



Chennai

Dear

Congratulations on taking the first step to build wealth by opening a FundsIndia account.

To get started with investing, you'll have to sign and send the following documents to us:

1. Your pre-filled FundsIndia application form (In case you've added your nominee's details at the time of registration, then kindly get your nominee to sign under 'Nomination details')
 2. Two copies of your PAN card
 3. Your cancelled cheque leaf with your name pre-printed on it
If your name isn't pre-printed on the cheque leaf, then kindly submit any one of the following documents with your cheque leaf:
 - A copy of your bank statement from one of last three months
 - A copy of your bank passbook with some recent transaction entries
- In case, you are opening a minor account, then please include a copy of the minor's birth certificate
 - If you are a resident of India, but if you currently do not hold Indian citizenship, then please include a copy of your passport

To help us validate your Know Your Client (KYC) registration, please sign and send:

1. Your KYC application form (If you make any corrections to the form, please counter-sign against it in black ink), along with your recent passport-size (3.5 cms X 3.5 cms) photograph. Please cross-sign over the photograph.
2. A copy of your address proof (Separate address proofs have to be provided if your permanent address and communication address vary)

(Accepted address proofs - Latest BSNL landline bill, latest electricity bill, latest bank statement with bank logo or bank seal (from the last three months), passport, voter ID, driver's license, ration card, latest demat account statement)

Kindly send these documents to the following address:

Wealth India Financial Services Pvt. Ltd.
3rd Floor, Uttam Building,
No. 38 and 39, Whites Road,
Royapettah, Chennai - 600014,
Tamil Nadu

Warm regards,
Team FundsIndia



Wealth India Financial Services Pvt. Ltd.

Enriching India, one investor at a time

App. No. :-

Ref. No. :-



INVESTMENT SERVICES ACCOUNT OPENING FORM

APPLICANT INFORMATION

Name of Applicant : _____

Date of Birth : _____ PAN No. : _____ ☐ PAN Proof Enclosed KYC Compliant Please (✓) ☐ Yes ☐ No

Occupation	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others
Status	<input type="checkbox"/> Individual	<input type="checkbox"/> HUF	<input type="checkbox"/> Society	<input type="checkbox"/> NRI	<input type="checkbox"/> Company/Body Corporate		<input type="checkbox"/> Others
	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Minor	<input type="checkbox"/> AOP / BOI	<input type="checkbox"/> Trust			_____

Name of Guardian (In case of Minor) / : _____

(Contact person Designation in case of non-individual investors)

Guardian PAN No. : _____ ☐ PAN Proof Enclosed KYC Compliant Please (✓) ☐ Yes ☐ No

Relation with Minor / Designation : _____

Address 1 : _____

Address 2 : _____

City : _____

_____ Pincode : _____

Overseas Address* (Mandatory for NRI / Fill Applicant) (Please provide our complete address. P.O. Box alone is not adequate)

Address 1 : _____

Address 2 : _____

City : _____ State : _____

Country : _____ Postal code : _____

Contact details of Sole / First applicant

Tel. No. Office : _____ Residence : _____ Mobile : _____

Email ID : _____

BANK ACCOUNT DETAILS

Account Type : ☐ SB ☐ CURRENT ☐ NRO ☐ NRE ☐ FCNR ☐ OTHERS _____

Account No. : _____ Bank : _____

11 Digit IFSC Code : _____ 9 Digit MICR Code : _____ Branch City : _____

Branch Address : _____

Please ensure the name in this application form and in your bank account are the same ☐ Cancelled Cheque Enclosed

NOMINATION DETAILS

Nominee Name : _____ Date of Birth : _____

Name of Parent/Guardian in case of Minor : _____

Investor's relation with nominee : _____

Specimen Signature of
Nominee / Minor Nominee's Guardian

Other Details:

1. Gross Annual Income Details (Please tick) : ☐ Below 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ > 25 Lac
(OR)

Net worth in Rs. _____ as on (Date) _____

2. Occupation (Please tick any one and give brief details) :

☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist

☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) _____

3. Politically Exposed Person: ☐ Yes ☐ No

For definition of PEP, Please refer guideline overleaf

4. Any other information : _____

Declaration

I/We hereby grant permission to WIFS to capture/verify the bank details printed on the enclosed cancelled cheque/bank statement which belongs to "_____". This information may be used to open my/our Investment Services Account with WIFS.

