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)

Application No.

Please read the Instructions and refer to SID.SAI, KIM and Addendums issued for the respective schemes

1. DISTRIBUTOR INFORMATION*	or to orb, or a, rain and				(Please Refer instruction no. 1)
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-58711					
□ **By mentioning RIA/PMRN code, I/We author	orize you to share with the Investn	nent Adviser / Portfolio Ma	nager the details of my/ou	r transactions in the Go Green	n Initiative (Refer instruction no.12)
scheme(s) of WhiteOak Capital Mutual Fund. Declaration & Signatures section overleaf. Upfi				elated to EUIN in the	n – Physical Dopt-out – Email
on the investor's assessment of various factors	, ,		ONI V* (DI /	*(Default (<u>'</u>
2. TRANSACTION CHARGES FOR		OR	` _	y one of the below) I confirm that I am an exist	(Please Refer instruction no. 2)
3. FOLIO NUMBER	in mataur ando.			io number mentioned alongside will	
	ODMATION (ICI)			•	
4. APPLICANT(S) NAME AND INF			en please provide deta	ills of natural / legal guardiai	η) (Please Refer instruction no. 4)
SOLE / FIRST APPLICANT Mr. / Ms. / M	/s. Name as per PAN	Card			
LEI Code for Non Individuals				(Please Refer inst	ruction no. 4a)
PAN		Си	(YC ID No. (KIN)		
POA / GUARDIAN (In case 1st Applicant i	is a Minor)			Relationship	o with Minor (Please ✓)
Mr. / Ms. / M/s.	Name as per PAN Card			☐ Mother	Father Legal Guardian
POA / GUARDIAN CKYC ID No. (KIN)			POA / GUARD	IAN PAN	
*Date of Birth / Incorporation (Individual) (Non-Individual)	YYYY	Proof of Date of Birth (Pl	base +)		Leaving Certificate / Mark Sheet (gfdgfdgfdgfdgfdg
Mobile / Email ID Details - Please confirm	n that the Mobile No. and Email ID l	, , , , , ,	,1 400	Others	(Please refer instructions 4[f])
Mobile	Investors p	roviding email ld and m	nobile no. would manda	torily receive all communication. Email Id should be provided	ons, Statement of Accounts and
(PIs \checkmark) \square SE – Self \square SP - Spouse, \square	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 □ [OP- Dependent Parents	☐ GD- Guardian ☐ PM – PMS	□ CD – Custodian □ PO - POA
Status:	al NRI-Repatriation	☐ NRI-Non Repatriation	Partnership	☐ Trust ☐ HU	JF AOP
	uardian Company	Fils	☐ PIO		ciety/Club Sole Proprietorship
•	isation Financial Institution	NBFC	Bank	Others	
Non-Individual investors will require to fill separa fill a separate NPO form available on our websit		nership (UBO) Form. Entiti	es registered as Non-Profit		cieties, etc will also be required to ons of FATCA, UBO & NPO Form)
Occupation: Private Sector Se	rvice	Government Service	Business	☐ Professional ☐ Ag	riculturist \square Retired \S
(Mandatory, Please ✓) ☐ Housewife	Student	Forex Dealer	Others	dfdsfdgsgdfhgh	
Gross Annual Income:	1-5 Lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	>25 Lacs-1 crore	☐ >1 crore
OR Net worth* (for		_		as on DDMMY	(Not older than 1 year)
For Individuals [Please ✓]:	, , , _	I am Related to Politically the appropriate option		☐ Not applicable	(^Please refer instruction 4.d)
(i) Foreign Exchange / Money Changer Service			sino Services Yes	No (iii) Money Lending / Paw	ning Yes No
٠.					~0
Acknowledgement Slip (To be filled	in by the Investor)				
Application No.					Collection Centre / WOCAMC Stamp & Signature
Received from Mr. / Ms			Date:/		
[Please Tick (✓)] Enclosed ☐ PAN/P	PEKRN Proof KYC C	omplied			



WhiteOak Capital Asset Management Limited.
Registerd Office: Unit No. B4, 6th Floor, Cnergy, Appasaheb Marathe Marg,

Prabhadevi, Mumbai – 400025
Toll Free Number: 1800 3000 3060 | Fax +91-22 62301191 | https://mf.whiteoakamc.com | CIN: U65990MH2017PLC294178







