



Application No. \_\_\_\_\_

Offer for Units of Rs.10/- Per Unit for cash during the New fund Offer Period and at NAV based prices upon re-opening. NFO Start Date : **24<sup>th</sup> Sep 2025** NFO Closure Date: **08<sup>th</sup> Oct 2025**

| SCHEME NAME & TYPE OF THE SCHEME                                                                                                                                                                                                                                                                                                                                                           | PRODUCT LABELLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SCHEME RISK-O-METER#                   | BENCHMARK RISK-O-METER#                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| <b>The Wealth Company Arbitrage Fund</b><br>An open ended scheme investing in Arbitrage opportunities.                                                                                                                                                                                                                                                                                     | To provide investors an easy understanding of the kind of product/scheme they are investing in and its suitability to them, the product labelling is as under:<br>This product is suitable for investors who are Seeking:<br>• To generate income over a short term investment horizon.<br>• Predominantly investing in arbitrage opportunities in the cash and derivatives segment of the equity market and by investing the balance in debt and money market instrument.<br>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them. | <br>Risk of the Scheme is at low Risk. | <br>Benchmark i.e. NIFTY 50 Arbitrage TRI |
| The above product labelling assigned during the New Fund Offer is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made. The same shall be updated as per para 17.4.1.i of SEBI Master Circular for Mutual Fund dated June 27, 2024, on Product labelling in mutual fund schemes on ongoing basis. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                           |

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of The Wealth Company Mutual Fund.

| 1. DISTRIBUTOR INFORMATION*               |                                 |                  |                                             |       |                                       | (Please refer instruction no. 1) |
|-------------------------------------------|---------------------------------|------------------|---------------------------------------------|-------|---------------------------------------|----------------------------------|
| Broker Code/<br>ARN / RIA** / PMRN** Code | Sub Broker /Agent's<br>ARN Code | Bank Branch Code | Internal Code for<br>Sub - Agent / Employee | EUIN* | ISC Date Timestamp &<br>Reference No. |                                  |
|                                           |                                 |                  |                                             |       |                                       |                                  |

☐ \*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of The Wealth Company Mutual Fund. (Please ✓ if applicable) \*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. 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.

| 2. UNIT HOLDING OPTION | <input checked="" type="checkbox"/> PHYSICAL MODE (Default) | <input type="checkbox"/> DEMAT MODE* | (Please refer instruction no. 7) |
|------------------------|-------------------------------------------------------------|--------------------------------------|----------------------------------|
|------------------------|-------------------------------------------------------------|--------------------------------------|----------------------------------|

\*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 ID   I   N                          |  |  |  |  |  |  |  |  |  | DP ID                                       |  |  |  |  |  |  |  |  |  |
| Beneficiary A/c No.                    |  |  |  |  |  |  |  |  |  | Beneficiary A/c No.                         |  |  |  |  |  |  |  |  |  |

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

| 3. MODE OF HOLDING | (Please refer instruction no. 5) |
|--------------------|----------------------------------|
|--------------------|----------------------------------|

(In case of Demat Purchase, Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

| 4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in BLOCK LETTERS. (Name and DOB shall be as per Income Tax Records) | (Please refer instruction no. 3) |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|

Folio No. | | | | | | | | | | (For Existing unit holders) Gender ☐ Male ☐ Female ☐ Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s. | First | Middle | Last

(Name as per IT Records)

PAN/PEKRN (Mandatory) | | | | | | | | | | CKYC No. | | | | | | | | | | Date of Birth (Mandatory) | D | D | M | M | Y | Y | Y | Y |

Mobile No. | | | | | | | | | | Email ID | | | | | | | | | |

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please ✓ here) ☐ Account Statement ☐ Annual Report/Abridged summary ☐ Other Statutory Information. (We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code | | | | | | | | | | Valid upto | D | D | M | M | Y | Y | Y | Y | (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status (Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ Minor through guardian ☐ Company ☐ FII ☐ PIO ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Bank ☐ Others (Please Specify)

Non Profit Organization [NPO] ☐ Yes or ☐ No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). If yes, please quote the Registration No. provided by DARPAN portal of NITI Aayog: \_\_\_\_\_

