

# NEW FUND OFFER APPLICATION FORM

## WHITEOAK CAPITAL CONSUMPTION OPPORTUNITIES FUND



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

| Scheme Name & Type of the Scheme   | Product Labelling   | Scheme Risk-o-meter                        | Benchmark Risk-o-meter  |
|--|---|--|---|
| <b>WhiteOak Capital Consumption Opportunities Fund</b><br>(An open-ended equity scheme following consumption theme.)                                     | <b>This product is suitable for investors who are seeking*:</b> <ul style="list-style-type: none"><li>Long Term Capital Appreciation</li><li>Investment predominantly in equity &amp; equity related instruments of companies engaged in consumption and consumption related activities or allied sectors and/or are expected to benefit from the domestic consumption led demand.</li></ul> <b>* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</b> | <p>THE RISK OF THE SCHEME IS VERY HIGH</p> | <p>THE RISK OF THE BENCHMARK IS VERY HIGH</p> <p>As per AMFI Tier I Benchmark<br/>i.e. Nifty India Consumption Total Return Index (TRI)</p> |
| Offer of Units Rs. 10/- each during the New Fund Offer NFO Start Date: 20 <sup>th</sup> January, 2026; NFO Closure Date: 03 <sup>th</sup> February, 2026 |   |  |   |

### 1. DISTRIBUTOR INFORMATION\*

(Please Refer instruction no. 1)

| Name & Broker Code/<br>ARN / RIA / PMRN Code** | Sub Broker /<br>Agent ARN Code | Internal Code for<br>Sub Agent / Employee | EUIN* | ISC Date Time Stamp<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 transactions in the scheme(s) of WhiteOak Capital 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. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

### Go Green Initiative (Refer instruction no.12)

☐ \*Opt-in – Physical ☐ Opt-out – Email

\*(Default Opt-out)

### 2. FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

### 3. APPLICANT(S) NAME AND INFORMATION (If the 1<sup>st</sup> / Sole Applicant is Minor, then please provide details of natural / legal guardian)

(Please Refer instruction no. 4)

| SOLE / FIRST APPLICANT | Mr. / Ms. / M/s. _____ Name as per PAN Card |
|------------------------|---|
|------------------------|---|

(Please mention name as per PAN and provide copy of PAN. Please refer to instruction no. 13.)

|                              |   |
|------------------------------|---|
| LEI Code for Non Individuals | _____ (Please Refer instruction no. 4a) |
|------------------------------|---|

|     |       |   |             |                   |       |
|-----|-------|---|-------------|-------------------|-------|
| PAN | _____ | *Date of Birth / Incorporation<br>(Individual) / (Non-Individual) | DD MM YY YY | CKYC ID No. (KIN) | _____ |
|-----|-------|---|-------------|-------------------|-------|

|   |   |                                    |   |
|---|---|------------------------------------|---|
| POA / GUARDIAN (In case 1 <sup>st</sup> Applicant is a Minor) | Mr. / Ms. / M/s. _____ Name as per PAN Card | Relationship with Minor (Please ✓) | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian |
|---|---|------------------------------------|---|

|                    |       |                                  |       |
|--------------------|-------|----------------------------------|-------|
| POA / GUARDIAN PAN | _____ | POA / GUARDIAN CKYC ID No. (KIN) | _____ |
|--------------------|-------|----------------------------------|-------|

|                            |             |  |  |
|----------------------------|-------------|--|--|
| *Date of Birth of Guardian | DD MM YY YY | Proof of Date of Birth (Please ✓)<br>(For minor applicant) | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate / Mark Sheet<br><input type="checkbox"/> Passport of the Minor <input type="checkbox"/> Others (Please specify) |
|----------------------------|-------------|--|--|

**Mobile / Email ID Details -** Please confirm that the Mobile No. and Email ID belongs to (Please ✓ below) (Please refer instructions 4(f))

|        |       |   |
|--------|-------|---|
| Mobile | _____ | Investors providing email id and mobile no. would mandatorily receive all communications, Statement of Accounts and Abridged Annual Report through Electronic / Digital mode. Email id should be provided in block letters. |
|--------|-------|---|

(Pls ✓) ☐ SE – Self ☐ SP – Spouse, ☐ 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 ☐ DP – Dependent Parents ☐ GD – Guardian ☐ PM – PMS ☐ CD – Custodian ☐ PO – POA

|   |  |
|---|--|
| <b>Status:</b><br>(Mandatory, Please ✓) | <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP<br><input type="checkbox"/> Minor through guardian <input type="checkbox"/> Company <input type="checkbox"/> FII <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Financial Institution <input type="checkbox"/> NBFC <input type="checkbox"/> Bank <input type="checkbox"/> Others |
|---|--|

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)

|   |  |
|---|--|
| <b>Occupation:</b><br>(Mandatory, Please ✓) | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired<br><input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (please specify) |
|---|--|

|                                       |   |
|---------------------------------------|---|
| <b>Gross Annual Income:</b>           | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore |
| OR Net worth* (for Non-Individuals ₹) | as on DD MM YY YY (Not older than 1 year)   |