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

5 DANK ACCOUNT DETAILS FOR DAVOUT (Please attach conv. of concelle	d choque)			Discount of the state of the st
5. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled	a cneque)		(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) SIFSC Code	le for NEFT / RTGS			1 Digit Number, kindly obtain
6. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS				cheque copy or Bank Branch. Please Refer instruction no. 6)
	nyone or Survivor*		,	t option is Anyone or Survivor)
6a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no join	,	OR shall be so you DAN Car	•	t option to ranyone or our vivory
da. SECOND AFFEICANT 3 DETAILS (in case of millior, there shall be no joi	int holders) [Name and D	OB Shall be as per PAN Car	u]	
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	on			
	vt. Service Business	Professional	Agriculturist Retired	☐ Housewife ☐ Student
Mobile:	on CD Counties CD	December Children DC	Dependent Ciblings DD De	anandant Paranta D DO DOA
	se 🗌 GD - Guardian 🔝 DC	, - Dependent Children 🗆 DS	- Dependent Sibilings	pendent Parents D PO - POA
Email: (Pis ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children	☐ DS - Dependent Sibling	DP - Dependent Parents	□ PO - POA	
Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lac (Mandatory, Please ✓)		_	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	A PAN :	
6b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint	holders) [Name and DOB	shall be as per PAN Card]		
Name* Mr / Ms.				
Date of Birth*		CKYC / KIN		
Status: (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation	on			
	vt. Service Business	s Professional	Agriculturist Retired	Housewife Student
Mobile: (Pls ✓) □ SE - Self □ SP - Spout	se GD - Guardian DC	C - Dependent Children DS	- Dependent Siblings 🔲 DP - De	ependent Parents PO - POA
		- Zoponaon onnaron = = =		
Email:				
(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children Gross Annual Income: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lac	•		D D M M Y Y Y	Y (Not older than 1 year)
(Mandatory, Please ✓) For Individuals : (Please ✓)	am Related to Politically E	xposed Person (RPEP)	☐ Not applicable	
	•	no.		
POA Name : (If applicable) 7a. MAILING ADDRESS		PC	PAN:	
Local Address of 1st Applicant				
City			State	
·				
Pin Code			lel. Off	
7b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Appl	licant)			
[Please provide Full Address. P. O. Box address is not sufficient]				
			Zip Cod	e:
				><
			Payment Details	
Scheme Name	Plan / Option	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1	<u> </u>		(0200 01 HZ1 1/H(100)	
1.				
2.				
3.				
4.				l .



https://mf.whiteoakamc.com

EMAIL: clientservice@whiteoakamc.com | WEBSITE:

FREE NUMBER:

100

8. 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. Name of the Schemes Plan Please (√) Option & Sub-Option Please (</) Investment Amount (₹) No ☐ Growth ☐ Regular ☐ Direct 1. □ IDCW Payout □ IDCW Re-investment ☐ Growth 2. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment ☐ Growth 3. □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment □ Growth □ Regular □ Direct □ IDCW Payout □ IDCW Re-investment In case of Multiple Scheme, the Cheque/DD to be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and in case of single **TOTAL AMOUNT** scheme, the Cheque /DD 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. Payment Type (Please √) Non-Third Party Third Party Payment (Pls fill third party declaration form) **Payment Details** Lumpsum ■ Normal SIP (Pls fill SIP registration & OTM form) Amount (INR) Mode of Payment (Please √) Cheque / DD No. / UTR No. Cheque / DD No. / UTR No. ☐ Cheque / DD ■ NEFT/RTGS Bank Name & Date Bank Name & Date Drawn on Bank & Date Use Existing One Time Debit Mandate (If already registered in the Folio) (Please vif applicable and provide the existing bank details) # 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. 9. 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** IN Beneficiary A/c No. Beneficiary A/c No. Enclosures - Please (🗸) 🔲 Client Masters List (CML) 🔲 Transaction cum Holding Statement 🖂 Delivery Instruction Slip (DIS) 10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Please Refer instruction no. 9) → 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) The below information is required for all applicants/guardian Place/City of Birth Country of Citizenship / Nationality Particulars Country of Birth First Applicant / Guardian ☐ Indian ☐ U.S. ☐ Others (Please specify) ☐ Indian ☐ U.S. ☐ Others (Please specify) Second Applicant ☐ Indian ☐ U.S. ☐ Others (Please specify) Third Applicant Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? \square Yes \square 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. If TIN is not available please tick (</ Identification Type Tax Identification Number or

Particulars Country of Tax Residency the reason A, B or C (as defined below) Functional Equivalent (TIN or other please specify) First Applicant / Guardian Reason · A В□ С Second Applicant Reason: A В□ С Third Applicant Reason: A 🗌 В□ сП

Reason A	· ⇒	The country	where the	Account Holde	rıs	liable	to pa	y tax	does not is	ssue lax	Identif	ication	Numbers	to its	s resid	dents.

