

Application Form

Please read Key Information Memorandum, the instructions and product labelling before filling this application

KEY PARTNER/AGENT INFORMATION (In Distributor/ RIA Code Sub Agen	vootoro Amplying under direct of			
Distributor/ RIA Code Sub Agen	vestors Applying under direct pi	an should mention "DIRE	CT" in ARN Column)	
	t ARN Sub Agent Code/Ba	nk Branch Code/Internal Code	*Employee Unique Identification Number (EU	JIN)
			blank by me/us as this transaction is executed without any interactions, if any, provided by the employee/ relationship manager/	
person of the distributor/sub broker and the distributor has			ateriess, if any, provided by the employee/ relationship manager/	saics
Signature of Sole/First Applicant/Guardian	Signature of S	econd Applicant	Signature of Third Applicant	
1. INVESTOR'S FOLIO NUMBER	2. MODE OF HOLDING [Please	e tick (🗸)] 3. TRANSACTIO	N CHARGES [Please tick (✓)] (Please refer Instruxction N	lo.V)
	Single Any one or S	Survivor I am a First ti	ime investor across Mutual Funds OR	
	Joint (Default)		ing investor in Mutual Funds	
4 DEMAT ASSOCIATION (A	<u> </u>			
4. DEMAT ACCOUNT INFORMATION (Man	<u> </u>	<u> </u>		
if you wish to noid your investment in dematerialised mode	please furnish the below details and enclose a	copy of the Client Master/Transactio	n Cum Holding Statement/ Cancelled delivery instruction slip.	
NSDL DP Name	DP I	D I N	Beneficiary Account No.	
	Ben	eficiary	Account No.	
CDSL DP Name		ount No.		
5. APPLICANT DETAILS				
Sole/First				
Applicant Mr. Ms. M/s.				\perp
Name of Guardian if first applicant is minor/ Contact Person for non individuals	r. Ms. M/s.			
Guardian's Relationship with Minor	Date of Birth/	(Mandatory in P	roof of Date of Birth and Guardian's Relationship with N	linor
Father Mother Court Appointed Guardia	Incorporation of 1st Applicant	case of Minor)	Birth Certificate Passport Others (Please specification)	jy)
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TAN/TENNY	CKTCID		Note 151No is Mondator for toward for any order	
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NRI ☐ HUF ☐ Private Limited			Profit Organization/Charities* (Enter Registration No. of Darpan Portal) * Mandatory to fill Declaration for	form for
On Behalf of Minor Financial Institutions Partnership Fin	n/LLP	☐ Mutual Fund FOF Schemes ☐ Other	s (Please specify) Non-Profit Organization.	oiii ioi
Annual involved / manifolding and of the manifolding and associated of Annii and	Foreign Exchange	Money Changer Services	Gaming / Gambling / Lottery / Casino Services	
Are you involved / providing any of the mentioned services : (Applicable)	e only for Non Individuals) ————————————————————————————————————		None of the above	
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I/We hereby reques																						
9. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.							rm															
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1st Applicant																	<u> </u>		e specify)			
2 nd Applicant																		(please	e specify)			
3 rd Applicant																		(please	e specify)			
Guardian																		(please	e specify)			
GROSS ANNUAL I	NCOME [DETAILS		Below ₹1	Lac	₹1-5 La	cs ₹5-1	0 Lacs	s ₹10-25	Lacs	₹25	Lacs-1 (Crore	>₹1 C	rore	NET-WO	RTH (in ₹)		Di	ate	
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Are you related to a		•				Ye		lo 🔲	4	Ye		No _			Ye	s 📗 No			Y	es _	No	
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I / We, the undersigned app	olicant(s)/unith	holder(s) hereby	confirm	m that I / we do	not wi	sh to appoint	any nomine	e(s) in r	espect of the	nutual fu	ınd appl	lication(s) /	units he	eld in my /	our mu	tual fund folio	(s) and ι	understa	nd the impl	ications	/ issue:	s involved in
non-appointment of any no as may be required by the	/Jutual Fund	AMC for settlen	nent of	death claim / tra													issued	by the Co	ourt or sucl	ı other c	ompete	nt authority,
13. DECLARATI 1/We have read, understood to	he terms and co	onditions of the SI	D/KIM/S	SAI and the adder																		
Standards (CRS) under FATC /We hereby apply to the Trust /Judgment etc. passed by SEt	ees for allotmer	nt of Units of the	Scheme	e(s) of Helios Mutu	ıal Fun	d ('Fund') and	confirm and	declare as	s follows: I/We a	am/are eli	gible Inve	estor(s) as p	er the so	cheme rela	ted docu	ments and not p	prohibited	from acc	cessing capi	tal marke	ets by an	y order/ruling
this investment. I/We declare to findia or any Statutory Author Investment Adviser/RIA. The A	hat the amount rity. RIA Declara	t invested in the Se ation: I/We hereby	cheme i	is through legitima ou my/our consent	te sour to shar	ces only and is e/provide the tr	not designed	d for the pata feed/p	urpose of contro	avention of	or evasion in respe	n of any Act	Regulation	tions / Rule ents under	s / Notific	cations / Directions of all Scheme	ons or an	y other Ap	oplicable Lav	ws enacte	ed by the oned SE	Government BI-Registered
I/We hereby declare that the a dates that may be provided b quasi-judicial authorities/agen	bove information y me/us to the	on is given by the Fund, its Sponso	undersion/s, Tru	igned and the parti ustees, Asset Man	culars : ageme	given by me/us nt Company, it	are correct a s employees,	and compl , agents a	lete. I/We hereb and third party:	y authoriz service pr	e you to oviders,	disclose, sh SEBI registe	are, remi ered inte	it in any for rmediaries	m/manne for singl	er/mode the abo e updation / su	ove inforn bmission	nation and , any Indi	d/or any part an or foreig	of it inclund of the statutor	uding the ry, regul	changes/up- atory, judicial,
distributor for this investment.	I/We hereby au	thorize the repres	sentative	es of the Fund/AM	IC and	its Associates 1	o contact me	through	any mode of co	mmunicat	ion. This	will override	the regi	stry on DN	D / DND	C, as the case n	nay be	and	. J. Gray mulc	yiell	_ 5, 110	/INIO/IIS
Signature	of Sole/Fi	irst Applica	ant/G	Guardian				Signa	ature of S	econd	l App	licant				Sig	natur	e of T	hird Ap	plica	nt	
Helios Capit	al Asse	t Manage	me	nt (India)	Pri	vate Lir	nited						Cor	mpute	er Ac	je Mana	gem	ent S	ervice	s Lt	d	

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