**For Individuals (Please ✓):** ☐ I am Politically Exposed Person (PEP)\* ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable (\*Please refer instruction 4.d)

**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

### Acknowledgement Slip (To be filled in by the Investor)

|                 |       |
|-----------------|-------|
| Application No. | _____ |
|-----------------|-------|

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

WhiteOak Capital Consumption Opportunities Fund

Collection Centre / WOCAMC Stamp & Signature



(Please Refer instruction no. 5)

|                      |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |   |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|---|--|--|--|--|
| Name of the Bank     |  |  |  |  |  |  |  |  |  |                            |  |  |  |  |   |  |  |  |  |
| Account No.          |  |  |  |  |  |  |  |  |  | Account Type               |  |  |  |  | <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> Others |  |  |  |  |
| Bank Branch          |  |  |  |  |  |  |  |  |  | Address                    |  |  |  |  |   |  |  |  |  |
| Bank City            |  |  |  |  |  |  |  |  |  | State                      |  |  |  |  | Pincode   |  |  |  |  |
| MICR Code (9 digits) |  |  |  |  |  |  |  |  |  | *IFSC Code for NEFT / RTGS |  |  |  |  | *This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch  |  |  |  |  |

(Please Refer instruction no. 6)

**Mode of Holding:** ☐ Single ☐ Joint ☐ Anyone or Survivor\* \*(Please note that the Default option is Anyone or Survivor)

Name\* Mr / Ms. \_\_\_\_\_

[illegible]

Name\* Mr / Ms. \_\_\_\_\_

Date of Birth\*

PAN/PEKRN\*

CKYC / KIN

Status:

(Mandatory, Please ✓)

☐ Resident Individual

☐ NRI-Repatriation

☐ NRI-Non Repatriation

Occupation:

☐ Private Sector Service

☐ Public Sector Service

☐ Govt. Service

☐ Business

☐ Professional

☐ Agriculturist

☐ Retired

☐ Housewife

☐ Student

☐ Forex Dealer

☐ Others (Please specify)

Mobile:

(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Email:

(Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Gross Annual Income:

(Mandatory, Please ✓)

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lacs

☐ >25 Lacs-1 crore

☐ >1 crore

as on

(Not older than 1 year)

For Individuals : (Please ✓)

☐ I am Politically Exposed Person (PEP)^

☐ I am Related to Politically Exposed Person (RPEP)

☐ Not applicable

POA Name :

(if applicable)

POA PAN :

Local Address of 1st Applicant

City \_\_\_\_\_ State \_\_\_\_\_  
Pin Code \_\_\_\_\_ Tel. Resi. \_\_\_\_\_ Tel. Off. \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

| Sr. No. | Scheme Name                                     | Plan & Option   | Net Amount Paid (₹) | Payment Details                          |                 |
|---------|---|---|---------------------|--|-----------------|
|         |   |   |                     | Cheque/UTR No.<br>(in case of NEFT/RTGS) | Bank and Branch |
| 1.      | WhiteOak Capital Consumption Opportunities Fund | <input type="checkbox"/> Regular Plan<br><input type="checkbox"/> Direct Plan<br><input checked="" type="checkbox"/> <b>Growth</b><br>(Default) |                     |  |                 |



**7. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque.

(Please Refer instruction no. 7)

Scheme - WhiteOak Capital Consumption Opportunities Fund

☒ Growth

Please tick (✓)

☐ Regular Plan☐ Direct Plan

| Mode of Payment      | Lumpsum | <input type="checkbox"/> SIP* | <input type="checkbox"/> Flex SIP* | <input type="checkbox"/> Goal SIP* | (Please ✓) |
|----------------------|---------|-------------------------------|------------------------------------|------------------------------------|------------|
| Amount (INR)         |         |                               |                                    |                                    |            |
| Cheque / RTGS / NEFT |         |                               |                                    |                                    |            |
| Drawn on Bank        |         |                               |                                    |                                    |            |
| Date                 |         |                               |                                    |                                    |            |

Cheque should be drawn in favour of scheme name "WhiteOak Capital Consumption Opportunities Fund "

\*If you wish to register SIP / Flex SIP / Goal SIP, kindly fill the relevant SIP / Flex SIP Registration / Goal SIP Registration &amp; OTM Debit Mandate Form. In case your OTM is already registered in the existing folio kindly fill the existing OTM details.

**8. 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                                | Please Specify | DP Name                                     | Please Specify      |
| DP ID                                  | IN             | Beneficiary A/c No.                         | Beneficiary A/c No. |

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)**9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) [Mandatory]**

(Please Refer instruction no. 9)

→ Non-Individual investors will require to fill separate FATCA &amp; 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 .

