

# COMMON APPLICATION FORM

Fill the form in BLOCK letters only | Leave one space between words

**Indiabulls**  
**MUTUAL FUND**

1	Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	KYC Identification No.
	9992				

Up front commission 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.

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

Sign Here	Sign Here	Sign Here
First / Sole Applicant / Guardian POA	Second Applicant	Third Applicant

## Transaction charges for applications through distributors only

☐ I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

☐ I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

## 2 EXISTING UNIT HOLDER INFORMATION For existing Investors please fill in your folio number

Name	Mr Ms M/s	FIRST	MIDDLE	LAST	Folio No
------	-----------	-------	--------	------	----------

## 3 APPLICANT(S) INFORMATION Refer Instruction No II

1st Applicant Name	Mr Ms M/s	FIRST	MIDDLE	LAST	DOB	D	D	M	M	Y	Y	Y	Y
--------------------	-----------	-------	--------	------	-----	---	---	---	---	---	---	---	---

PAN/PEKRN		PAN Proof Enclosed please ✓	<input type="checkbox"/>	KYC Proof Enclosed please ✓	<input type="checkbox"/>
-----------	--	-----------------------------	--------------------------	-----------------------------	--------------------------

Gross Annual Income (Rs.) [Please tick (✓)]	<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-1Crore	<input type="checkbox"/> >1 Crore
---	--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	--	-----------------------------------

OR

Net-worth (Mandatory for Non-Individuals) Rs.		as on	D	D	M	M	Y	Y	Y	Y	(Not older than 1 year)
---	--	-------	---	---	---	---	---	---	---	---	-------------------------

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> N/A
---	-----------------------------------	--	------------------------------

Guardian (In case of Minor) / POA Holder Name	Mr Ms M/s	FIRST	MIDDLE	LAST
---	-----------	-------	--------	------

Relationship		PAN		PAN Proof Enclosed please ✓	<input type="checkbox"/>	KYC Proof Enclosed please ✓	<input type="checkbox"/>
--------------	--	-----	--	-----------------------------	--------------------------	-----------------------------	--------------------------

Mode of holding please ✓	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor(s)	(Default Option - Joint)
--------------------------	---------------------------------	--------------------------------	--	--------------------------

Occupation please ✓	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> House wife	<input type="checkbox"/> Others	SPECIFY
---------------------	-----------------------------------	---------------------------------------	----------------------------------	----------------------------------	----------------------------------	-------------------------------------	---------------------------------	---------

Status please ✓	<input type="checkbox"/> Resi Individual	<input type="checkbox"/> Flls	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Banks	<input type="checkbox"/> Fls	<input type="checkbox"/> Trust	<input type="checkbox"/> Company/Corporate Body
	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Minor	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> PIO	<input type="checkbox"/> Others	SPECIFY

Non-Individual Investor involved/providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange/Money Changer Services	<input type="checkbox"/> Money lending/Pawning
(All Non-Individual Investors have to MANDATORILY fill UBO Declaration Form)	<input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> None of the above

### Mailing Address - 1st Applicant/Guardian/Corporate

ADDRESS LINE 1
----------------

ADDRESS LINE 2	CITY	STATE	COUNTRY	PIN CODE
----------------	------	-------	---------	----------

### Overseas Address - Mandatory for NRI/FII/PIO Applicant, Please provide your complete address. PO Box alone is not adequate

ADDRESS LINE 1
----------------

ADDRESS LINE 2	CITY	STATE	COUNTRY	PIN CODE
----------------	------	-------	---------	----------

### Contact Details of SOLE/FIRST Applicant

STD Code		Residence		Office		Mobile No	+91
----------	--	-----------	--	--------	--	-----------	-----

Email Id		Contact Person (in case of corporate)	
----------	--	---------------------------------------	--

Mode of Correspondence: Where the Investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive correspondence through physical mode instead of email are requested to tick (✓). Email communication will help save paper & planet.

<input type="checkbox"/> I/We wish to receive communication through physical mode in lieu of email	<input type="checkbox"/> I/We don't wish to receive consolidated account statement (CAS)
--	--

## 2nd Applicant (Second Applicant not allowed in case of minor as First/Sole applicant)

Name	Mr Ms M/s	FIRST	MIDDLE	LAST	DOB	D	D	M	M	Y	Y	Y	Y
------	-----------	-------	--------	------	-----	---	---	---	---	---	---	---	---

PAN/PEKRN		PAN Proof Enclosed please ✓	<input type="checkbox"/>	KYC Proof Enclosed please ✓	<input type="checkbox"/>
-----------	--	-----------------------------	--------------------------	-----------------------------	--------------------------

Gross Annual Income (Rs.) [Please tick (✓)]	<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-1Crore	<input type="checkbox"/> >1 Crore
---	--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	--	-----------------------------------

Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional
--------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------

<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others	(please specify)
------------------------------------	-----------------------------------	----------------------------------	--------------------------------------	---	---------------------------------	------------------

## Acknowledgement

Received from Mr / Ms / M/s \_\_\_\_\_ an application for allotment of units under \_\_\_\_\_ as per the details below.

Plan	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Existing/Regular Plan
------	--------------------------------------	--

Options	<input type="checkbox"/> Growth
---------	---------------------------------

<input type="checkbox"/> Dividend ( <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep) Frequency: _____
--

TIME STAMP & DATE OF RECEIVING OFFICE
---------------------------------------

**3rd Applicant (Third Applicant not allowed in case of minor as First/Sole applicant)**

Name	Mr Ms M/s	FIRST	MIDDLE	LAST	DOB	D	D	M	M	Y	Y	Y	Y		
PAN/PEKRN					PAN Proof Enclosed please	<input checked="" type="checkbox"/>		KYC Proof Enclosed please	<input checked="" type="checkbox"/>						
Gross Annual Income (Rs.) [Please tick (✓)]	<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-1Crore		<input type="checkbox"/> >1 Crore							
Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service		<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student		<input type="checkbox"/> Professional							
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others		(please specify)							
Politically Exposed Person (PEP) Status	(Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)												<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> N/A

