

## **NEW FUND OFFER APPLICATION FORM**

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in Application No. Offer for Units of Rs.1000/- Per Unit for cash during the New fund Offer Period and at NAV based prices upon re-opening. NFO Start Date: 24th Sep 2025 NFO Closure Date: 08th Oct 2025 SCHEME NAME & TYPE OF THE SCHEME PRODUCT LABELLING SCHEME RISK-O-METER# BENCHMARK RISK-O-METER# POTENTIAL RISK CLASS (PRC) MATRIX To provide investors an easy understanding of the kind of The Wealth Company Liquid Fund product/scheme they are investing in and its suitability to them, the product labelling is as under Credit Risk -> Relatively An open ended liquid scheme. A relatively low Relatively Interest Rate (Class A) (Class B) High (Class C) interest rate risk and relatively moderate This product is suitable for investors who are Seeking: credit risk. Risk Income over short term. Relatively Low B-I Investment in debt and money market instruments with maturity up to 91 days. (Class I) s understand that the principal will be at low i.e. NIFTY Liquid Index A-I Moderate \*Investors should consult their financial advisers if in doubt about to moderate Risk The risk of the benchmark (Class II) whether the product is suitable for them. #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. 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) ISC Date Timestamp & Broker Code/ Sub Broker /Agent's Internal Code for FUIN\* Bank Branch Code ARN / RIA\*\* / PMRN\*\* Code Sub - Agent / Employee ARN Code 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. PHYSICAL MODE (Default) 2. UNIT HOLDING OPTION 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 Name -DP ID Beneficiary A/c No. Beneficiary A/c No. Client Masters List (CML) Enclosures - Please (✓) 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 Gender Male Female Others Name of Sole / 1st Applicant Mr. / Ms. / M/s. (Name as per IT Records) Date of Birth PAN/PEKRN CKYC No (Mandatory) (Mandatory) Mobile No. Email ID POA The Email ID belongs to (Mandatory Please 🗸 ) 🗌 Self 🔝 Spouse 🔲 Dependent Children 🔝 Dependent Siblings 🔝 Dependent Parents Guardian PMS Custodian The Mobile No. belongs to (Mandatory Please 🗸 ) 🗌 Self 🔲 Spouse 🔲 Dependent Children POA ☐ Dependent Siblings ☐ Dependent Parents Guardian PMS Custodian 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.) (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Valid upto LEL Code Non-Individual investors. Refer instruction no. 4a) □ NRI-Non Repatriation Resident Individual Partnership HUF AOP NRI-Repatriation Trust Tax Status FIIs ☐ PIO Society/Club Sole Proprietorship ☐ Minor through guardian Company Body Corporate (Mandatory, Please ✓) Non Profit Organisation ☐ Financial Institution ■ NBFC Others Bank ☐ Yes or ☐ No Non Profit Orgnization [NPO] 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 am/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 (Name as per IT Records) PAN CKYC No Gender Male Female Others (Mandatory) Email ID Mobile No. Date of Birth/Date of Incorporation Designation/Relationship with Minor (Mandatory) Date of Birth Proof for minors (Any One) Birth Certificate Marks Sheet (HSC/ICSE/CBSE) School Leaving Certificate Passport Others ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Collection Centre / AMC Stamp & Signature The Wealth Company Mutual Fund Pantomath Nucleus House, Saki Vihar Road, Andheri East, Mumbai - 400072 Received from Mr. / Ms Date:

Application No.