]	leason B	\Rightarrow	No	IIN required	(Select this reas	on only if the	e authorities of	the respective	e country of	tax residence of	to not require the	IIN to	be collected)
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1	Reason C	\Rightarrow	Others, please state the reason thereof:	
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Reason C > Others, please state the reason there	901:	
*Address Type of Sole/1st Holder:	*Address Type of 2nd Holder:	*Address Type of 3rd Holder:
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business

Demat Account Details (Client Master List Copy)3

FATCA CRS/UBO Declaration



my/our credit in my/our folio in the ever payment and settlements made to such acknowledging receipt thereof, shall be a (Please fill the nominee details in the	nt of my/our death. Nominee(s) and Si a valid discharge by table given below	gnature of the Nomin the AMC/Mutual Fund)	I that all nee(s) I/Trustees.	I / We hereby confirm units held in my/our of nominee(s) and fu our legal heirs would such competent auth	mutual fund f irther are awa I need to sub nority, based	olio and un are that in c mit all the ro on the valu	derstand the issuase of death of a equisite docume e of assets held	ues involved in all the account nts issued by (in the mutual f	non-appointm holder(s), m Court or othe
If you do not wish to no	minate (Opt Out of Nor	nination), it is mandatory	to sign as per the	mode of holding in signatu	re space provid	ed below i.e.	in Nomination Deta		
Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth (to be fur		and Address of Guardiar the Nominee is a minor)	Sig Gua		ninee (Optional)/ inee (Mandatory)	the units wil	(%) in which I be shared b Nominee egate to 1009
Nominee 1									
Nominee 2									
Nominee 3									
ignature(s) All Unit holders are requested to	sign here, irrespective	of the mode of holding.							
Sign of 1st Applicant / Guardia	ı		Sign of 2nd A	pplicant			Sign of 3rd	Applicant	
12. DECLARATION AND SIGNATUR	-01							(Please Refer in	
commissions (in the form of trail commission or any other in in correct, complete and truly stated. In the event of my/o the applicable NAV as on the date of such redemption. I/We self-certification changes. For investors investing in Dirre Ve do not have any existing Micro investments which togeth infirm that the funds for subscription have been remitted from ormation provided in this form is true and correct to the best titing about any changes/modification to the above information.	e agree that WhiteOak Capit ect Plan: I/We hereby agree er with the current application abroad through n ormal bat of my/our knowledge and b	al Mutual Fund can debit from that the AMC has not recommon will result in aggregate inve- inking channels or f r om funds elief. In case any of the above	n my Folio Transaction mended or advised me estments exceeding R s i n my/our Non-Resid e specified information	n Charges as applicable. I/We agine/us regarding the suitabilityor apts. 50,000 in a year. Applicable the dent External / Ordinary Account is found to be false or untrue or	ree to notify White propriateness of to to NRIs: I/We con / FCNR Account (misleading or misl	Dak Capital Ass ne product/scher irm that I am/W s). FATCA and epresenting, I/W	et Management Limited ne/plan. Applicable to e are Non-Resident(s) of CRS Declaration: I/W e shall be liable for it. I	Micro Investors: I/ of Indian Nationality/ he hereby acknowled We also undertake to	event the informat We hereby declare Origin and I/We he ge and confirm that to keep you inform
he applicable NAV as on the date of such redemption. IW self-certification changes. For investors investing in Dire e do not have any existing Micro investments which togeth firm that the funds for subscription have been remitted from mation provided in this form is true and correct to the best ing about any changes/modification to the above informatic vided by me/us, including all changes, updates to such info norities/agencies including but not limited to the Financial Ir Please \(\frac{1}{2} \) if the EUIN space is left blank: I / We hereby confidistributor or notwithstanding the advice of in-appropriatene 3. CONFIRMATION CLAUSE be hereby give consent to the Company or its Authorized A disclosure of the information contained herein to its affiliat ee that all personal or transactional related information or privacy policy as available at the website of the Company. Yes \(\subseteq \text{No Please tick (\(\frac{1}{2} \)) any	a agree that Whiteloak Capit ext Plan: IWh hereby agree ere with the current application a broad through n ormal be to fin mylour knowledge and be on in future and also underta ormation as and when provin telligence Unit-India (FIU-IN irm that the EUIN box has bess, if any, provided by the emp gents and third party services (group companies or their lected/provided by me can be	al Mutual Fund can debit from that the AMC has not recommon will result in aggregate invenking channels or from funds elief. In case any of the above ket to provide any other additional provide feet by melius to Mutual Fund, ID), the tax /revenue authoritie en intentionally left blank by mel/ ployee/relationship manager/sak e providers to use information Authorized Agents or Third Pe e shared/transferred and discl	In my Folio I rainsaction mended or advised me estments exceeding R s i n my/our Non-Resis