I/We hereby allow to WIFS to utilize the bank information by sending it to Mutual Funds Companies and for the purpose of generating ECS/DD forms.

I/We acknowledge that I/we have been provided a copy of the term and conditions ("Terms and Conditions") which are applicable to the operation of the Investment. Services Account, and that I have read and understood the Terms and Conditions, and that a copy of the Terms and Conditions is in my/our possession and is available on the WIFS website). I/We agree to abide by the same. I/We understand and agree that pursuant to the Terms and Conditions, I/we have granted certain powers to WIFS to perform a number of actions on my behalf, including but not limited to:

i. Authority to WIFS to execute my instructions for purchase and redemption of units of mutual funds, granted under Section 5 (Communication of instructions) of the Terms and Conditions document.

ii. Authority to subscribe to units of mutual funds or other securities on my behalf, to receive the account statement pertaining to the above units/securities; to redeem the units/securities held by me/us; to sign all such writings and do all such acts as may be required for redeeming any units/securities; to receive and give good effectual receipts and discharges for any sum arising from the units/securities, and to sign and endorse dividend and interest warrants; to collect and deposit monies in an account with WIFS and to make such debits in the said account as may be necessary; to give instructions and orders to brokers and agents; to correspond with and give notice to the mutual fund and corresponding asset management company; to instruct the mutual fund and/or the corresponding asset management company to make note of instructions with regards to nomination/changes in investments plan, granted under Section 3 (Authority granted to WIFS) of the Terms and Conditions.

iii. Authority to do or omit to do all such and things as WIFS may in its discretion consider to be necessary or desirable in order to perform its duties hereunder, or to comply with any laws, orders, rules, regulations or directions of any Government or regulatory or other authorities;

I/We declare that the particulars given above are true to the best of my/our knowledge as on the date of making such applications. I/We undertake to inform, in writing, of any change in the particulars furnished above. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination. I/We declare that all the details in my/our relationship record are true and correct, and any instruction arising out of any transaction entered in to pursuant to these Terms and Conditions would be as per the provisions of the Income Tax Act, 1961 or any modifications or re-enactment thereof. I/We agree and declare that any and all tax liability will be my/our sole responsibility. I/We shall execute and deliver to WIFS, from time to time, such other documents as may be specified by WIFS for the compliance or updating of records, if any. I/We have read and understood the Terms and Conditions applicable to the account and to the usage of the WIFS Websites, and agree to be bound by the said Term and Conditions applicable to WIFS accounts, including those excluding/limiting WIFS' liability. I/We undertake to make the applicants to the investments aware of the provisions of the Terms and Conditions, and the same will be binding on the applicants by use of the facility provided herein. I/We will be jointly and severally bound by the Term and Conditions of the WIFS account.

SIGNATURE

Applicant / Guardian / Authorised Signatory

Mandate Instruction Form for NACH/ECS/DIRECT DEBIT

UMRN

Date

Tick (✓)

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

Sponsor Bank Code

Utility Code

I/We hereby authorize **Wealth India Financial Services Pvt. Ltd.** to debit (tick ✓) ☐ SB / CA / CC / SB NRE / SB NRO / Other

Bank a/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H - Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Or ☐ Until Cancelled

1. Signature of Account holder
Name as in bank records

2. Signature of Account holder
Name as in bank records

3. Signature of Account holder
Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity / corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate of the bank where I have authorized the debit.



SAMPLE MANDATE

Mandate Instruction Form: Using this bank mandate, you can setup multiple SIPs across different mutual funds. WIFS hereby declares and assures the investors that the funds obtained thereof, will not be used for any other purpose other than what the investor intended the mandate for, by way of clear and explicit investment instruction and authorization through electronic or other means.

The mandate should be printed in an A4 size paper only. Please do not fill any other field in the mandate except the signature. Do not write or cancel anything.