**4 DEMAT ACCOUNT DETAILS OF FIRST APPLICANT (Refer Instruction No IV) (Optional)**

<input type="checkbox"/> NSDL please	<input checked="" type="checkbox"/> Depository Participant (DP) ID					Beneficiary Account Number				
<input type="checkbox"/> CDSL please	<input checked="" type="checkbox"/> Depository Participant (DP) ID									

**5 BANK ACCOUNT DETAILS (Refer Instruction No V) MANDATORY for Redemption/Dividend/Refunds, if any**

A/c Type please (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	A/c Number							
Bank Name					Branch					City		
PIN Code			11 Digit IFSC Code			9 Digit MICR Code						

If MICR and IFSC code for Redemption/Dividend/Payout is available all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

**6 INVESTMENT & PAYMENT DETAILS (Separate Application Forms are required for investment in each Plan/Option) (Refer Instruction No VI) PAYMENT BY CASH IS NOT PERMITTED. Cheque should be made in favour of Scheme Name.**

<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> SIP/STP/SWP (Please also fill attached SIP/STP/SWP Registration Cum Auto Debit Form)
-----------------------------------	---

Scheme Name: Indiabulls

PLAN: ☐ Direct Plan ☐ Existing/Regular Plan OPTIONS: ☐ Growth ☐ Dividend (☐ Payout ☐ Reinvestment ☐ Sweep) (Frequency: )

LUMP SUM	Payment Mode: Please (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer													
	Cheque/DD/RTGS/NEFT/FT No.					Cheque / DD / RTGS / NEFT Date	D	D	M	M	Y	Y	Y	Y
	Amount in ₹ (Figures)					Amount in ₹ (words)								
	Source Bank Name					Source Branch								
	Source Bank A/C No.					Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR			
	Cheque Issuer Name	In case the cheque is issued by a person other than the investor												
	Document attached in the case of third party payments	<input type="checkbox"/> Proof / Bank Certificate for DD				<input type="checkbox"/> Third Party Declarations								

**7 NOMINATION Mandatory for single mode of holding (Please ✓, Refer Instruction No VIII)**

<input type="checkbox"/> I/We wish to nominate	<input type="checkbox"/> I/We do not wish to nominate
I/We do hereby nominate the person(s) more particularly described here under/and*/cancel the nomination made by me/us.	

Name & Address of the Nominee(s)	Name & Address of Guardian <i>Incase Nominee is a Minor</i>	Date of Birth (Minor)	Proportion(%) by which the units will be shared by each Nominee <i>(Should aggregate to 100%)</i>	Signature of Nominee/ Guardian of Nominee (Optional)

Sole / 1st Applicant / Guardian / Authorised Signatory/POA

2nd Applicant / Authorised Signatory/POA

3rd Applicant / Authorised Signatory/POA

**8 DECLARATION**

I/We would like to invest in \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that 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/Regulations/Rules/Notifications/Directions/PMLA/KYC/FATCA Norms or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting Indiabulls Mutual Fund Limited (IBMF) liability. I understand that the IBMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the mutual fund, I/We hereby authorize IBMF, to redeem the funds invested in the scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby declare that I/we do not have any existing Micro SIP's which together with the current application will result in a total investments exceeding Rs 50000/- in a financial year. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by IBMF/Its Distributor. I/We confirm that I am/We are not resident(s) of United States under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify IBMF, in which event the IBMF reserves the right to redeem my/our investments in the Scheme(s).

**APPLICABLE FOR NRI INVESTORS ONLY:** I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I am/We are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Sole/1st Applicant/Guardian/Authorised Signatory/POA

2nd Applicant/Authorised Signatory/POA

3rd Applicant/Authorised Signatory/POA

Please address all future communications in connection with this application to the Registrar and Transfer Agent of the scheme:

Karvy ComputerShare Pvt. Ltd.,  
Karvy Selenium, Tower-B, Plot No 31 & 32,  
Financial District, Nanakramguda,  
Gachibowli, Serilingampally Mandal,  
Hyderabad, 500 032

Indiabulls Asset Management Company Ltd.  
Indiabulls House,  
Indiabulls Finance Centre, 11th Floor, Tower-1  
Senapati Bapat Marg, Elphinstone Road (West),  
Mumbai - 400 013.  
Email ID: [customercare@indiabullsamc.com](mailto:customercare@indiabullsamc.com)

# INVESTOR REGISTRATION CUM AUTO DEBIT/NACH MANDATE FORM

Fill the form in BLOCK letters only | Leave one space between words



Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	KYC Identification No.
9992				

Up front commission 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.

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

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
--	-------------------------------	------------------------------

## Transaction charges for applications through distributors only

☐ I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

☐ I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

## APPLICANT DETAILS

Name  FIRST  MIDDLE  LAST  Folio No

PAN  PAN Proof Enclosed please ☒

## ADDITIONAL INVESTMENT DETAILS

Scheme Name: **Indiabulls** \_\_\_\_\_

PLAN: ☐ Direct Plan ☐ Existing/ Regular Plan OPTIONS: ☐ Growth ☐ Dividend (☐ Payout ☐ Reinvestment ☐ Sweep) (Frequency: \_\_\_\_\_)

Cheque / DD No  Cheque / DD Date  DD Charge Rs.  Cheque / DD Net Amount Rs.

Bank Name  Branch  City

SIP DETAILS ☐ SIP through Post Dated Cheques ☐ SIP through Auto Debit

Frequency Please ☒ Monthly ☐ Quarterly SIP Date Please ☒ 1 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

SIP AMOUNT ₹ \_\_\_\_\_ (In figures) \_\_\_\_\_ (In words) \_\_\_\_\_ Bank Name \_\_\_\_\_

Enrolment Period From  To  I/We hereby authorise Indiabulls Mutual Fund/Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing)/Direct Debit/Standing Instruction for collection of SIP payments.

## STP DETAILS

Name of 'Source' Scheme/Plan/Option

Name of 'Target' Scheme/Plan/Option

For Systematic Transfer Plan (STP) (Please (✓) any one)

(Refer Instruction No. II)

Amount of Transfer per Installment: Rs.

