SCAN TO INVEST NOW

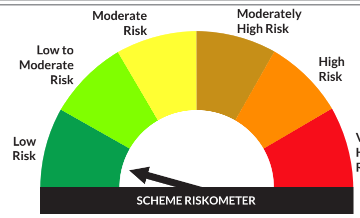
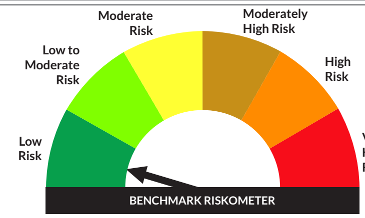
OLD BRIDGE ASSET MANAGEMENT

Old Bridge Asset Management Private Limited - Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

APPLICATION FORM

OLD BRIDGE ARBITRAGE FUND

(An Arbitrage Fund - An open ended scheme investing in arbitrage opportunities)

This product is suitable for investors who are seeking*	Scheme	Benchmark
• Income over short term. • Income through arbitrage opportunities between the equity spot and equity derivatives market and arbitrage opportunities within the equity derivatives segment. *Investors should consult their financial advisers of in doubt about whether the product is suitable for them.	 Scheme, Riskometer is at Low	 Benchmark, Riskometer is at Low As per AMFI Tier I Benchmark i.e. Nifty 50 Arbitrage TR Index

PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.
ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS. (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction no. 2)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	RIA CODE^
			E -	

Employee Code	PMR (Portfolio Manager's Registration) Number^^	Serial No., Date & Time Stamp

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors asessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

First/Sole Holder / Guardian	Second Holder	Third Holder	Power of Attorney Holder

UNIT HOLDING OPTION ☐ Physical Mode ☐ Demat Mode (in case of Demat, please fill sec 8)

1 APPLICATION INFORMATION (Mandatory, To be filled in BLOCK LETTERS) (In case of investment "On behalf of minor", Please refer instruction No. 11)

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to section 6 My Investment Details.

Existing folio number ______ ☐ **I/ We want to create new Folio** (Instruction No. 23)

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

1st Holder Name (Should match with PAN Card) ______

Date of Birth/Date of Incorporation (For Non Individual Only) ______ **PAN/PEKRN** (1st Holder) ☐ **KYC** ______

My Guardian's Name (if minor)**/POA/ Contact Person** (For Non-individuals) ______ **PAN/PEKRN** (Guardian/POA Holder) ☐ **KYC** ______

Date of Birth **Minor's** D D M M Y Y Y Y Attach Mandatory Documents as per instructions

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed ☐ Other ______ **Nationality** ______ ☐ **Date of Birth** Proof attached*

2 JOINT APPLICANTS (IF ANY) DETAILS

2nd Holder Name (Should match with PAN Card) ______

Date of Birth/Date of Incorporation (For Non Individual Only) ______ **PAN/PEKRN** (Second Holder) ☐ **KYC** ______

3rd Holder Name (Should match with PAN Card) ______

Date of Birth/Date of Incorporation (For Non Individual Only) ______ **PAN/PEKRN** (Third Holder) ☐ **KYC** ______

3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 16)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address ______

City ______ State ______ Pin Code ______

3 MY CONTACT DETAILS (CONTD.) (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No. 16)

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs) (P. O. Box Address may not be sufficient)

City State Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No. Tel No. Email ID (CAPITAL letters only)

Mobile No. / Email ID* provided pertains to (Please tick(✓)) * if none of the below options is ticked (✓) or selected then (Self) option is considered as a default. I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 16)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

☐ I wish to receive Scheme **Account Statement along with Annual Report & Abridged Summary:** ☐ **Online** (Preferred & Default) ☐ **Physical Copy** (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

☐ I declare that **Email address and Mobile Number** provided in this form belongs to (✓ any one): ☐ Self **OR** ☐ Family Member, and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.

4 BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6) (Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Branch Address

City State Pin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code Valid up to D D M M Y Y Y Y Note: Mandatory to provide LEI code if transaction value is equal to or exceeds ₹ 50 crore limit, along with LEI proof. (Refer Instruction No. 24)

5 KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick ✓/ Specify.) (For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	☐	☐	☐	☐
NRI/PIO/OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-
Non Individual	☐ Company ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP ☐ FI ☐ FII ☐ FPI ☐ In case of Non-Profit Entity (refer point no 19)			
Others (Please specify)				

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). ☐ YES ☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 19)

Gross Annual Income Range (in ₹)

	Below 1 lac	5-10 lac	25 lac-1 cr	5-10 cr	1-5 lac	10-25 lac	1 -5 cr	> 10 cr
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐
Guardian	☐	☐	☐	☐	☐	☐	☐	☐

OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year)	as on D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y	as on D D M M Y Y

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)				

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

6 MY INVESTMENT DETAILS (For investments, Please refer instruction No. 13)

☐ **LUMPSUM** Scheme Name

Plan ☐ Regular ☐ Direct Option ☐ Growth ☐ IDCW : ☐ Payout ☐ Reinvestment

Default Option : Growth Option in case Growth Option or Income Distribution cum Capital Withdrawal (IDCW) Option is not indicated. Payout Option / facility in case Payout of IDCW Option / facility or Reinvestment of IDCW Option / facility is not indicated.

Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ **Bank Certificate, for DD** ☐ **Third Party Declarations**

☐ **PAYMENT DETAILS - LUMP SUM**

Payment Instruction Type: ☐ Cheque ☐ RTGS ☐ NEFT ☐ Fund Transfer ☐ NACH Mandate (If Multiple One Time mandates are registered)

Payment Reference no:		**Cheque Bank Account No:**	
Lump sum Amount:		**Cheque IFSC Code:**	
Cheque Dated:		**Cheque MICR Code:**	
Cheque Bank Name:		**OTM Reference No.**	

7 NOMINATION DETAILS

(For nomination, Please refer instruction No. 17)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

Name of the Nominee 1* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

Name of the Nominee 2* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

Name of the Nominee 3* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

*All fields are mandatory.

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) ☐ Nomination: Yes/No

DECLARATION FOR OPTING-OUT OF NOMINATION (Signature as per Mode of Holding (Mandatory))

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) 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 / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio. This nomination shall supersede any prior nomination made by me / us, if any.

Name and Signature of Holder*	Signature(s) of holder/ Thumb impression	Witness Name and Address (Witness is required only in case of Thumb impression of holder)	Witness Signature (Witness is required only in case of Thumb impression of holder)
Sole / First Holder			
Second Holder			
Third Holder			

*Mandatory signature is required when nominee is a minor or Investor is opting out of nomination.