| 5. N          | MAILING ADDRE                     | ESS (Address as per KYC)             |   |                                    |                               |                           |                                    |
|---------------|-----------------------------------|--------------------------------------|---|------------------------------------|-------------------------------|---------------------------|------------------------------------|
| Loca          | al Address of 1st                 | Applicant                            |   |                                    |                               |                           |                                    |
|               |                                   |                                      |   |                                    |                               |                           |                                    |
|               |                                   | City                                 |   |                                    | Diet                          |                           |                                    |
| State         | <u> </u>                          | Pin C                                |   |                                    | Dist                          | Mobile                    |                                    |
|               |                                   |                                      |   |                                    | <u> </u>                      |                           |                                    |
|               |                                   | DRRESPONDENCE ADDRESS (              |   |                                    |                               |                           |                                    |
| [ Plea        | ase provide Full A                | Address P.O. Box address is not s    | ufficient]                              |                                    |                               |                           |                                    |
|               |                                   |                                      |   |                                    |                               |                           |                                    |
|               |                                   | Zip                                  | Code:                                   | Telephon                           | e                             | Mobile                    |                                    |
|               |                                   | ICANT'S DETAILS* (In case of Min     | or, there shall be no joint holders) [N | Name and DOB shall be as           | per Income Tax Records ]      |                           |                                    |
|               | e Mr. / Ms.<br>as per IT Records) | First                                | 1                                       | Middle                             |                               | Last                      |                                    |
| PAN<br>(Manda | atory)                            |                                      | CKYC No.                                |                                    |                               | Gender                    | Male Female Others                 |
|               | ile No.                           |                                      | Email ID                                |                                    |                               | Date of Birth             |                                    |
|               |                                   | Mandatory Please ✓ ) ☐ Self ☐ Spo    |   | Dependent Sibl                     | ings Dependent [              | (Mandatory)               | DMS Custadian DOA                  |
|               | = -                               | (Mandatory Please ✓ ) ☐ Self ☐ Spo   |   | •                                  | -                             |                           |                                    |
|               | Status                            | (manager) 1 10000 7 7 1 2011 1 2010  | _ poperiuent ennuren                    | bependent sibi                     | ings _ bependent              | dients oddraid            |                                    |
|               |                                   | Resident Individual N                | RI-Repatriation                         | on Repatriation                    |                               |                           |                                    |
| 6b.           | THIRD APPLICA                     | ANT'S DETAILS* (In case of Minor, th | ere shall be no joint holders) [Name    | and DOB shall be as per li         | ncome Tax Records ]           |                           |                                    |
|               | e Mr. / Ms.<br>as per IT Records) |                                      | I I                                     |                                    |                               |                           |                                    |
| PAN           |                                   |                                      |   |                                    |                               |                           | Mala C Farrala C Others            |