☐ Daily\* No. of Installment: \_\_\_\_\_

☐ Weekly\* No. of Installment: \_\_\_\_\_

☐ Monthly\* ☐ Quarterly\* No. of Installment: \_\_\_\_\_

[Day of Transfer (Please (✓) any one)] ☐ 2 ☐ 8 ☐ 15+ ☐ 23

In case of multiple registrations, please fill up separate Enrolment Forms.  
#Refer Instruction No. II (6) +Default Frequency/Date/Day (Refer Instruction no. II (8))

## SWP DETAILS

Scheme  Plan

Option (✓) ☐ Growth ☐ Dividend Frequency (✓) ☐ Monthly ☐ Quarterly Withdrawal Date (✓) ☐ 2nd ☐ 8th ☐ 15th ☐ 23rd

Withdrawal Amount ₹ \_\_\_\_\_ X No of Installments \_\_\_\_\_ Withdrawal From  To

(First Installment) (Last Installment)

## BANK ACCOUNT DETAILS as in Bank Records

1st/Sole Account holder Name  FIRST  MIDDLE  LAST

2nd Account holder Name  FIRST  MIDDLE  LAST

3rd Account holder Name  FIRST  MIDDLE  LAST

A/c Type please ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR A/c Number

Bank Name  Branch  City

PIN CODE  11 Digit IFSC Code  9 Digit MICR Code

**Mandatory:** Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for NACH.  
**Mandatory Enclosure:** Blank Cancelled Cheque Or Copy of Cheque

## DECLARATION

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions 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.

SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY	
Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

SIGNATURE/S AS PER BANK RECORDS MANDATORY	
Sole / 1st Applicant / Guardian Authorised Signatory	<input type="text"/>
2nd Applicant / Guardian Authorised Signatory	<input type="text"/>
3rd Applicant / Guardian Authorised Signatory	<input type="text"/>

## FOR OFFICE USE ONLY Not to be filled by the Investor

Recorded on <input type="text"/>	Scheme Code <input type="text"/>
Recorded by <input type="text"/>	Credit A/c No. <input type="text"/>
Bank use Mandate Ref. No. <input type="text"/>	Customer Ref. No. <input type="text"/>

# INVESTOR REGISTRATION CUM AUTO DEBIT NACH MANDATE FORM INSTRUCTIONS cum TERMS AND CONDITIONS

SIP payment through Auto Debit via Direct Debit and Electronic Clearing Service (NACH Clearing) of the Reserve Bank of India (RBI)

## LIST OF CITIES FOR SIP FACILITY VIA NACH (DEBIT CLEARING) (87 CENTERS)

Delhi, Ludhiana, Amritsar, Jalandhar, Chandigarh, Shimla, Jammu, Kanpur, Allahabad, Varanasi, Lucknow, Dehradun, Gorakhpur, Agra, Jaipur, Bhillwara, Udaipur, Jodhpur, Rajkot, Jamnagar, Ahmedabad, Baroda, Surat, Mumbai, Goa, Pune, Sholapur, Kolhapur, Nasik, Aurangabad, Nagpur, Indore, Bhopal, Gwalior, Jabalpur, Raipur, Hyderabad, Tirupati, Vijaywada, Nellore, Vizag, Kakinada, Bangalore, Mysore, Mangalore, Udupi, Hubli, Gadag, Bijapur, Belgaum, Davangere, Shimoga, Tumkur, Mandya, Hasan, Gulbarga, Raichur, Chennai, Pondicherry, Trichy, Madurai, Salem, Erode, Tiruppur, Tirunelveli, Coimbatore, Calicut, Trichur, Cochin, Trivandrum, Kolkata, Bardhaman, Durgapur, Siliguri, Bhubaneswar, Guwahati, Patna, Dhanbad, Jamshedpur, Ranchi, Haldia, Ansols, Cuttack, Bikaner, Gangtok, Anand, Bhavnagar, Kota, Imphal, Shillong

### I. GENERAL INSTRUCTIONS

- Please refer the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time and our website [www.indiabullsamc.com](http://www.indiabullsamc.com) for instructions, terms and conditions, Applicable NAV, Risk Factors, load and other information, various requirements of the respective Scheme / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application and investment.
- In case of valid applications received for Dividend Option without indicating any choice of Option and payout or reinvestment facility, the reinvestment facility with Dividend Option will be considered.

Name of the Scheme	Dividend Options	Default Option
Indiabulls Blue Chip Fund (An Open-ended Equity Scheme)	<ul style="list-style-type: none"> <li>Dividend Option (Payout &amp; Reinvestment)</li> <li>Monthly Dividend Option (Payout &amp; Reinvestment)</li> <li>Quarterly Dividend Option (Payout &amp; Reinvestment)</li> <li>Half Yearly Dividend Option (Payout &amp; Reinvestment)</li> </ul>	Dividend Option - Reinvestment
Indiabulls Arbitrage Fund (An Open-ended Equity Scheme)	<ul style="list-style-type: none"> <li>Monthly Dividend Option (Payout &amp; Reinvestment)</li> <li>Quarterly Dividend Option (Payout &amp; Reinvestment)</li> <li>Half Yearly Dividend Option (Payout &amp; Reinvestment)</li> <li>Yearly Dividend Option (Payout &amp; Reinvestment)</li> </ul>	Monthly Dividend Option - Reinvestment
Indiabulls Value Discovery Fund (An Open-ended Equity Scheme)	<ul style="list-style-type: none"> <li>Dividend Option (Payout &amp; Reinvestment)</li> <li>Monthly Dividend Option (Payout &amp; Reinvestment)</li> <li>Quarterly Dividend Option (Payout &amp; Reinvestment)</li> <li>Half Yearly Dividend Option (Payout &amp; Reinvestment)</li> </ul>	Dividend Option - Reinvestment