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) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ 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 (Mandatory) | 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: \_\_\_\_\_

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

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



**10. 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. 10)**

☐ I/We do hereby nominate the following person (s) who shall receive all the assets held in my / our account / folio in the event of my / our demies, as trustee and on behalf of my / our legal heir(s)  
**(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 and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets 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

**Nomination Details**

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

| Nomination can be made upto three nominees in the account. | Details of 1st Nominee | Details of 2nd Nominee | Details of 3rd Nominee |
|--|------------------------|------------------------|------------------------|
|--|------------------------|------------------------|------------------------|

**Mandatory information**

| 1 | Name of the nominee(s)   | Mr./Ms.  | Mr./Ms.  | Mr./Ms.  |
|---|--|--|--|--|
| 2 | Share of each Nominee#   | %  | %  | %  |
| 3 | Date of Birth (for Minor)  | dd-mmm-yyyy  | dd-mmm-yyyy  | dd-mmm-yyyy  |
| 4 | Relationship with the Applicant (select one)   | <input type="radio"/> Spouse<br><input type="radio"/> Father<br><input type="radio"/> Mother<br><input type="radio"/> Daughter<br><input type="radio"/> Son<br><input type="radio"/> Others (please specify)<br>_____                                  | <input type="radio"/> Spouse<br><input type="radio"/> Father<br><input type="radio"/> Mother<br><input type="radio"/> Daughter<br><input type="radio"/> Son<br><input type="radio"/> Others (please specify)<br>_____                                  | <input type="radio"/> Spouse<br><input type="radio"/> Father<br><input type="radio"/> Mother<br><input type="radio"/> Daughter<br><input type="radio"/> Son<br><input type="radio"/> Others (please specify)<br>_____                                  |
| 5 | Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required]. | <input type="radio"/> PAN _____<br><input type="radio"/> Aadhaar <input type="checkbox"/> (masked last 4 digits) **** *<br><input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/><br><input type="radio"/> Driving License _____ | <input type="radio"/> PAN _____<br><input type="radio"/> Aadhaar <input type="checkbox"/> (masked last 4 digits) **** *<br><input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/><br><input type="radio"/> Driving License _____ | <input type="radio"/> PAN _____<br><input type="radio"/> Aadhaar <input type="checkbox"/> (masked last 4 digits) **** *<br><input type="radio"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/><br><input type="radio"/> Driving License _____ |
| 6 | Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country   | Pincode: _____   | Pincode: _____   | Pincode: _____   |
| 7 | Mobile of nominee(s)/ Guardian in case of Minor  | _____  | _____  | _____  |
| 8 | Email ID of nominee(s)/ Guardian in case of Minor  | _____  | _____  | _____  |
| 9 | Nominee Guardian Name (in case Nominee is Minor)   | _____  | _____  | _____  |

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



Name of nominee(s) with %



Nomination: Yes / No (Default)

**This nomination shall supersede any prior nomination made by the account holder(s), if any**

**Signature(s) – As per mode of holding in demat accounts / MF Folio(s).**

|                               |   |  |
|-------------------------------|---|--|
| Sole / First Holder (Mr./Ms.) | Name:<br><br>Witness 1 Name & Address:<br><br>Witness 2 Name & Address: | Signature /Thumb Impression:<br><br>Witness 1 Signature:<br><br>Witness 2 Signature: |
|-------------------------------|---|--|



|                         |   |  |
|-------------------------|---|--|
| Second Holder (Mr./Ms.) | Name:<br><br>Witness 1 Name & Address:<br><br>Witness 2 Name & Address: | Signature /Thumb Impression:<br><br>Witness 1 Signature:<br><br>Witness 2 Signature: |
| Third Holder (Mr./Ms.)  | Name:<br><br>Witness 1 Name & Address:<br><br>Witness 2 Name & Address: | Signature /Thumb Impression:<br><br>Witness 1 Signature:<br><br>Witness 2 Signature: |

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.  
 # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.  
**Note:** The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)



Scan and View  
Supporting documents required with this application form.

|   |   |  |  |
|---|---|--|--|
| <b>Signature(s)</b> All Unit holders are requested to sign here, irrespective of the mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature. | <div>Sign of 1st Applicant / Guardian / Witness</div> | <div>Sign of 2nd Applicant / Witness</div> | <div>Sign of 3rd Applicant / Witness</div> |
|---|---|--|--|

| 11. DECLARATION AND SIGNATURES*   | (Please Refer instruction no. 11) |
|---|-----------------------------------|
| <p>I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital 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 WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital 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/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital 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 WhiteOak Capital Asset Management Limited immediately in the event the information in the self-certification changes. <b>For investors investing in Direct Plan:</b> I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. <b>Applicable to Micro Investors:</b> 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 Rs. 50,000 in a year. <b>Applicable to NRIs:</b> 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 ). <b>FATCA and CRS Declaration:</b> 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.</p> |                                   |

☐ Please ✓ if the EUIIN space is left blank: I / We hereby confirm that the EUIIN 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.