| (Manda        | atory)                            |                                      | CKYC No.                                |                                    |                               | Gender                    | Male   Female   Others             |
| Mobi          | ile No.                           |                                      | Email ID                                |                                    |                               | Date of Birth (Mandatory) | D D M M Y Y Y Y                    |
| The E         | mail ID belongs to (I             | Mandatory Please ✓ ) Self Spo        | ouse   Dependent Children               | Dependent Sibl                     | ings   Dependent F            | Parents 🗌 Guardia         | n PMS Custodian POA                |
| The M         | Nobile No. belongs to             | (Mandatory Please ✓ ) Self Spo       | ouse   Dependent Children               | Dependent Sibl                     | ings   Dependent I            | Parents 🗌 Guardia         | an PMS Custodian POA               |
|               | Status<br>datory, Please ✓)       | Resident Individual N                | RI-Repatriation                         | on Repatriation                    |                               |                           |                                    |
|               | (YC Details(Man                   |                                      |   | •                                  |                               | (F                        | Please refer instruction no. 3e)   |
|               | Applicant:                        |                                      | Public Sector Service                   | Government Service                 | ☐ Business ☐                  | •                         | Agriculturist Retired              |
|               |                                   | ☐ Housewife ☐                        | Student                                 | Forex Dealer                       | Others (please                | specify)                  |                                    |
| Seco          | ond Applicant:                    |                                      |   | Government Service                 |                               | Professional              | Agriculturist Retired              |
|               |                                   |                                      |   | Forex Dealer                       | Others                        | Drofossional              | Agriculturiet Detired              |
| Thire         | d Applicant:                      |                                      |   | Government Service<br>Forex Dealer | ☐ Business ☐ Others (please : |                           | Agriculturist Retired              |
| Gro           | ss Annual Incor                   | me                                   |   |                                    |                               |                           |                                    |
| First         | Applicant:                        | ☐ Below 1 Lac ☐ 1-5                  | Lacs                                    | i □ 10-25 L                        | .acs                          | 5 Lacs-1 crore            | ☐ >1 crore                         |
|               |                                   | OR Net worth* (for Non-Indiv         | iduals) ₹ (please specify) _            |                                    | as on                         | D D M M Y Y               | Y Y (Not older than 1 year)        |
| Seco          | ond Applicant:                    | ☐ Below 1 Lac ☐ 1-5                  | Lacs                                    | 5 □ 10-25 L                        | .acs                          | 5 Lacs-1 crore            | ☐ >1 crore                         |
|               |                                   | OR Net worth* (for Non-Indiv         | iduals) ₹ (please specify) _            |                                    | as on                         | D D M M Y Y               | Y Y (Not older than 1 year)        |
| Thire         | d Applicant:                      | ☐ Below 1 Lac ☐ 1-5                  | Lacs                                    | 5 □ 10-25 L                        | .acs $\square$ >25            | 5 Lacs-1 crore            | □ >1 crore                         |
|               |                                   | OR Net worth* (for Non-Indiv         | iduals) ₹ (please specify) _            |                                    | as on                         | D D M M Y Y               | Y Y (Not older than 1 year)        |
| For           | Individuals                       |                                      |   |                                    |                               | (1                        | Please refer instruction no. 3d)   |
| First         | t Applicant:                      | ☐ I am Politically Exposed Perso     | n (PEP)                                 | I am Related to Po                 | olitically Exposed Pers       | son (RPEP)                | ☐ Not applicable                   |
| Sec           | ond Applicant:                    | ☐ I am Politically Exposed Perso     | n (PEP)                                 | I am Related to Po                 | olitically Exposed Pers       | son (RPEP)                | ☐ Not applicable                   |
| Thire         | d Applicant                       | ☐ I am Politically Exposed Perso     | n (PEP)                                 | I am Related to Po                 | olitically Exposed Pers       | son (RPEP)                | ☐ Not applicable                   |
