐ Fortnightly ☐ Monthly* (Default) ☐ Quarterly* (Default Date 10th)

SIP Date: D D **SIP Amt. (₹):** **SIP Period: From** M M Y Y Y Y **To** M M Y Y Y Y

Amount (₹) or Percentage (%) ₹ **OR** % **Frequency*** ☐ Yearly ☐ Half Yearly
TOP UP CAP Amount ₹ _____
OR Month-Year: _____

3. SIP PAYMENT DETAILS

1st SIP Cheque No._____ **Chq Date**_____ **Amt.**

OR ☐ **Payment through Existing OTM already Registered in the Folio including the First Installment**

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.

Mandatory Enclosures*
☐ 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 in case 1st instalment cheque is different from the OTM Mandate.

4. 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 he 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

5. OTM DEBIT MANDATE FORM

(Applicable for Lumpsum additional purchases as well as SIP Registrations)

WHITEOAK CAPITAL MUTUAL FUND THE ART AND SCIENCE OF INVESTING

UMRN Bank use **Date** D D M M Y Y Y Y

Sponsor Bank Code Bank use ☑ CREATE ☒ MODIFY ☒ CANCEL

Utility Code Bank use **I/We hereby authorize** WhiteOak Capital Mutual Fund

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other **Bank A/c**

With Bank Name of customers bank **IFSC / MICR**

An Amount Of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount **FREQUENCY** ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented

Reference 1 Folio No. **Reference 2** Scheme Name

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 D D M M Y Y Y Y
To D D M M Y Y Y Y
(End date cannot exceed 30 years)

Phone No.

Signature Of Primary Account Holder | Signature Of Joint Account Holder | Signature Of Joint Account Holder

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

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

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: mf.whiteoakamc.com

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