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC/ RTA to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable

| GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) [Name and DOB shall be as per IT Records] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Mr. / Ms. | First | Middle | Last

(Name as per IT Records)

PAN (Mandatory) | | | | | | | | | | CKYC No. | | | | | | | | | | Gender ☐ Male ☐ Female ☐ Others

Mobile No. | | | | | | | | | | Email ID | | | | | | | | | |

Designation/Relationship with Minor | | | | | | | | | | Date of Birth/Date of Incorporation (Mandatory) | D | D | M | M | Y | Y | Y | Y |

Date of Birth Proof for minors (Any One)

☐ Birth Certificate ☐ Marks Sheet (HSC/ICSE/CBSE) ☐ School Leaving Certificate ☐ Passport ☐ Others \_\_\_\_\_

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| ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) |
|--------------------------------------------------------|
|--------------------------------------------------------|

The Wealth Company Mutual Fund Pantomath Nucleus House, Saki Vihar Road, Andheri East, Mumbai – 400072

Received from Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application No. | | | | | | | | | |

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

(1)

**5. MAILING ADDRESS** (Address as per KYC)

Local Address of 1st Applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Dist. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**5b. OVERSEAS CORRESPONDENCE ADDRESS** (Mandatory for NRI/ FII Applicant)

[ Please provide Full Address P.O. Box address is not sufficient] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**6a. SECOND APPLICANT'S DETAILS\*** (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. \_\_\_\_\_  
(Name as per IT Records) First Middle Last

PAN \_\_\_\_\_  
(Mandatory) CKYC No. \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Others

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Mandatory) D D M M Y Y Y Y

The Email ID belongs to (Mandatory Please ✓ ) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓ ) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Tax Status  
(Mandatory, Please ✓ ) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

**6b. THIRD APPLICANT'S DETAILS\*** (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]

Name Mr. / Ms. \_\_\_\_\_  
(Name as per IT Records) First Middle Last

PAN \_\_\_\_\_  
(Mandatory) CKYC No. \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Others

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Mandatory) D D M M Y Y Y Y

The Email ID belongs to (Mandatory Please ✓ ) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓ ) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Tax Status  
(Mandatory, Please ✓ ) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

**7. KYC Details(Mandatory)**

(Please refer instruction no. 3e)

|                  |                                                                                       |                                                                                    |                                                                                      |                                                                                             |                                                                                                                     |
|------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| First Applicant  | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Business<br><input type="checkbox"/> Others (please specify) _____ | <input type="checkbox"/> Professional<br><input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Retired |
| Second Applicant | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Business<br><input type="checkbox"/> Others (please specify) _____ | <input type="checkbox"/> Professional<br><input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Retired |
| Third Applicant  | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Business<br><input type="checkbox"/> Others (please specify) _____ | <input type="checkbox"/> Professional<br><input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Retired |

**Gross Annual Income**

|                  |                                                                                                      |                                                                                                                |                                                                                            |                                   |
|------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------|
| First Applicant  | <input type="checkbox"/> Below 1 Lac<br>OR Net worth* (for Non-Individuals) ₹ (please specify) _____ | <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs<br><input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore<br>as on D D M M Y Y Y Y (Not older than 1 year) | <input type="checkbox"/> >1 crore |
| Second Applicant | <input type="checkbox"/> Below 1 Lac<br>OR Net worth* (for Non-Individuals) ₹ (please specify) _____ | <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs<br><input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore<br>as on D D M M Y Y Y Y (Not older than 1 year) | <input type="checkbox"/> >1 crore |
| Third Applicant  | <input type="checkbox"/> Below 1 Lac<br>OR Net worth* (for Non-Individuals) ₹ (please specify) _____ | <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs<br><input type="checkbox"/> 10-25 Lacs | <input type="checkbox"/> >25 Lacs-1 crore<br>as on D D M M Y Y Y Y (Not older than 1 year) | <input type="checkbox"/> >1 crore |

**For Individuals**

(Please refer instruction no. 3d)

|                   |                                                                |                                                                            |                                         |
|-------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| First Applicant:  | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |
| Second Applicant: | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |
| Third Applicant:  | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |

**For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option :**

(i) Foreign Exchange / Money Changer Services ☐ Yes ☐ No (ii) Gaming / Gambling / Lottery / Casino Services ☐ Yes ☐ No (iii) Money Lending / Pawning ☐ Yes ☐ No

Tear here

| SR. NO. | SCHEME NAME /PLAN                                                                                     | OPTION                                                                                                                | PAYMENT DETAILS |               |      |                                 |
|---------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------|---------------|------|---------------------------------|
|         |                                                                                                       |                                                                                                                       | Amount (₹)      | Instrument No | Date | Drawn on Bank (Bank and Branch) |
| 1.      | The Wealth Company Arbitrage Fund<br><input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth<br><input type="checkbox"/> IDCW Payout<br><input type="checkbox"/> IDCW Reinvestment |                 |               |      |                                 |

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

(2)

(Please refer instruction no. 4)

|                      |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                             |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name of the Bank     |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                             |  |  |  |  |
| Account No.          |  |  |  |  |  |  |  |  |  | Account Type                                                                                                                                                                                |  |  |  |  |
|                      |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others _____                               |  |  |  |  |
| Bank Branch          |  |  |  |  |  |  |  |  |  | Address                                                                                                                                                                                     |  |  |  |  |
| Bank City            |  |  |  |  |  |  |  |  |  | State                                                                                                                                                                                       |  |  |  |  |
|                      |  |  |  |  |  |  |  |  |  | Pincode                                                                                                                                                                                     |  |  |  |  |
| MICR Code (9 digits) |  |  |  |  |  |  |  |  |  | IFSC Code for NEFT / RTGS <div style="font-size: 0.8em; margin-top: 5px;"> <sup>5</sup> This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.           </div> |  |  |  |  |

## (Please refer instruction no. 6)

| Scheme Name                       | Plan                                                                     | Option (Please refer to SID for the IDCW Frequency & Option)                                                                                                  |
|-----------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Wealth Company Arbitrage Fund | <input type="checkbox"/> Regular<br><input type="checkbox"/> Direct Plan | <input checked="" type="checkbox"/> Growth (Default)<br><input type="checkbox"/> IDCW Payout (Default for IDCW)<br><input type="checkbox"/> IDCW Reinvestment |

|                                                                                                                                                                                                                                                                     |                                                 |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|
| Payment Type ( Please ✓ )                                                                                                                                                                                                                                           | <input type="checkbox"/> Non-Third Party        | <input type="checkbox"/> Third Party Payment (Pls fill third party declaration form) |
| Transaction Type                                                                                                                                                                                                                                                    | <input type="checkbox"/> Lumpsum (min Rs. 1000) | <input type="checkbox"/> SIP* (min Rs.250)                                           |
| Amount (INR)                                                                                                                                                                                                                                                        |                                                 |                                                                                      |
| Mode of Payment ( Please ✓ )<br><input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS<br><input type="checkbox"/> OTM (One Time Mandate) (This facility is only applicable for Existing Investors who have an existing OTM registered in the folio.) | Cheque No. / UTR No.                            | Cheque No. / UTR No.                                                                 |
| Drawn on Bank                                                                                                                                                                                                                                                       |                                                 |                                                                                      |
| A/c Number                                                                                                                                                                                                                                                          |                                                 |                                                                                      |
| Date                                                                                                                                                                                                                                                                |                                                 |                                                                                      |

\*If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form.

Investment horizon Please (✓) anyone ☐ 5 Years ☐ 10 Years ☐ 15 Years ☐ 20 Years ☐ 25 Years

(Please refer instruction no. 8)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form. The below information is required for all applicants/guardian

| Particulars                | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality                                                                                   |
|----------------------------|---------------------|------------------|------------------------------------------------------------------------------------------------------------------------|
| First Applicant / Guardian |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others   (Please specify) _____ |
| Second Applicant           |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others   (Please specify) _____ |
| Third Applicant            |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others   (Please specify) _____ |

☐ Yes ☐ 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.