| For           | Non Individuals                   | s, if involved in any of the belov   | v mentioned services, plea              | ase ✓ the appropri                 | ate option :                  |                           |                                    |
|               |                                   | / Money Changer Services             |   |                                    | •                             | No (iii) Money            | Lending / Pawning  Yes  No         |
|               | ·                                 |                                      |   | Tear here                          |                               |                           | se.                                |
|               | σ                                 |                                      |   |                                    |                               |                           |                                    |
| SR.           | SCF                               | HEME NAME /PLAN                      | OPTION                                  |                                    | PA                            | YMENT DETAILS             |                                    |
| NO.           | 301                               |                                      | OI HOW                                  | Amount (₹)                         | Instrument No                 | Date                      | Drawn on Bank<br>(Bank and Branch) |
| 1.            | The Wealth Com                    | npany Liquid Fund                    | Growth                                  |                                    |                               |                           |                                    |
| '             | Regular                           |                                      | ☐ IDCW Payout                           |                                    |                               |                           |                                    |
|               |                                   |                                      | ☐ IDCW Reinvestment                     |                                    |                               |                           |                                    |

| 8. BANK ACCOUNT DE  | TAILS FOR PAYOUT                           | (Please attach co  | opy of cancelled che   | eque)  |         |   | (Please refer in   | struction no. | 4)                   |  |  |
|---|--|--|--|--|---------|---|--|---------------|----------------------|--|--|
| Name of the Bank  |  |  |  |  |         |   |  |               |                      |  |  |
| Account No.   |  |  |  |  |         |   |  |               |                      |  |  |
| Bank Branch Address   |  |  |  |  |         |   |  |               |                      |  |  |
|   |  |  |  |  |         |   |  | <b>.</b>      |                      |  |  |
| MICR Code (9 digits)  |  |  | İ  | for NEFT / RTGS  |         |   | \$ This is an 11 Digit from your cheque  |               |                      |  |  |
| 9. INVESTMENT & PAY   | MENT DETAILS* The                          | e name of the firs   | st/ sole applicant mu  | st be pre-printed on the ch  | eque.   |   | (Please refer in   | struction no. | 6)                   |  |  |
| Scheme Name   |  |  |  | Plan   | ☐ Gi    | Option (Please refer to Si<br>rowth (Default)   | ID for the IDCW Frequency & Option)  |               |                      |  |  |
| The Wealth Company Liqu   | iid Fund                                   |  |  | Regular Direct Plan  | □ ID    | CW Payout CW Reinvestment (Def  | ault for IDCW)   |               |                      |  |  |
| Payment Type ( Please ✓   | Payment Type ( Please ✓ )                  |  |  |  |         |   |  |               |                      |  |  |
| Transaction Type  |  |  | Lum  | psum (min Rs. 1000)  |         |   | ☐ SIP* (min Rs   | s. 250)       |                      |  |  |
| Amount (INR)  |  |  |  |  |         |   |  |               |                      |  |  |
| Mode of Payment ( Please ✓ )  Cheque NEFT / I  OTM (One Time Mandate)  Existing Investors who have an existing OTM I  | RTGS (This facility is only applicable for |  | Cheque No.   | /UTR No.   |         | Cheque No. / UTR No.  |  |               |                      |  |  |
| Drawn on Bank   |  |  |  |  |         |   |  |               |                      |  |  |
| A/c Number  |  |  |  |  |         |   |  |               |                      |  |  |
| Date  |  |  |  |  |         |   |  |               |                      |  |  |
| Investment horizon Please (  ) anyone   |  |  |  |  |         |   |  |               |                      |  |  |
|   |  |  |  |  |         | The below information   |  |               |                      |  |  |
|   |  | rate FATCA and   | d Ultimate Benefici  |  |         |   |  |               |                      |  |  |
| Non-Individual investors sho  | uld mandatorily fill sepa                  | rate FATCA and   | d Ultimate Benefici  | )<br>ial Ownership (UBO) For   |         | Country of Cit  | n is required for all appli  |               |                      |  |  |
| Non-Individual investors sho  | uld mandatorily fill sepa                  | rate FATCA and   | d Ultimate Benefici  | )<br>ial Ownership (UBO) For   | m.      | Country of Cit  | n is required for all applicizenship / Nationality  s (Please specify)   |               |                      |  |  |