| 12. CONFIRMATION CLAUSE  |
|--|
| <p>I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please tick (✓) any</b></p> |
| <b>Signature(s)</b> 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.   |
| <div>Sign of 1st Applicant / Guardian / Authorized Signatory / POA</div> <div>Sign of 2nd Applicant / Authorized Signatory / POA</div> <div>Sign of 3rd Applicant / Authorized Signatory / POA</div>   |



# Application Form for SIP Registration with Top Up and One Time Debit Mandate

| Name & Broker Code/<br>ARN / RIA / PMRN Code** | Sub Broker /<br>Agent ARN Code | Internal Code for<br>Sub Agent / Employee | EUIN* | ISC Date Time Stamp<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 transactions in the scheme(s) of WhiteOak Capital 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. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.  
**Please Note: All field marked with asterisk (\*) to be mandatorily filled.**

|  |              |
|--|--------------|
| <b>1. UNIT HOLDER INFORMATION</b> [Please mention name as per PAN] | Folio Number |
| Applicant Name   | PAN          |

|                                  |   |  |
|----------------------------------|---|--|
| <b>2. SIP INVESTMENT DETAILS</b> | (SIP end date cannot exceed 40 years)   | Refer SIP Registration and Discontinuation in Instructions for SIP |
| Scheme Name                      | WhiteOak Capital Consumption Opportunities Fund   |  |
| Plan                             | <input type="checkbox"/> Regular OR <input type="checkbox"/> Direct   |  |
| Option                           | <input checked="" type="checkbox"/> Growth (Default option is Growth)   |  |
| SIP Frequency                    | Monthly (Default) OR<br><input type="checkbox"/> Weekly (Specify Day) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly   |  |
| SIP Date                         | Default date (Monthly and Quarterly): 10th OR (Specify Date)  |  |
| SIP Period                       | From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |
| SIP Amount                       |   |  |

|  |   |
|--|---|
| <b>3. SIP TOP-UP - In case you wish to avail, please select from the options provided below:</b> |   |
| To avail Top up in an existing SIP please provide  | Unique Ref No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (As given in SOA)              |
| Percentage (min. 5% or in multiples of 5%)<br>Or Amount (min Rs. 500 or in multiples of 500)     | 5% (default) OR <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20%<br>OR Amount Rs. <input type="text"/>                                |
| Top-Up Frequency   | Yearly (default) OR <input type="checkbox"/> Half Yearly  |
| Top Up Cap (if any)  | Amount: <input type="text"/> OR Month - Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Opt Out of Top Up  | <input type="checkbox"/> I do not wish to opt for SIP Top - Up  |

\*SIP Top Up is not applicable for Weekly and Fortnightly frequency SIP's. (Please refer T & C of form)

|  |   |   |
|--|---|---|
| <b>4. SIP PAYMENT DETAILS</b>  | 1st SIP Cheque No. <input type="text"/> Chq Date <input type="text"/> Amt. <input type="text"/> | <b>Mandatory Enclosures*</b>  |
| OR <input type="checkbox"/> Payment through Existing OTM already Registered in the Folio including the First Installment | Bank Name <input type="text"/> Bank A/c No. <input type="text"/>                                | <input type="checkbox"/> Cancelled Cheque Leaf <input type="checkbox"/> Copy of Cheque<br>(Name of the 1st applicant must be pre-printed on the cheque.)<br>*Blank Cancelled Cheque Leaf or Copy of Cheque Leaf of the new OTM bank account to be provided in case 1st instalment cheque is different from the OTM Mandate. |

## 5. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all 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 is being recommended to me/us.  
 "I/We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."  
 For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant /  
Authorized Signatory / POA


Sign of 2nd Applicant /  
Authorized Signatory / POA

Sign of 3rd Applicant /  
Authorized Signatory / POA



Scan and view the video to  
avoid errors while filling the below  
**OTM Debit Mandate Form**

## 5. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

|   |  |  |  |
|---|--|--|--|
|    | UMRN <input type="text"/>  | Bank use <input type="text"/>  | Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Sponsor Bank Code <input type="text"/>  | Bank use <input type="text"/>  | <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL |  |
| Utility Code <input type="text"/>   | Bank use <input type="text"/>  | I/We hereby authorize WhiteOak Capital Mutual Fund   |  |
| To Debit (tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other | Bank A/c <input type="text"/>  |  |  |
| With Bank <input type="text"/>  | Name of customer's bank  | IFSC / MICR <input type="text"/>   |  |
| An Amount Of Rupees <input type="text"/>  | ₹ <input type="text"/>   |  |  |
| DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount  | FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented |  |  |
| Reference 1 <input type="text"/>  | Reference 2 <input type="text"/>   |  |  |

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

|                                   |   |                                     |                                   |                                   |
|-----------------------------------|---|-------------------------------------|-----------------------------------|-----------------------------------|
| <b>PERIOD</b>                     |   | Signature Of Primary Account Holder | Signature Of Joint Account Holder | Signature Of Joint Account Holder |
| From                              | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                     |                                   |                                   |
| To                                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                     |                                   |                                   |
| (End date cannot exceed 40 years) |   |                                     |                                   |                                   |
| Phone No. <input type="text"/>    | 1. Name Of Primary Account Holder   | 2. Name Of Joint Account Holder     | 3. Name Of Joint Account Holder   |                                   |



## Terms and Conditions for SIP & SIP Top Up Facility:

**Please read Scheme Information Document (SID) along with Statement of Additional Information (SAI) and addendum issued from time to time before filling this form.**

The Unitholders of the Scheme can benefit by investing specific amounts periodically, for a continuous period.