| Particulars                | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | If TIN is not available please tick (✓) the reason A, B or C (as defined below)              |
|----------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------|
| First Applicant / Guardian |                          |                                                    |                                                   | Reason :    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Second Applicant           |                          |                                                    |                                                   | Reason :    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Third Applicant            |                          |                                                    |                                                   | Reason :    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |

- ☐ Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ☐ Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ☐ Reason C ⇒ Others, please state the reason thereof:

|                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Address Type of Sole/1st Holder:</p> <p><input type="checkbox"/> Residential   <input type="checkbox"/> Registered Office   <input type="checkbox"/> Business</p> | <p>*Address Type of 2nd Holder:</p> <p><input type="checkbox"/> Residential   <input type="checkbox"/> Registered Office   <input type="checkbox"/> Business</p> | <p>*Address Type of 3rd Holder:</p> <p><input type="checkbox"/> Residential   <input type="checkbox"/> Registered Office   <input type="checkbox"/> Business</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*If the address type is not ticked the default will be considered as residential.

(3)

**11. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)**

☐ I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.  
(Please fill the nominee details in the table given below)

OR

☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

| Name of the Nominee(s) | Relationship with Applicant (Mandatory) | Date of Birth                                              | Guardian Name | Guardian's relationship with nominee | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) (Mandatory) | Nominee Address<br><input type="checkbox"/> Please tick if the nominee address is same as mentioned in first holder address |
|------------------------|-----------------------------------------|------------------------------------------------------------|---------------|--------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                        |                                         | (Mandatory to be furnished in case the Nominee is a minor) |               |                                      |                                                                                                         |                                                                                                                             |
| Nominee 1              |                                         | DD/MM/YYYY                                                 |               |                                      |                                                                                                         |                                                                                                                             |
| Nominee 2              |                                         | DD/MM/YYYY                                                 |               |                                      |                                                                                                         |                                                                                                                             |
| Nominee 3              |                                         | DD/MM/YYYY                                                 |               |                                      |                                                                                                         |                                                                                                                             |

| Email ID  | Mobile Number | Identity Type ***<br>(PAN/ Aadhaar last 4 digits/<br>DL/Passport for NRI's) | Identity Number | Signature of Nominee/<br>Guardian of Nominee<br>(Optional) |
|-----------|---------------|-----------------------------------------------------------------------------|-----------------|------------------------------------------------------------|
| Nominee 1 |               |                                                                             |                 |                                                            |
| Nominee 2 |               |                                                                             |                 |                                                            |
| Nominee 3 |               |                                                                             |                 |                                                            |

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI/ OCI/ PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions/ circumstances:

. Date of Birth(DoB): please provide, only if the nominee is minor.

. Guardian: It is optional for you to provide, if the nominee is minor.

1. I/ We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nominate: Yes / No

2.. This nomination shall supersede any prior nomination made by me / us, if any.

**Signature(s)** #Signatures of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

| Name(s) of the holder(s)      | Signature(s) of holder | Witness Name, Address and Signature <sup>#</sup> |
|-------------------------------|------------------------|--------------------------------------------------|
| Sole /First Holder (Mr./ Ms.) |                        | 1.                                               |
| Second Holder (Mr./ Ms.)      |                        | 2.                                               |
| Third Holder (Mr./ Ms.)       |                        |                                                  |

**12. CONFIRMATION CLAUSE**

I/We hereby confirm to have read, understood and agree to the privacy policy available on [www.wealthcompanyamc.in](http://www.wealthcompanyamc.in). I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

**13. DECLARATION AND SIGNATURES**

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of The Wealth Company Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of The Wealth Company Mutual Fund for allotment of units of the Scheme(s) of The Wealth Company Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/The Wealth Company Mutual Fund, I/We hereby authorise the AMC/The Wealth Company Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify The Wealth Company immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding `50, 000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/ FCNR Account (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form 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 or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

☐ Please ✓ : if the EUIN space is left blank: I / We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**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.

|                                                                  |                                                       |                                                       |
|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Sign of 1st Applicant / Guardian /<br>Authorised Signatory / POA | Sign of 2nd Applicant /<br>Authorised Signatory / POA | Sign of 3rd Applicant /<br>Authorised Signatory / POA |
|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|