| Non-Individual investors sho  Particulars  First Applicant / Guardian   | uld mandatorily fill sepa                  | rate FATCA and   | d Ultimate Benefici  | )<br>ial Ownership (UBO) For   | m.      | Country of Cit  | n is required for all applicizenship / Nationality  s (Please specify)   |               |                      |  |  |
| Particulars  First Applicant / Guardian  Second Applicant   | Place/City of E                            | rate FATCA and<br>Birth  | Count  | ial Ownership (UBO) For ry of Birth a? Yes   | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick (✓)]   | n is required for all applications in its required for all applications in all applicat | cants/guardi  |                      |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., and if 'YES' please fill for ALL county)  | Place/City of E                            | Birth  I in any other co   | Count  Count  Count  untry outside India e a Resident for ta   | ial Ownership (UBO) For ry of Birth a? Yes   | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick (✓)]   | n is required for all applications in its required for all applications in all applicat | cants/guardi  | an                   |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., ar lf 'YES' please fill for ALL coursespective countries.   | Place/City of I                            | Birth  I in any other co   | Count  Count  Count  untry outside India e a Resident for ta   | ial Ownership (UBO) For ry of Birth  a? Yes  ax purpose i.e. where you                               | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick ( \( \sigma \)]  n/Resident/Green Card F   | izenship / Nationality  (Please specify)  (Please specify)  (Please specify)  dolder/Tax Resident in the   | cants/guardi  | an                   |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., ar If 'YES' please fill for ALL courespective countries.  Particulars   | Place/City of I                            | Birth  I in any other co   | Count  Count  Count  untry outside India e a Resident for ta   | ial Ownership (UBO) For ry of Birth  a? Yes  ax purpose i.e. where you                               | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick ( \( \sigma \)]  n/Resident/Green Card F   | izenship / Nationality  (Please specify)  (Please specify)  (Please specify)  Holder/Tax Resident in the reason A, B or C  | cants/guardi  | an  ((✓) below)      |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., ar If 'YES' please fill for ALL courespective countries.  Particulars  First Applicant / Guardian   | Place/City of I                            | Birth  I in any other co   | Count  Count  Count  untry outside India e a Resident for ta   | ial Ownership (UBO) For ry of Birth  a? Yes  ax purpose i.e. where you                               | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick ( \( \sigma \)]  n/Resident/Green Card F   | izenship / Nationality  (Please specify)  (Please specify)  (Please specify)  Holder/Tax Resident in the reason A, B or C  Reason: A   | cants/guardi  | an  ((✓) below)  C □ |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., ar If 'YES' please fill for ALL courespective countries.  Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Reason A ⇒ The cou  | Place/City of I                            | rate FATCA and Birth  I in any other co in which you ar sidency  Holder is liable to on only if the au | untry outside India e a Resident for ta  Tax Identifica Functiona  p pay tax does not thorities of the res | ial Ownership (UBO) For ry of Birth  a? Yes  ax purpose i.e. where you ation Number or al Equivalent | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick ( ✓ )]  n/Resident/Green Card H  attification Type ther please specify)  | n is required for all applications in the reason in the reason is a content of the reason in the rea | cants/guardi  | an                   |  |  |
| Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Are you a tax resident (i.e., ar If 'YES' please fill for ALL courespective countries.  Particulars  First Applicant / Guardian  Second Applicant  Third Applicant  Third Applicant  Characteristics Applicant  Reason A ⇒ The couch Reason B ⇒ No TIN recouch Reason C ⇒ Others, possible of the particulars | Place/City of I                            | rate FATCA and Birth  I in any other co in which you ar sidency  Holder is liable to on only if the au | untry outside India e a Resident for ta  Tax Identifica Functiona  o pay tax does not thorities of the res | ial Ownership (UBO) For ry of Birth  a? Yes  ax purpose i.e. where you ation Number or al Equivalent | m. Indi | Country of Cit  an U.S. Others  an U.S. Others  an U.S. Others  tick ( ✓ )]  n/Resident/Green Card F  attification Type ther please specify)  s residents.  bt require the TIN to be co | n is required for all applications in the reason in the reason is a content of the reason in the rea | cants/guardi  | an                   |  |  |

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

| 11. NOMINATION DETAILS* (To be f   | illed in by individ  | luals si   | ingly or joi   | intly. Mandatory o   | nly f  | or Investo   | rs who opt to ho  | ld uı  | nits in Non-Demat) (I  | Pleas  | e 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)  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 O  | ut of Nomination   | ), it is r   | mandatory  | to sign as per the   | mo   | de of holdi  | ng in signature s   | spac   | ce provided below i.e. in N  | Nomir  | nation Details section  |  |