- This facility is only offered to those investors having bank accounts in select cities as mentioned above. The list of cities, may be modified/updated/changed/removed at any time in future at the discretion of AMC without assigning any reasons or prior notice. If the SIP auto debit facility is discontinued in a city for any reason, SIP instructions for investors in such city via NACH (Debit) route/Direct debit/SI may be discontinued without prior notice.
- PAN is mandatory for all investors. However, investments through Micro SIPs, i.e. where aggregate of installments per year per investor does not exceed Rs. 50,000, will be exempt from the requirement of PAN. Such investors must submit a valid and self attested standard photo identification and address proof documents in lieu of PAN. List of acceptable documents are available with the ISCs of the AMC/Registrar. If the identification document is not in order, or registration of SIP results in aggregate of the SIP investments exceeding Rs. 50,000 per investor per year, the SIP will be rejected.
- If SIP application form and cheque is submitted with bank details of a city where the Mutual Fund does not provide auto debit facility, first SIP cheque may get processed. However, future debits may not happen and SIP instruction may get rejected.
- In case of rejection of SIP form for any reason whatsoever, the Mutual Fund will not entertain any request for refund of proceeds of first cheque which is already processed. Investors will have to redeem the units allotted through first cheque at applicable NAV.
- To avail of SIP in separate schemes/plans via debit facility, an investor will have to fill a separate form for each scheme/plan. A single form cannot be used for different schemes simultaneously and may be rejected.
- Complete application form and SIP Auto Debit form along with the first cheque (drawn on the same bank account which is to be registered for NACH Debit/Direct Debit / Standing Instruction) should be submitted to the Mutual Fund or the Registrar. AMC reserves the right to reject any application without assigning any reason thereof. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 20 days via normal post.
- The bank account provided for NACH should participate in local MICR clearing. In case MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
- The first SIP cheque / draft could be of any Business day but subsequent cheques or NACH / Auto Debit Transactions should be dated 1<sup>st</sup> or 5<sup>th</sup> or 10<sup>th</sup> or 15<sup>th</sup> or 20<sup>th</sup> or 25<sup>th</sup> and there should be minimum gap of at least 30 Days between the 1st SIP and the 2nd SIP or as specified by IBMF from time to time
- If the date on the cheque / draft / NACH / Auto Debit Transactions is a non - Business Day for the scheme, then the units shall be allotted on the next Business Day.
- In case the first cheque is issued from a different bank account or is a demand draft or in case of renewal of SIP debit, then investors should attach a cancelled cheque or a copy of the cheque pertaining to bank account which is to be registered for NACH Debit/direct debit / standing instruction. Alternatively, investors can also get the bank account mentioned on the form along with Bankers certificate form.
- Minimum SIP installment amount: Monthly: Rs. 500/- and in multiples of Re.1/- thereafter; Monthly: Rs. 1000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Quarterly: Rs. 1500/- and in multiples of Re.1/- thereafter; Quarterly: Rs. 3000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Minimum No. of SIP installments: monthly - 12 installments, quarterly - 4 installments [including the first SIP cheque]. Investors may also choose to invest in SIP without the first SIP installment cheque. SIP Dates: 1<sup>st</sup> / 5<sup>th</sup> / 10<sup>th</sup> / 15<sup>th</sup> / 20<sup>th</sup> / 25<sup>th</sup> of the month / quarter. Registration period: There must be at least 30 days between the first SIP cheque and subsequent due date of NACH [debit clearing];
- If no start date is specified, SIP will be registered to start from a period after 30 days on the SIP date as available / mentioned. In case of the auto debit facility, the default options (where auto debit period, frequency and SIP date are not indicated) will be as follows:

SIP auto debit period: The SIP auto debit will continue till 5 years.

SIP date: 15<sup>th</sup> of the month (commencing 30 days after the first SIP installment date); and

SIP frequency: Monthly.

- The investor agrees to abide by the terms and conditions of NACH facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time at a later stage.
- The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction / Direct debit / Auto Debit. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason by the investor's banker, the investor would not hold the Mutual Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Mutual Fund, execution of the NACH Debit / Direct Debit / SI may happen on non business and allotment of Units will happen as per the terms and conditions listed in the SID, SAI, KIM and all relevant Addenda of the scheme concerned.
- The Mutual Fund, its Registrars, Direct Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay.

### II. SYSTEMATIC TRANSFER PLAN (STP)

- Please specify the scheme details, your transfer installment amount, the number of installments, the total amount sought to be transferred, the transfer frequency and the transfer period.
- Minimum Transfer Size is Rs. 500/- and in multiples of Re. 1 (At the time of registration, the minimum invested amount in the source scheme should be Rs. 6000/-). The minimum period will be 4 weeks in case of Daily / Weekly / Monthly / Quarterly option.
- The investors can choose any one of the dates among 2<sup>nd</sup>, 8<sup>th</sup>, 15<sup>th</sup> of 23<sup>rd</sup> of every month as the STP date in case of Monthly option (if any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme). STP for Weekly option will be processed on every Friday. Daily STP will not be processed on Saturday, Sunday & Public Holidays. The default STP date will be 15<sup>th</sup> of every month. The default STP frequency will be monthly.
- Please note that your STP request would be registered with us within 8 business days from the date of lodgement of your STP Request. You can cancel the STP request at any time by giving a written request for the same. The cancellation of a registered STP request would take 8 business days.
- The STP will be automatically terminated if all units are liquidated or withdrawn from the source scheme or pledged of upon receipt of intimation of death of the unit holder. The units marked under lien or pledged in the source scheme shall not be eligible for STP.
- Under Daily/Weekly/Monthly/Quarterly STP, unit holders will be eligible to transfer a fixed amount (minimum Rs. 500 and in multiples of Re. 1 thereafter per installment in all the schemes).
- In case Day of Transfer has not been indicated under Weekly frequency, Friday shall be treated as Default day of transfer.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Daily/Weekly/Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 15<sup>th</sup> shall be treated as Default Date within 12 default installments.