Please don't print anything on the backside of this mandate

For Reference

④ We will send an investment instruction to your bank only when your SIP is scheduled

The sample form shows the following details:

- UMRN:
- Date: 08/09/2017
- Sponsor Bank Code:
- Utility Code:
- I/We hereby authorize: **Wealth India Financial Services Pvt. Ltd.**
- Bank a/c number: 000021149088028
- with Bank: **HDFC Bank Ltd**
- IFSC: **HDFC0000000**
- an amount of Rupees: **Twenty Five Thousands Only** (₹ 25000/-)
- FREQUENCY: ☒ As & when presented
- DEBIT TYPE: ☒ Maximum Amount
- Reference 1: 10000000779949
- Reference 2: 10000000779949
- Phone No.: 9999999999
- Email ID: demo.fundsindia@gmail.com
- PERIOD: From 08/09/2017 To 31/12/2017
- Or ☐ Until Cancelled
- Signatures: 1. 2. 3.

③ ☒ Do not tick this check box

① Require account holder's signature as per bank records

② 9 The amount mentioned above in the mandate is the maximum amount that FundsIndia can withdraw for your SIP in a single day. The actual amount will be as per your SIP



Build wealth by starting an SIP now

We'd like to help you build wealth by starting your investments right away. Our mutual fund experts have picked some top-performing investments for you. You can use this form to request for Systematic Investment Plans (SIPs) in these funds to be set up in your account.

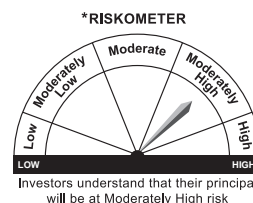
Step 1	Choose from our recommended funds*	Amount (₹)
<input type="checkbox"/>	Franklin India Taxshield Fund <i>(qualifies for tax deduction under Section 80C of the Income Tax Act)</i>	
<input type="checkbox"/>	HDFC Hybrid Equity	
<input type="checkbox"/>	ICICI Prudential Focused Bluechip Fund	

Want more options?
Choose your fund from our research-curated list - FundsIndia Select Funds.

Scan the QR code to get started now!

Choose your own funds (Minimum monthly SIP is ₹1,000 per fund)	Amount (₹)
1.	
2.	
3.	

*Recommended investment time frame for the above equity and equity-oriented funds is 5 years or above.
The minimum monthly SIP amount is ₹ 1,000 per fund.*



Step 2 SIP Details

Monthly date of investment: ☐ 5th ☐ 10th ☐ 15th ☐ 25th ☐ Other:

Number of years: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other:

Step 3 Signature

I request the FundsIndia support team to setup the SIP(s) in my account as above.
I understand that the SIP investment plan will start at the earliest date possible after the registration of the one-time bank mandate.

.....
Signature

.....
Name

.....
PAN Card No.



Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '*' are mandatory fields

Application ☐ NewType* ☐ Update KYC Number* KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

 - -

Gender*

☐ M- Male☐ F- Female☐ T-Transgender

Marital Status*

☐ Married☐ Unmarried☐ Others

Citizenship*

☐ IN- Indian☐ Others - Country Country Code

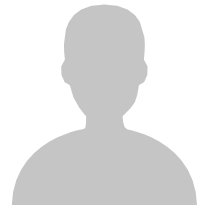
Residential Status*

☐ Resident Individual☐ Non Resident Indian☐ Foreign National☐ Person of Indian Origin

Occupation Type*

☐ S-Service ☐ Private Sector☐ Public Sector☐ Government Sector☐ O-Others ☐ Professional☐ Self Employed☐ Retired☐ Housewife☐ Student☐ B-Business☐ X-Not Categorized

Photo

Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)☐ A- Passport Number☐ B- Voter ID Card☐ D- Driving Licence☐ E- Aadhaar Card☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government) Identification Number Passport Expiry Date - - Driving Licence Expiry Date - -

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3

District*

Zip / Post Code*

State/UT Code

 as per Indian Motor Vehicle Act, 1988State/UT* Country* Country Code as per ISO 3166

Address Type*

☐ Residential / Business☐ Residential☐ Business☐ Registered Office☐ Unspecified(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number☐ Voter ID Card☐ Driving Licence☐ Aadhaar Card☐ NREGA Job Card☐ Others (any document notified by the central government) Passport Expiry Date - - Driving Licence Expiry Date - - Identification Number ☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3

District*

Zip / Post Code*

State/UT Code

 as per Indian Motor Vehicle Act, 1988State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number Passport Expiry Date --

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date --

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: --Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]