At the time of registration, the SIP allows the investors to invest fixed equal amounts subject to minimum of ₹ 100/- and multiples of ₹ 1/- every week/fortnight/month or Rs. 500/- and in multiples of ₹ 1/- every quarter for purchasing additional Units of the Scheme at NAV based prices.

Minimum number of instalments for weekly/fortnightly/monthly frequency will be 6 and for quarterly frequency will be 4. Investors can choose any date (from 1st to 28th of a month) of his/her preference to register – any frequency available under the SIP facility.

Investors can enrol themselves for SIP in the Scheme by marking appropriate box on the application form or by subsequently making a written request to that effect to the Registrar & Transfer Agent.

In case the date chosen for SIP falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next Business Day.

Investors can subscribe to SIP by using OTM. The cheques should be in favour of the scheme and crossed "Account Payee Only", and the cheques must be payable at the centre where the applications are submitted to the Investor Service Centre.

In case of fresh/additional purchases, if the name of the Scheme on the application form/transaction slip differs from the name on the Cheque, then the AMC will allot units under the Scheme mentioned on the application form/transaction slip.

### SIP Registration and Discontinuation

- Further, Investors/ unitholders subscribing for SIP are required to submit SIP request by filling SIP application form at least 30 days prior to the date of first debit date and SIP start date shall not be beyond 100 days from the date of submission of request for SIP's.
- Within 3 Business Days of SIP allotment, a fresh Account Statement / Transaction Confirmation will be mailed to the Unitholder, indicating the new balance to his/her credit in the Account.
- An investor will have the right to discontinue the SIP, subject to giving 10 days prior notice in writing or by filling SIP cancellation form, to the subsequent SIP date.
- If SIP end date is not mentioned, then the end date mentioned in the OTM Mandate form will be considered as SIP end date.
- If the SIP tenure specified in the form is beyond the OTM Mandate Tenure, then the SIP will be registered in the Folio as per the validity of the OTM Mandate.
- If the OTM end date is more than 40 years, then the OTM Mandate will be rejected.
- SIP will continue until minor attains majority. Thereafter fresh registrations will be required for all Minor Investors who have turned Major, along with fresh bank account credentials.

**New Investor:** Please fill NFO Application Form along with SIP Registration & OTM Debit Mandate Form. If the investor fails to mention the scheme name in the SIP Registration Form, then the Fund reserves the right to register the SIP as per the scheme name available in the NFO application. In case of any ambiguity in the form, Fund reserves the right to reject the SIP request.

**Existing Investor:** Please fill SIP Registration & OTM Debit Mandate Form and mention the existing folio number. If the investor fails to mention the scheme name in the SIP Registration Form, then the Fund reserves the right to register the SIP in the existing scheme (Eligible for SIP) available in the investor's Folio. In case Multiple Schemes are available in the folio then Fund reserves the right to reject the SIP request.

**In case of existing folio where a One Time Mandate ("OTM") is already registered, Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form. Please tick the relevant part of Section 1 and provide the bank details. The SIP first instalment date will be considered after a minimum gap of 10 days from the date of submission of request, if SIP amount is within the OTM maximum limit.**

- In case SIP date is not selected, then the SIP will be registered on 10th (default date) of each Month/Quarter, as applicable. Investors can choose any day of the week from Monday to Friday to register under weekly frequency. In case Day is not specified by the investor transaction will be processed on Monday. For Fortnightly frequency, the transaction will be processed on 1st and 16th day of each month, as applicable. Further if multiple SIP dates are opted for or if the selection is not clear, then the SIP will be registered for 10th of each Month/Quarter, as applicable. In case no frequency selected / there is a discrepancy in frequency, Monthly will be the default frequency.
- If the investor has not mentioned the SIP start Month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt date of SIP request.
- The SIP of the scheme will get auto terminated, after three consecutive failures in case of weekly, fortnightly, monthly SIP frequency and two consecutive failures in case of quarterly SIP frequency.

### Micro Systematic Investment Plan (Micro SIP)/PAN Exempt Investments:

In line with SEBI letter no. OW/16541/2012 dated July 24, 2012 addressed to AMFI, Investments in the mutual fund schemes including investments through Systematic Investment Plans (SIPs) up to ₹ 50,000/- per investor per year shall be exempted from the requirement of PAN.