### III. SYSTEMATIC WITHDRAWAL PLAN (SWP)

- Please indicate a fixed amount you wish to withdraw. Please also specify the scheme details, the number of installments, the total withdrawal sought, the withdrawal frequency and the withdrawal period.
- Minimum Withdrawal Size Rs. 500 in multiples of Re. 1.
- Please note that your SWP request would be registered with us within 8 business days from the date of lodgement of your SWP request. You can cancel the SWP request at any time by giving a written request for the same. The cancellation of a registered SWP request would take 8 business days.
- The investors can choose any one of the dates among 2<sup>nd</sup>, 8<sup>th</sup>, 15<sup>th</sup> or 23<sup>rd</sup> of every month as the SWP date (in case any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme). The default SWP date and frequency will be 8<sup>th</sup> of every month and monthly option.

### IV. DOCUMENTS REQUIRED

**New Investors are required to submit the following documents:**

- SIP Enrolment along with Registration cum Auto Debit/NACH Mandate Form.
- The Initial investment amount cheque should be issued from the same bank account which is to be debited under NACH / Auto Debit for SIP instalments
- A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the application form should be submitted along with other requirements.
- In case of payment made through an instrument issued from a bank account other than that of the first named applicant / investor mentioned in the application form, Investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' (available at any of our ISC's or on our website [www.indiabullsamc.com](http://www.indiabullsamc.com)) along with the SIP Registration cum Auto Debit/NACH Mandate Form.

**Existing Investors are required to submit SIP Registration cum Auto Debit/NACH Mandate Form.**

### V. CHANGE OF BANK

In order to change the existing bank account for NACH/SIP Auto Debit investors need to submit an Autodebit form selecting a 'change of bank option' in the form for the existing SIP, 30 days before the next SIP debit.

### VI. DISCONTINUE / CANCELLATION OF SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 days in advance of the immediate next due date to any of the offices of Indiabulls Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated. Further, Indiabulls Mutual Fund shall have the right to discontinue the SIP in case of 3 consecutive failures.

### VII. PAN AND KYC

PAN & KYC is mandatory irrespective of amount of investment, except in case of Micro SIP (Refer instruction no. I (3)).



**(NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)**

*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 instruction as agreed and signed. 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.*

*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 instruction as agreed and signed. 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.*



DECLARATION

\*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Indiabulls Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

AUTHORISATION TO BANK

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund for ECS / NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled by Investor)	
Affix Barcode	Date & Time Stamp No.



OTM INSTRUCTIONS: TERMS & CONDITIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
  - Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
  - Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
  - Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
  - Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
  - Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Indiabulls Mutual Fund.
  - If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.
- MANDATORY FIELDS:** **Date:** Date is mandatory • **CREATE/MODIFY/CANCEL:** tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • **To Debit (tick):** account type is mandatory • **Bank A/c Number:** Investor debit bank a/c number mandatory • **With Bank:** Investor bank name is mandatory • **IFSC / MICR:** Correct IFSC code or MICR code is mandatory • **An amount of Rupees:** SIP fixed instalment amount in words in word column is mandatory, maximum amount in words in word column is mandatory • **Rs.:** SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in figure column is mandatory • **Frequency:** SIP monthly/ quarterly mandatory, Lump sum: as & when presented is mandatory • **Debit Type:** For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • **Folio No.:** For Existing Investor only • **Phone No./ Email ID:** Phone No. or Email ID is Mandatory • **PAN Number:** Mandatory • **Period:** SIP start date is Mandatory, Lump sum: indicate till what date the man date should be valid • **Signature of Account Holder:** Signature is mandatory as per bank record • **Name of the Bank A/c Holder:** Name of the Bank A/c Holder is mandatory

# FATCA-CRS Declaration & Supplementary Information

## Declaration Form for Individuals (First Applicant) / Second Applicant / Third Applicant

### First / Sole Applicant / Guardian

<b>Name</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input style="width:95%;" type="text"/>	First Name	Middle Name	Last Name	
<b>PAN</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	or PAN Exempt KYC Ref No. (PEKRN)				
<b>Place of Birth</b>	<input style="width:90%;" type="text"/>		<b>Country of Birth</b>			
<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) <input style="width:100px;" type="text"/>		<b>Tax Residence Address</b> (for KYC Address)		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? →

☐ Yes ☐ No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ 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.

### Second Applicant

<b>Name</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input style="width:95%;" type="text"/>	First Name	Middle Name	Last Name	
<b>PAN</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	or PAN Exempt KYC Ref No. (PEKRN)				
<b>Place of Birth</b>	<input style="width:90%;" type="text"/>		<b>Country of Birth</b>			
<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) <input style="width:100px;" type="text"/>		<b>Tax Residence Address</b> (for KYC Address)		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? →

☐ Yes ☐ No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ 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.

### Third Applicant

<b>Name</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input style="width:95%;" type="text"/>	First Name	Middle Name	Last Name	
<b>PAN</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	or PAN Exempt KYC Ref No. (PEKRN)				
<b>Place of Birth</b>	<input style="width:90%;" type="text"/>		<b>Country of Birth</b>			
<b>Nationality</b>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) <input style="width:100px;" type="text"/>		<b>Tax Residence Address</b> (for KYC Address)		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? →

☐ Yes ☐ No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of tax Residency	Tax Identification Number of Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ 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.

#### DECLARATION:

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days do the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date:     /     / 20

Place: \_\_\_\_\_

 First /Sole Applicant / Guardian Signature

 Second Applicant Signature

 Third Applicant Signature

## FATCA & CRS TERMS & CONDITIONS

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: 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.

Should there be any change in any information provided to 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 (Insert FI's Name) 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.

### FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax 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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia Observed (ticked)	Documentation required for Cure of FATCA/CRS Indicia
U.S. place of birth	<ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes;</li> <li>Non – US passport or any non – US government issued document evidencing nationality or citizenship (refer list below); <b>AND</b></li> <li>Any one of the following documents;  Certified copy of certificated of Loss of Nationality  <b>Or</b> Reasonable explanation of why the customer does not have such a certificated despite renouncing US citizenship  <b>Or</b> Reason the customer did not obtain U.S. citizenship at birth</li> </ol>
Residence/mailling address in a country other than India	<ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><b><i>If no Indian telephone number is provided</i></b></p> <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol> <p><b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b></p> <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; <b>OR</b></li> <li>Documentary evidence (refer list below)</li> </ol>

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body\*
- Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

**\*Government or agency thereof or a municipality of the country or territory in which the payee claims to be resident.**



# Details of FATCA & CRS Information

## For non-Individuals / Legal entity

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PAN

Date of Incorporation

City of incorporation

Country of incorporation

### Please tick the applicable tax resident declaration -

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 the resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country of tax Residency	Tax Identification Number <sup>%</sup>	Identification Type [TIN or other, please specify]
1.			
2.			

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>5</sup>

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.....

Please refer to para 3(vii) Exemption code for U.S. Persons under Part D of FATCA Instructions and Definitions.

## FATCA & CRS Declaration

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

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

1. We are a, ☐ Financial institution<sup>3</sup> or ☐ Direct reporting NFE<sup>4</sup>  
(Please tick as appropriate)

**Global Intermediary Identification Number (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) ☐ **Applied for**

If the entity is a financial Institution ☐ Not required to apply for - please specify 2 digits sub-category<sup>10</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 is publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3.	Is the Entity an active <sup>1</sup> non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4.	Is the Entity a passive <sup>2</sup> NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of Business <input type="text"/>

<sup>1</sup>Refer 2 of Part D

<sup>2</sup>Refer 3(ii) of Part D

<sup>3</sup>Refer 1(i) of Part D

<sup>4</sup>Refer 3(vi) of Part D

Name and PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others)		Occupation Type - (Service, Business, Others)	DOB - Date of Birth Gender - Male / Female / Other
City of Birth - Country of Birth		Father's Name - Mandatory if PAN is not available	
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <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"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
2. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <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"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	
3. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <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"/> <input type="text"/> <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	

\$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.

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.

[illegible]

## PART D FATCA 'Instructions & Definitions':

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

- 1 (i) Financial Institution (FI)** – The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance Company as defined
- 1 (ii) Depository Institution** – is an entity that accepts deposits in the ordinary course of banking or similar business
- 1 (iii)** Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of –
- (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- 1 (iv)** Investment entity is an entity:
- (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or individual and collective portfolio management; or
    - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
  - Or
  - (b) The gross income of which is primarily attributable to investing, reinvesting or trading in financial assets, if the entity is management by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
    - (i) The three year period ending on 31 March of the year preceding the year in which the determination is made; or
    - (ii) The period during which the entity has been in existence
- The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 – refer point 2c.
- 1 (v)** Specified Insurance Company; Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- 1 (vi)** FI not required to apply for GIIN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard.

A.	Reasons why FI not required to apply for GIIN:
Code	Sub – Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non – public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicles
08	Trust
09	Non – registering local banks
10	FFI with only Low – Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

**2. Active Non-financial entity (NFE):** (any one of the following): Refer Explanation (A) to 114F(6) of Income Tax Rules, 1962 for details

Code	Sub – Category
01	Less than 50 percent of the NFE's gross income of the preceding financial year is passive income and less than 50 percent of the asset held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market
03	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
04	Substantially all of the activities of the NFE consists of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for the status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
05	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
06	The NFE was not a Financial Institution in the past five years and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution
07	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of such Related Entities is primarily engaged in a business other than that of a Financial Institution;
08	<p>Any NFE that fulfils all of the following requirements;</p> <ul style="list-style-type: none"><li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural, civic legal or an organization operated exclusively for the promotion of social welfare;</li><li>• It is exempt from Income Tax in India;</li><li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li></ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents don't permit any income or assets of the NFE to be distributed to or applied for the benefit of, a private person or non – charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence of the NFE's formation documents requires that, upon the NFE's liquidation or dissolution, all of its assets be distributed to the governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation – For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely –</p> <ul style="list-style-type: none"><li>(i) an Investor Protection Fund referred to in clause (23EA);</li><li>(ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23 EB; and</li><li>(iii) an Investor Protection Fund referred to in clause (23 EC), of section 10 of the Act</li></ul>

**3. Other Definitions**

(i) *Related entity*

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity

(ii) *Passive NFE*

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity; or
- (ii) an investment entity defined in clause 1(iv)(b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(iii) *Passive Income*

The term passive income includes income by way of :

- (1) Dividends
- (2) Interest
- (3) Income equivalent to interest
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) *Controlling persons*

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005.

In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely :-

- (i) DBOD.AML.BC. No. 71/14.01.001/2012-13, issued on the 18th January 2013 by the Reserve Bank of India; or
  - (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or
  - (iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority
- In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position;

(A) Controlling Person Type:

Code	Sub – Category	Code	Sub – Category
01	CP of legal person-ownership	08	CP of legal arrangement-trust-other
02	CP of legal person-other means	09	CP of legal arrangement-Other-settlor equivalent
03	CP of legal person-senior managing official	10	CP of legal arrangement-Other-trustee equivalent
04	CP of legal arrangement-trust-settlor	11	CP of legal arrangement-Other-protector equivalent
05	CP of legal arrangement-trust-trustee	12	CP of legal arrangement-Other-beneficiary equivalent
06	CP of legal arrangement-trust-protector	13	CP of legal arrangement-Other-other equivalent
07	CP of legal arrangement-trust-beneficiary	14	Unknown

(v) Specified U.S. person – A U.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code.
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt for tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. internal Revenue Code;
- (xi) a dealer in securities, commodities or derivative financial instruments (including notional principal contracts, futures, forwards and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(vii) Exemption code for U.S. persons (Refer 114F(9) of Income Tax Rules, 1962 for details.

Code	Sub – Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan



# DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP (UBO)

**A. For clients other than individuals or trust:**

I/We hereby certify that below mentioned is the latest and updated list of natural persons, who whether acting alone or together, or through one or more juridical person, exercise control through ownership or who ultimately has a controlling ownership interest as follows:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company.
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- iv. In case, if there exists doubt under the above points (i) to (iii), as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exercises control through ownership interests, the identify to the natural person exercising control over the juridical person through voting rights, agreement, arrangements or in any other manner.
- v. Where no natural person is identified under the above points (i) to (iv), the identify of the relevant natural person who holds the position of senior managing official.