s specified information onal information as ma its Sponsor, Asset Ma es and other investigat us as this is an "executi es person of the distribu- land and the provided by me arty Service Providers closed with the above n	I Charges as applicable. I/We agi elus regarding the suitabilityor ag ts. 50,000 in a year. Applicable t dent External / Ordinary Account is found to be false or untrue or ay be required at your end. I/We anagement Company, trustees, the tion agencies without any obligati ion-only" transaction without any int utor and the distributor has not char to contact me through any chan is in order to provide information a mentioned parties including with an	ree to nothy White to NRIs: I/We con / FCNR Account (misleading or misl	Jak Capital Ass, le product/schemism that I am/Ws) . FATCA and perseating, Mr. ou to disclose, se Authorised Pe us of the same. y the employed/r es on this transa- tion including bu on various financtory or judicial at	at Management Limited periplan. Applicable to e are Non-Resident(s) of CRS Declaration: I/W e shall be liable for it. II. hare, remit in any form, rities') or any Indian or elationship manager/sale ction.	immediately in the commendately in the commendate in the findian Nationality/in the hereby acknowled two acknowled two mode or manner, alforeign governmenta as person of the above lephone, sms, etc. a ducts and offering of	event the informat We hereby declar Origin and I/We high and confirm the os keep you inform I/any of the inform
the applicable NAV as on the date of such redemption. I/We see self-certification changes. For investors in presenting in Direct Ved on not have any existing Micro investments which togeth finfirm that the funds for subscription have been remitted fron ormation provided in this form is true and correct to the best titing about any changes/modification to the above informatic voided by me/us, including all changes, updates to such informatic vided by me/us, including but not limited to the Financial Irl Please of if the EUIN space is left blank: I / We hereby condistributor or notwithstanding the advice of in-appropriatene 13. CONFIRMATION CLAUSE We hereby give consent to the Company or its Authorized A e disclosure of the information contained herein to its affiliat precent all personal or transactional related information cold the privacy policy as available at the website of the Company. Yes No Please tick () any	a agree that WhiteUak Capitet Plan: IWA hereby agree text Plan: IWA hereby agree user with the current application abroad through no male be of mylour knowledge and bon in future and also underts ormation as and when provice telligence Unit-India (FIU-IN imm that the EUIN box has beess, if any, provided by the emgreement of the provided by the emgreement of the provided by the emgreement of the provided by me can be also the provided by me can be also for the provided by the provided by me can be also for the provided by the provided by me can be also for the provided by the provided	al Mutual Fund can debit from that the AMC has not recommon will result in aggregate invenking channels or if rom funds elief. In case any of the above ke to provide any other additionally the substitution of the control of the con	In my Folio I rainsaction mended or advised me estments exceeding R s i n my/our Non-Resis s specified information onal information as ma its Sponsor, Asset Ma es and other investigat us as this is an "executi es person of the distribu- land and the provided by me arty Service Providers closed with the above n	I Charges as applicable. I/We agi edus regarding the suitabilityor ag ts. 50,000 in a year. Applicable t dent External / Ordinary Account is found to be false or untrue or ay be required at your end. I/We anagement Company, trustees, it tion agencies without any obligati ion-only' transaction without any intutor and the distributor has not chartocompany. It is not chartocompany transaction without any intutor and the distributor has not chartocompany. It is not chartocompany transaction without any intutor and the distributor has not chartocompany. It is not contact me through any chans in order to provide information a mentioned parties including with all today and the provide of holding is joint, all U	ree to nothy White to NRIs: I/We con / FCNR Account (misleading or misl	Jak Capital Ass, le product/schemism that I am/Ws) . FATCA and perseating, Mr. ou to disclose, se Authorised Pe us of the same. y the employed/r es on this transa- tion including bu on various financtory or judicial at	at Management Limited periplan. Applicable to e are Non-Resident(s) of CRS Declaration: I/W e shall be liable for it. II. hare, remit in any form, rities') or any Indian or elationship manager/sale ction.	immediately in the commendately in the commendate in the findian Nationality/in the hereby acknowled we also undertake to mode or manner, al foreign governmental is sperson of the above the commendate in the properties of the above the commendate in the commendate	event the informat We hereby declar Origin and I/We high and confirm the os keep you inform I/any of the inform
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Non profit organization (NPO) form

3. Self attestation is mandatory

4. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided

3. In case Units are applied in Electronic (Demat) mode.