The maximum instalment amount in case of Micro SIP shall be as follows:

- Rs. 4,000 /-per month for Monthly frequency.
- Rs. 12,000/- per quarter for Quarterly frequency.

Accordingly, for considering the investments made by an investor up to Rs. 50,000/-, an aggregate of all investments including SIPs made by an investor in rolling 12 month period, shall be considered and such investors shall be exempted from the requirement of PAN. However, requirements of Know Your Customer (KYC) shall be mandatory and investors seeking the above exemption of PAN will need to submit the PAN Exempt KYC Reference No (PEKRN) / KYC Identification No. (KIN) acknowledgement issued by KRA / (Central KYC Registry) along with the application form. This exemption is applicable only for individuals including NRIs, minors acting through guardian, Sole proprietorship firms and joint holders\*. Other categories of investors e.g. PIOs, HUFs, QFIs, non - individuals, etc. are not eligible for such exemption.

Investors are requested to note that, in case where a lump sum investment is made during the financial year and subsequently a fresh SIP mandate request is given where the total investments for that financial year exceeds Rs. 50,000/-, such SIP application shall be rejected.

In case where a SIP mandate is submitted during the financial year and subsequently a fresh lumpsum investment is being made provided where the total investments for that financial year exceeds Rs. 50,000/-, such lump sum application will be rejected. Redemptions if any, in the Micro Investment folio, shall not be considered for calculating the exemption limit for such financial year. Consolidation of folio shall be allowed only if the PEKRN in all folios is same along with other investor details.

The first SIP cheque/draft could be of any Business Day, but subsequent Auto Debit mandate/cheques should be for any date from 1st to 28th of a month and there should be a minimum gap of at least 30 days between the 1st SIP transaction and the 2nd SIP. However, subsequent cheques/ Auto Debit transaction date should have a gap of 30 days or a quarter depending upon the frequency chosen. In case the criteria is not met, the SIP would start on the same date from the next month. Units shall be allotted as per the realisation date. Investors can also start a SIP directly without any initial investment, however he has to submit the application for enrolment of SIP on any working day but the subsequent instalment date of SIP shall be any date from 1st to 28th of a month with a minimum gap criteria of 30 days between the submission of application form and the 1st SIP.

### SIP Top Up Facility:

- This facility will allow investors to opt for SIP Top-Up, submitted along with physical OTM. The facility is available on a Half Yearly and Yearly basis. Weekly & Fortnightly Frequency is not available.
- Investors are requested to note that the SIP Top-Up will be for a Default of 5% Variable Top-Up on an annual basis. Investors can, however, fill their preference other than the default option as per their choice. If the fixed SIP Top Up amount is not provided as specified i.e. in multiple of Rs. 500/- then the top up amount will be rounded off to the nearest amount. For e.g. In case SIP Top Up amount mentioned by investor is Rs. 555/- then the top up amount will be considered for Rs. 500/- and if SIP Top Up amount mentioned by investor is Rs. 955/- then the top up amount will be considered for Rs. 1,000/-. The Variable TOP-UP amount will be rounded off to the nearest highest multiple of Rs. 10/-.
- Investors will be required to clearly indicate if they do not wish to avail the Top-Up.
- New/Fresh investors subscribing for SIP with Top Up are required to submit SIP request by filling SIP application form at least 30 days prior to the date of first debit date (for existing SIP it will be 15 Days) and SIP start date shall not be beyond 100 days from the date of submission of request for SIP's.
- Existing Investors with ongoing SIP who wish to avail the Top-Up facility will be required to specifically mention 'Unique Ref No' (available on the Statement of Account) for the ensuing SIP in which Top-Up is being applied. In absence of the information for Unique Ref No, Top-Up will be applied for the very first SIP registered in respective scheme.

### Additional instructions for SIP Top Up:

- SIP Top Up start date will be considered from the processing of 1st instalment for respective frequencies. For e.g. if the Top Up opted is for half yearly frequency, the Top Up will start from 7th instalment. Similarly for yearly frequency, the Top Up will start from 13th instalment. Also note that the SIP Top Up end date will be considered up to the SIP tenure end date.
- The Fixed Top Up amount shall be in multiples of Rs. 500/- Variable Top Up would be available at 5%, 10%, 15% and 20% and such other denominations (over and above 5%, 10%, 15% and 20%) as opted by the investor in multiples of 5%.
- The frequency is fixed i.e. either at Yearly and Half-Yearly basis. In case the SIP Top Up facility is not opted by marking the appropriate box and frequency is not selected, the SIP Top Up may not be registered. In case of Quarterly SIP, only the Yearly frequency is available under SIP Top Up.