| Name of the Nominee(s)  With Applicant   |  |  | e of Birth Guardian  |  |  | with nomin   |   | tl   | Proportion (%) in which<br>he units will be shared<br>y each Nominee (should<br>aggregate to 100%)<br>(Mandatory)  | Nominee Address  Please tick if the nominee address is same as mentioned in first holder address   |   |  |
| Nominee 1  |  | DD/N   | IM/YYYY  |  |  |  |   |  | , ,,   |  |   |  |
| Nominee 2  | DD/M   | /IM/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  |  |  |  |  |  |  |   |  |  |  |   |  |
| ************************  Date of Birth(DoB): please provide, only if the nominee is minor.  Gaurdian: 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)   |  |  |  |  |  | Signat   | ure(s) of holder  |  | Witness Name, Address and Signature  |  |   |  |
| 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, understo dealing, handling or disclosure of my/our p  13. DECLARATION AND SIGNAT  I/We hereby confirm and declare as understood to the support of the support | rures  TURES  er:- I/We have read  | ereby a  | uthorise to  | disclose it to the thi   | rd pa  | rty or anoth   | er body corporate   | or ar  | ny person acting under a cor<br>of The Wealth Company Mui  | ntract v   | with the AMC or the Fund.   |  |
| Document(s)/Key Information memorandum for allotment of units of the Scheme(s) of Treceived nor been induced by any rebate or legitimate sources only and is not designed Statutory Authority. The ARN holder has dis from amongst which the Scheme(s) is/are the KYC process to the satisfaction of the Athe applicable NAV as on the date of such I/We hereby agree that the AMC has not renot have any existing Micro investments wh dent(s) of Indian Nationality/Origin and I/V Ordinary Account/ FCNR Account (s). FATC/ In case any of the above information in future a manner, all/any of the information provided employees ('the Authorised Parties') or any authorities and other investigation agencies  Please v: if the EUIN space is left blant employee/relationship manager/sales pe the distributor has not charged any advis   | The Wealth Compargifts, directly or indid if or the purpose of sclosed to me/us all being recommended MMC/The Wealth Corredemption. I/We acommended or advich together with the A and CRS Declaration is found to be fall and also undertake by me/us, includin. Indian or foreign gress without any obligates. I / We hereby confirm in the second of the secon | ny Mutua<br>irectly in<br>contravul.<br>I the cord<br>d to me,<br>ompany<br>agree to<br>ised me<br>e currer<br>that the<br>ion: I/W<br>ise or un<br>to provi<br>g all cha<br>overnme<br>ation of a<br>firm that<br>istributo<br>nsaction | al Fund, as in making this entition or even missions (v.us. I/We de Mutual Fund in the product of the product o | indicated above and is investment. I/We d assion of any Act, Reg in the form of trail caclare that the inform of I/We hereby author Wealth Companyimm of the suitability or a on will result in aggretubscription have becknowledge and confeading or misrepress, or additional informates to such informate to you have been intention standing the advice of the same. | agreeclaring agree eclaring agree eclaring agree eclaring articles and agreed eclaring eclaring agreed eclaring eclarin | e to abide he that I am/lo on, Rule, No ission or am, of the I am/lo on, Rule, No ission or am, of given in the AMC/The tely in the epriateness of investments mitted from hat the inford, I //We shall ss may be resand when es/agencies of the lamb by morporpriateness of the lamb by morporpriateness and when propropriateness and when the straightful and the straightful among | by the terms, condi- We are authorised ' iffication, Direction of other mode), pay  is application form  e Wealth Company  event the information for  abroad through no  mation provided in  be liable for it. I/W  quired at your end  provided by me/us  including but not I  me/us as this is an " sss, if any, provided | itions to man so or able on is or able on is or able on is or y Muroon in the me/y Muroon in this or all the also or a this or all the able of the abl | s, rules and regulations of the ake this investment and the a any other applicable laws en to him for the different comporerect, complete and truly st tual Fund to redeem the unith the self-certification change plan. Applicable to Micro Inventual Fund to the self-certification change plan. Applicable to MRIs I al banking channels or from its form is true and correct to its oundertake to keep you inform the hereby authorise you to disclutual Fund, its Sponsor, Assign to the Financial Intelligence ution-only" transaction without the employee/relationship man | e releven mount acted beting atted. I sagai atted | vant Scheme(s). I/We have neithe invested in the Scheme is through by the Government of India or any Schemes of various Mutual Fundin the event of my/our not fulfilling inst the funds invested by me/us a investors investing in Direct Plan I/We hereby declare that I/We donfirm that I am/We are Non-Resi in my/our Non-Resident External st of my/our knowledge and belief in writing about any changes/modif, share, remit in any form, mode on agement Company, trustees, the I-India (FIU-IND), the tax /revenuenteraction or advice by the ales person of the distributor and |  |
| Signature(s) should be as it appears   | in the Folio / on th   | e Applio   | cation Form  | and in the same or   | der. I   | n case the r   | node of holding is  | join   | t, all Unit holders are require  | d to s   | ign.  |  |
| Sign of 1st Applicant / Guardian /   |  |  | Sign of 2nd A  |  |  | Applicant /  |   |  | Sign of 3rd Applicant /  |  |   |  |