

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt

*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.
#I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES Please tick (✓)	<input type="checkbox"/> I am a First time investor across Mutual Funds (₹ 150 will be deducted)	OR	<input type="checkbox"/> I am an existing investor in Mutual Funds (₹ 100 will be deducted)
<small>Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI register distributor based on the investors' assessment of various factors including service rendered by the distributor.</small>			

1 EXISTING UNITHOLDERS DETAILS

Existing Folio No. Name of Sole/ First Unit Holder

Note: All investor details like mode of holding, nomination, bank details, investor address and contact details, will be captured as per existing information under the given folio. Proceed directly to section 7. For registering different information, please **Do Not** fill-in this section.

2 NEW APPLICANT'S DETAILS (Please fill in BLOCK LETTERS with black/blue ink and read the instructions carefully, on page 1 to 4 before filling up the form)

Name of Entity/Sole/First Applicant Mr. Ms.

PAN/PEKRN KYC Yes No Mode of Holding (Please ✓) Single Joint Either/ Anyone or Survivor (Default Option : Joint)

Date of Birth (Mandatory for Minor Applicant) DD MM YY YY YY YY Proof of Birth (Please ✓) Passport Birth Certificate Others

Status Please (✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> PSU	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Trust /Charities / NGOs	<input type="checkbox"/> Society	<input type="checkbox"/> FI	<input type="checkbox"/> NRI
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> PIO	<input type="checkbox"/> Bank	<input type="checkbox"/> FPI (as and when applicable)	<input type="checkbox"/> Government Body		
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others							

(For Non-Individual investors, FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form is mandatory, and should be filled separately)

Non-Individual Investors involved/providing any of the mentioned services
Please (U) (Applicable only for Non Individuals)

<input type="checkbox"/> Foreign Exchange/ Money Changer Services	<input type="checkbox"/> Money Lending/ Pawning
<input type="checkbox"/> Gaming/ Gambling/ Lottery/ Casino Services	<input type="checkbox"/> None of the above

Name of Guardian / Contact Person Mr. Ms.
(Contact Person for non-individual applicant)

PAN/PEKRN for Guardian / Contact Person Relationship with Minor Father Mother Legal Guardian (Refer instructions)

3 NAME OF THE SECOND APPLICANT Mr. Ms.

Date of Birth DD MM YY YY YY YY PAN/PEKRN Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

4 NAME OF THE THIRD APPLICANT Mr. Ms.

Date of Birth DD MM YY YY YY YY PAN/PEKRN Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

5 ADDRESS & CONTACT DETAILS OF FIRST/ SOLE APPLICANT (P.O. Box Address is not sufficient. Refer instruction no. 3)

Correspondence Address (address details will be updated as per your KYC records with CKYC / KRA.)	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO. <input type="text"/>	HOUSE / FLAT NO. <input type="text"/>
STREET ADDRESS <input type="text"/>	STREET ADDRESS <input type="text"/>
CITY / TOWN <input type="text"/> STATE <input type="text"/>	CITY / TOWN <input type="text"/> STATE <input type="text"/>
COUNTRY <input type="text"/> PIN CODE <input type="text"/>	COUNTRY <input type="text"/> PIN CODE <input type="text"/>

Tel. (Res.) Tel. (Off.) Mobile No.

Mobile No. provided pertains to Self Spouse Dependent Children Dependent Siblings Dependent Parents A Guardian in case of a minor

Email ID (CAPITAL letters only)

Email ID provided pertains to Self Spouse Dependent Children Dependent Siblings Dependent Parents A Guardian in case of a minor

I hereby authorise 360 ONE MF (Formerly known as IIFL MF) to send important scheme related information through SMS and Whatsapp.
Investors providing Email ID would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email.
 I wish to receive physical copy of the scheme wise annual report and abridged summary.

asset 360 ONE	ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)	ARN No: <input type="text"/>	Application No. <input type="text"/>
Received from <input type="text"/>	Instrument No. <input type="text"/>	Drawn on Bank & Branch <input type="text"/>	Signature, Stamp & Date
Scheme/ Plan/ Option/ Sub-Option <input type="text"/>	Amount Rs. <input type="text"/>		

11 NOMINATION (Mandatory) (Please tick and confirm the option selected)**PART A – NOMINATION OPT-OUT**

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.

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PART B – NOMINATION OPT-IN

I/We hereby Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death.

Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
Nominee Address			
Relationship with the Investor			
Allocation % (Total to be 100%)			
Nominee PAN			
Mobile No.			
Email ID			
Date of Birth	(D D / M M / Y Y Y Y)	(D D / M M / Y Y Y Y)	(D D / M M / Y Y Y Y)
In case if Nominee is a Minor (Mandatory)			
Guardian Name			
Guardian Address			
Guardian's Relationship with the Minor (attach Proof)			
Nominee/Guardian Signature			

12 POWER OF ATTORNEY (POA) HOLDER DETAILS**PAN**

First Applicant POA Name																			
Second Applicant POA Name																			
Third Applicant POA Name																			

13 DECLARATION & SIGNATURES

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) (Formerly known as IIFL Asset Management Limited) available on the website of 360 ONE Mutual Fund www.iiflmutualfund.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

I/We hereby accord my/our consent and hereby authorize 360 ONE AMC/Fund for (i) collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data to the third party or another body corporate or any person acting under a lawful contract with 360 ONE AMC, in accordance with the Privacy Policy. (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"). I hereby authorize the representatives of 360 ONE Asset Management Limited and its Associates to contact me through any mode of communication. (iii) I/We hereby accord my/our consent to 360 ONE AMC for receiving the promotional information/ material via email, SMS, Whatsapp, calls etc. on the mobile number and email provided by me/us in this Application Form.

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