Please view below illustration for Fixed Top Up:

- SIP Tenure : 07-Jan-2020 to 07-Dec-2024,
- Monthly SIP Instalment: Rs. 2000/-;
- TopUp Amount: Rs. 1000/-;
- TopUp Frequency: Yearly

| Instalment No (s) | From Date | To Date   | Monthly SIP Instalment | Top Up Amount (Rs.) | SIP Amount with Top Up (Rs.) |
|-------------------|-----------|-----------|------------------------|---------------------|------------------------------|
| 1 to 12           | 07-Jan-20 | 07-Dec-20 | 2000                   | N.A                 | 2000                         |
| 13 to 24          | 07-Jan-21 | 07-Dec-21 | 2000                   | 1000                | 3000                         |
| 25 to 36          | 07-Jan-22 | 07-Dec-22 | 3000                   | 1000                | 4000                         |
| 37 to 48          | 07-Jan-23 | 07-Dec-23 | 4000                   | 1000                | 5000                         |
| 49 to 60          | 07-Jan-24 | 07-Dec-24 | 5000                   | 1000                | 6000                         |

Please view below illustration for Variable Top Up:

- SIP Tenure: 07-Jan-2020 to 07-Dec-2024,
- Monthly SIP Instalment: Rs. 2000/-;
- TopUp percentage: 10%;
- TopUp Frequency: Yearly

| Instalment No (s) | From Date | To Date   | Monthly SIP Instalment Amount (Rs.) | Top Up Amount (10%) (Rs.) | Top Up round off Amount (Rs.) | SIP Amount with Top Up (Rs.) |
|-------------------|-----------|-----------|-------------------------------------|---------------------------|-------------------------------|------------------------------|
| 1 to 12           | 07-Jan-20 | 07-Dec-20 | 2000                                | N.A                       | N.A                           | 2000                         |
| 13 to 24          | 07-Jan-21 | 07-Dec-21 | 2000                                | 200                       | 200                           | 2200                         |
| 25 to 36          | 07-Jan-22 | 07-Dec-22 | 2200                                | 220                       | 220                           | 2420                         |
| 37 to 48          | 07-Jan-23 | 07-Dec-23 | 2420                                | 242                       | 240                           | 2660                         |
| 49 to 60          | 07-Jan-24 | 07-Dec-24 | 2660                                | 266                       | 270                           | 2930                         |

### Top Up Cap Amount and Top Up Month-year:

**Top Up Cap Amount:** Investor has an option to freeze the Top Up amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be lower than or equal to the maximum amount mentioned by the investor in the bank mandate. In case of difference between the Cap amount and the maximum amount mentioned on Bank mandate, then amount which is lower of the two amounts shall be considered as the default amount of SIP Cap amount.

**Top Up Cap Month - Year:** It is the date from which Top Up amount will cease and last SIP instalment including Top Up amount will remain constant from Cap date till the end of SIP tenure. Investor shall have flexibility to choose either Top Up Cap amount or Top Up Cap month - year. In case of multiple selection, Top Up Cap amount will be considered as a default selection. Top Up Cap is applicable for Fixed Top Up option as well as Variable Top Up option.



# Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information

(Only for Non Individuals)

Please Note: All field marked with asterisk (\*) to be mandatorily filled.

Please tick the applicable tax resident declaration:

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office  
\*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

PAN  Date of Incorporation

City of Incorporation  Country of Incorporation

Entity Constitution Type (Please 3 as appropriate) ☐ Partnership Firm ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP / BOI ☐ Trust ☐ Liquidator ☐ HUF  
☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Country              | Tax Identification Number* | Identification Type (TIN or Other, please specify) |
|----------------------|----------------------------|--|
| <input type="text"/> | <input type="text"/>       | <input type="text"/>                               |
| <input type="text"/> | <input type="text"/>       | <input type="text"/>                               |
| <input type="text"/> | <input type="text"/>       | <input type="text"/>                               |

\*In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

## ADDITIONAL KYC INFORMATION

Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5-10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ 1 Crore

OR

Net - worth\* (for Non-Individual) ₹  as on  (Not older than 1 year)

\*Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ PEP ☐ Related to PEP ☐ Not Applicable

Is the entity involved in any of the mentioned services.  
(Please tick as appropriate)

☐ Foreign exchange/ Money changer ☐ Gaming/ Gambling/ Lottery (Casinos, betting syndicates)  
☐ Money lending/ Pawning ☐ Not applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

## FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a Financial institution<sup>5</sup> ☐

OR

Direct reporting NFE<sup>6</sup> ☐  
(please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable)  
If the entity is a financial institution, ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category<sup>7</sup>  ☐ Not obtained - Non-participating FI

PART B (please fill any one as appropriate \*to be filled by NFEs other than Direct Reporting NFEs\*)

|   |  |   |
|---|--|---|
| 1 | Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No            | Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)<br>Name of stock exchange <input type="text"/>  |
| 2 | Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No | Yes <input type="checkbox"/> Security ISIN <input type="text"/><br>Name of listed company <input type="text"/><br>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company<br>Nature of stock exchange <input type="text"/> |
| 3 | Is the Entity an active <sup>3</sup> NFE <input type="checkbox"/> No   | Yes <input type="checkbox"/><br>Nature of Business <input type="text"/><br>Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)   |
| 4 | Is the Entity a passive <sup>4</sup> NFE <input type="checkbox"/> No   | Yes <input type="checkbox"/><br>Nature of Business <input type="text"/>   |