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ Applied


**B. For client which is a trust:**

I/We hereby certify that following are the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through the chain of control or ownership as follows:

Sr. No.	NAME	% of Holding	PAN	KRA Completed/ Applied

**DECLARATION UBO**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and be life. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the Investment Manager/Fund/Trustee shall reserve the right to reject the application and/or reverse the allotment of units and the Investment Manager/Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. 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.



Signature with Stamp

Name: \_\_\_\_\_

Designation: ☐ Company Secretary ☐ Managing Director ☐ WholeTime Director  
☐ Other \_\_\_\_\_

Date:     /     / 20

Place: \_\_\_\_\_

Note: The Listed Company and its subsidiaries are exempt from providing the UBO Declaration.

This page has been intentionally kept blank

## AMC Investor Service Centres

- **Ahmedabad:** Radhika House, 1st Floor, C/o. Indiabulls Housing Finance Co Ltd., Opp. Mayor Banglow, Law Garden, Navrangpura, Ahmedabad - 380 006. Tel: (079) 6682 2236
- **Bangalore:** No. 103, 2nd Floor, Samskruthi Chambers, K. H. Road, Bangalore – 560 027. Tel: (080) 4635 1522
- **Chennai:** No. 20, Apex Chambers, 3rd Floor, Sir They agaraya Road, Pondy Bazaar, T Nagar, Chennai - 600 017. Tel: (044) 3007 0779
- **Hyderabad:** Park City Plaza, 3rd Floor, Road No. 1, Banjara Hills, Hyderabad – 500 034. Tel: (040) 47579911.
- **Kolkata:** 31, Chowringhee Road, 3 Floor, Park Street Junction, Kolkata - 700 016, Phone No. 033 3997417 Fax No. 033 39974716.
- **Mumbai:** Indiabulls Finance Centre, Tower-1, 11<sup>th</sup> Floor, Senapati Bapat Marg, Elphinstone Road, (West), Mumbai – 400 013. Tel: (022) 6189 1300.
- **New Delhi:** M - 62 & 63, 1<sup>st</sup> Floor, Connaught Place, New Delhi - 110 001. Tel: (011) 3015 6974.
- **Pune:** No. 115, City Mall, 1st Floor, University Road, Opp. Pride House, Shivaji nagar, Pune – 411 007. Tel: (020) 3018 6714.

**Toll Free Number :** 1800 2666 002

**Email :** [customercare@indiabullsamc.com](mailto:customercare@indiabullsamc.com)

**Website :** [www.indiabullsamc.com](http://www.indiabullsamc.com)

## KARVY Investors Service Centers

- **Ahmedabad:** 201/202, Shail Complex, Opp. Madhusudan House, B/H Girish Cold Drink, Off. C G Road, Navrangpura, Ahmedabad - 380006, Tel : 079-65445550, 079-26402967 • **Alwar:** 101, Saurabh Tower, Opp. Uit, Near Bhagat Singh Circle, Road No.2, Alwar - 301001, Tel : 0144-2335550 / 0144-2335551 • **Amritsar:** 72-A, Taylor's Road, Opp. Aga Heritage Club, Amritsar - 143001, Tel : 0183-5053802 • **Asansol:** 114/71 G T Road, Near Sony Centre, Bhanga Pachil, Asansol - 713303, Tel : 0341-2220077 • **Bangalore:** 59, Skanda puttanna Road, Basavanagudi, Bangalore - 560004, Tel : 080-26602852, 080-26609625 • **Baroda:** 203, Corner point, Jetalpur Road, Baroda, Gujarat, Baroda - 390007, Tel : 0265-2353506, 0265-2353507
- **Bhagalpur:** 2nd Floor, Chandralok Complex, Ghantaghar, Radha Rani Sinha Road, Bhagalpur - 812001, Tel : 7857015102 • **Bhilai:** Shop No-1, First Floor Plot No-1, Commercial Complex Nehru Nagar - East, Bhilai - 490020, Tel : 0788-2289499 / 2295332 • **Bhubaneswar:** A/181, Back Side Of Shivam Honda Show Room, Saheed Nagar, Bhubaneswar - 751007, Tel : 0674-6534585, 0674-2360334 • **Bokaro:** B-1, 1st Floor, City Centre, Sector-4, Near Sona Chandi Jewellers, Bokaro - 827004, Tel : 9204061959, 06542-335616 • **Chandigarh:** Sco- 2423-2424, Above Mirchi Restaurant, New Aroma Hotel, First Floor, Sector 22-C, Chandigarh - 160022, Tel : 0172-5101342 • **Chennai:** F-11, Akshaya Plaza, 1st Floor, 108, Adhithanar Salai, Egmore, Opp. To Chief Metropolitan Court, Chennai - 600002, Tel : 044-42028512, 044-42028513, 044-42028858 • **Coimbatore:** 3rd Floor, Jaya Enclave, 1057 Avinashi Road, Coimbatore - 641018, Tel : 0422 - 4388011, 0422 - 4388013 / 0422 - 4388451/0422 - 4388012 / 0422 - 4388014
- **Cuttack:** Opp. Dargha Bazar Police Station, Dargha Bazar, Po - Buxi Bazar, Cuttack - 753001, Tel : 0-9238102118 (Tata Basephone)
- **Darbhanga:** Jaya Complex, 2nd Floor, Above Furniture Planet, Donar, Chowk, Darbhanga - 846003, Tel : 7857015103 • **Dehradun:** Kaulagarh Road, Near Sirmaur Margabove, Reliance Webworld, Dehradun- 248001, Tel : 8899928349 / 8899928350 • **Dhanbad:** 208 New Market 2nd Floor, Bank More, Dhanbad - 826001, Tel : 0326-6452027 • **Durgapur:** MWAV-16 Bengal Ambuja, 2nd Floor City Centre, Dist. Burdwan, Durgapur-16, Durgapur - 713216, Tel : 0343-6512111 • **Faridabad:** A-2B, 3rd Floor, Neelam Bata Road, Peer ki Mazar, Nehru Groundnit, Faridabad - 121001, Tel : 8287922816
- **Gaya:** 1st Floor Lal Bhawan, Tower Chowk, Near Kiran Cinema, Gaya- 823001, Tel : 0631-2220065 • **Ghaziabad:** 1st Floor C-7, Lohia Nagar, Ghaziabad - 201001, Tel : 8287059970 • **Gorakhpur:** Above V.I.P. House Adjacent, A.D. Girls College, Bank Road, Gorakhpur - 273001, Tel : 8081127735, 0551 - 2333825 • **Gurgaon:** Shop No.18, Ground Floor, Sector - 14, Opp. Akd Tower, Near Huda Office, Gurgaon - 122001, Tel : 8287956344 • **Guwahati:** 1st Floor, Bajrangbali Building, Near Bora Service Station, GS Road, Guwahati - 781007, Tel : 8811036746, 0361-2203324 • **Hyderabad:** Karvy House, No:46, 8-2-609/K, Avenue 4, Street No.1, Banjara Hills, Hyderabad - 500034, Tel : 040-44857874 / 75 / 76
- **Indore:** 2nd floor, 203-205 Balaji Corporate House, Above ICICI bank, 19/1 New Palasia, Near Curewell Hospital, Janjeerwala Square Indore, Indore - 452001, Tel : 0731-4266828 / 4218902 • **Jaipur:** S16/A11rd Floor, Land Mark Building Opp. Jai Club, Mahaver Marg C Scheme, Jaipur - 302001, Tel : 01414167715/17 • **Jalandhar:** 1st Floor, Shanti Towers, SCO No. 37, PUDA Complex, Opposite Tehsil Complex, Jalandhar- 144001, Tel : 0181-5094410 • **Jamshedpur:** 2nd Floor, R R Square, SB Shop Area, Near Reliance Foot Print & Hotel - BS Park Plaza, Main Road, Bistupur, Jamshedpur - 831001, Tel : 0657-6655003/ 6655004/ 6655005/ 6655006/ 6655007 • **Kanpur:** 15/46, B, Ground Floor, Opp : Muir Mills, Civil Lines, Kanpur - 208001, Tel : 8081127738 / 8081127740 • **Kolkata:** Apeejay House ( Beside Park Hotel ), C Block, 3rd Floor, 15 Park Street, Kolkata - 700016, Tel : 033 66285900 • **Lucknow:** 1st Floor, A. A. Complex, 5 Park Road, Hazratganj, Thaper House, Lucknow - 226001, Tel : 8081127722, 0522-2236819 / 3213115 • **Ludhiana:** Sco - 136, 1st Floor Above Airtel Showroom, Feroze Gandhi Market, Ludhiana - 141001, Tel : 0161-4648747 • **Malda:** Sahis Tuli, Under Ward No.6, No.1 Govt Colony, English Bazar Municipality, Malda - 732101, Tel : 03512-223763
- **Mumbai:** 24/B, Raja Bahadur Compound, Ambalal Doshi Marg, Behind BSE Bldg, Fort - 400001, Tel : 022-66235353 • **Muzaffarpur:** First Floor, Shukla Complex, Near ICICI Bank, Civil Court Branch, Company Bagh, Muzaffarpur - 842001, Tel : 7857015105 • **Mysore:** L-350, Silver Tower, Ashoka Road, Opp. Clock Tower, Mysore - 570001, Tel : 0821-2438006 • **Nagpur:** Plot No 2/1 House No 102/1, Mata Mandir Road, Mangaldeep Apartment Opp. Khandelwal Jewellers, Dharampeth, Nagpur - 440010, Tel : 0712-2533040 • **Nasik:** F-1, Suyojit Sankul, Sharanpur Road, Near Rajiv Gandhi Bhavan, Nasik- 422002, Tel : 0253-6611395, 0755-3010732 • **New Delhi:** 305 New Delhi House, 27 Barakhamba Road, New Delhi - 110001, Tel : 011- 43681700 • **Noida:** 405, 4th Floor, Vishal Chamber, Plot No.1, Sector-18, Noida - 201301, Tel : 8287831058
- **Panjim:** Flat No.1-A, H. No. 13/70, Timotio Bldg, Heliodoro Salgado Road, Next to Navhind Bhavan (Market Area), Panjim- 403001, Tel : 0832-2426873, 0832-2426874 • **Patna:** 3A, 3rd Floor Anand Tower, Exhibition Road, Opp. ICICI Bank, Patna - 800001, Tel : 0612-4323066
- **Pune:** Mozaic Bldg, CTS No.1216/1, Final, Plot No.576/1 TP, Scheme No.1, F C Road, Bhamburda, Shivaji Nagar, Pune - 411004, Tel : 020-66496700 / 66496701, 9833067872 • **Raipur:** Shop No-TF-31, 3rd Floor, Millenium Plaza, Near Old Indian Coffee House, G E Road, Raipur - 492001, Tel : 0771-4052620 • **Ranchi:** Room No 307 3rd Floor, Commerce Tower, Beside Mahabir Tower, Ranchi - 834001, Tel : 0651-2331320 • **Siliguri:** Nanak Complex, Sevoke Road, Siliguri - 734001, Tel : 0353-2522579 • **Surat:** G-5 Empire State Buliding, Nr Udhna Darwaja, Ring Road, Surat - 395002, Tel : 0261-2311100 / 2339100, 0261-2339100 • **Trichy:** 60, Sri Krishna Arcade, Thennur High Road, Trichy - 620017, Tel : 0431- 4020227
- **Varanasi:** D-64/1321st Floor, Anant Complex, Sagra, Varanashi - 221010, Tel : 8081127746 • **Visakhapatnam:** Door No: 48-8-7, Dwaraka Diamond, Ground Floor, Srinagar, Visakhapatnam - 530016, Tel : 0891-2714125



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