**■ UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)**

Category (Please tick application category) ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Private Trust  
☐ Public Charitable Trust ☐ Religious Trust ☐ Others ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**UBO / Controlling Person(s) details:**

(Please refer instructions no. 3.iv)

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

|   | UBO-1 / Senior Managing Official (SMO)  | UBO-2   | UBO-3   |
|---|---|---|---|
| Name of the UBO/SMO#  |   |   |   |
| UBO / SMO PAN #<br>For Foreign National, TIN to be provided]      |   |   |   |
| % of beneficial interest #<br>Please tick (✓)                     | >10% controlling interest. <input type="checkbox"/><br>>15% controlling interest. <input type="checkbox"/><br>>25% controlling interest. <input type="checkbox"/><br>NA. (for SMO) <input type="checkbox"/> | >10% controlling interest. <input type="checkbox"/><br>>15% controlling interest. <input type="checkbox"/><br>>25% controlling interest. <input type="checkbox"/><br>NA. (for SMO) <input type="checkbox"/> | >10% controlling interest. <input type="checkbox"/><br>>15% controlling interest. <input type="checkbox"/><br>>25% controlling interest. <input type="checkbox"/><br>NA. (for SMO) <input type="checkbox"/> |
| UBO / SMO Country of Tax Residency #                              |   |   |   |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number # |   |   |   |
| UBO / SMO Identity Type   |   |   |   |
| UBO / SMO Place & Country of Birth #                              | Place of Birth _____<br>Country of Birth _____  | Place of Birth _____<br>Country of Birth _____  | Place of Birth _____<br>Country of Birth _____  |
| UBO / SMO Nationality   |   |   |   |
| UBO / SMO Date of Birth [dd-mmm-yyyy] #                           |   |   |   |
| UBO / SMO PEP #<br>Please tick (✓)                                | Yes – PEP <input type="checkbox"/><br>Yes – Related to PEP <input type="checkbox"/><br>N – Not a PEP <input type="checkbox"/>   |   |   |
| UBO / SMO Address<br>[include City, Pincode, State, Country]      | Address:<br><br>City:<br>Pincode:<br>State:<br>Country:   | Address:<br><br>City:<br>Pincode:<br>State:<br>Country:   | Address:<br><br>City:<br>Pincode:<br>State:<br>Country:   |
| UBO / SMO Address Type<br>Please tick (✓)                         | Residence <input type="checkbox"/><br>Business <input type="checkbox"/><br>Registered Office. <input type="checkbox"/>  |   |   |
| UBO / SMO Email   |   |   |   |
| UBO / SMO Mobile  |   |   |   |
| UBO / SMO Gender<br>Please tick (✓)                               | Male <input type="checkbox"/><br>Female <input type="checkbox"/><br>Others <input type="checkbox"/>   |   |   |
| UBO / SMO Father's Name   |   |   |   |



|   |  |  |  |
|---|--|--|--|
| UBO / SMO Occupation<br>Please tick (✓)   | Public Service <input type="checkbox"/><br>Private Service <input type="checkbox"/><br>Business <input type="checkbox"/><br>Others <input type="checkbox"/>          |  |  |
| SMO Designation #   |  |  |  |
| UBO / SMO KYC Validated<br>Please tick (✓)  | <input type="checkbox"/> Yes / <input type="checkbox"/> No.<br>If 'Yes,' please attach the KYC acknowledgement.<br>If 'No,' complete the KYC and confirm the status. | <input type="checkbox"/> Yes / <input type="checkbox"/> No.<br>If 'Yes,' please attach the KYC acknowledgement.<br>If 'No,' complete the KYC and confirm the status. | <input type="checkbox"/> Yes / <input type="checkbox"/> No.<br>If 'Yes,' please attach the KYC acknowledgement.<br>If 'No,' complete the KYC and confirm the status. |
| # Mandatory column.<br><b>Note:</b> If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.<br>* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited. |  |  |  |

## FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with WhiteOak Capital Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the USTax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

## CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

## DECLARATION

I/We acknowledge and confirm that the information provided above 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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and WhiteOak Capital Asset Management Ltd. and the RTA can make reliance on the same. I/We hereby authorize WhiteOak Capital Asset Management Ltd. and its RTA to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to WhiteOak Capital Mutual Fund, its Sponsor, Asset Management Company and trustees. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep WhiteOak Capital Asset Management Ltd. or its RTA informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required by WhiteOak Capital Asset Management Ltd., the RTA or by domestic or overseas regulators/ tax authorities.

Name:

Designation:

|             |             |             |
|-------------|-------------|-------------|
| Designation | Designation | Designation |
|-------------|-------------|-------------|

Date:

Place: