

# COMMON APPLICATION FORM

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code <sup>†</sup>	Date & Time of Receipt	Application No.
ARN-118251					

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

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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## 1 EXISTING UNITHOLDERS DETAILS

Existing Folio No.  Name of Sole/ First Unit Holder

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

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

**APPLICATION FOR**  Zero Balance Folio  Investment

Name of Entity/ Sole/First Applicant  Mr.  Ms.  (as in PAN)

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

Date of Birth/Incorporation (Mandatory)  Proof of Birth (Please ✓)  Passport  Birth Certificate  Others

Status Please (✓)  Resident Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust /Charities / NGOs  Society  FI  NRI  
 Company/Body Corporate  Sole Proprietor  Defence Establishment  PIO  Bank  FPI (as and when applicable)  Government Body  
 Partnership Firm  Others

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

**Non-Individual Investors involved/providing any of the mentioned services**  
 Please (✓) (Applicable only for Non Individuals)  Foreign Exchange/ Money Changer Services  Money Lending/ Pawning  
 Gaming/ Gambling/ Lottery/ Casino Services  None of the above

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

PAN/PEKRN for Guardian / Contact Person  Date of Birth (Mandatory)

Relationship with Minor  Father  Mother  Legal Guardian (Refer instructions)

## FATCA and CRS DETAILS For Individuals (Mandatory) A. Residence for Tax Purposes in Jurisdiction(s) outside India B. Not Applicable

Sole/First Applicant/Guardian		
Country#	Tax Payer Ref. ID No or Functional Equivalent	Identification Type
1		
2		
3		

## TIN not applicable declaration

I am not entitled to have TIN because of the following reasons and hereby submit the relevant documentary proof (self-attested) as indicated. [Tick relevant documentary proof and indicate the document type and number in the above grid]

Student (Student Visa).  Dependent parents (Appropriate Visa).  
 Diplomat (Diplomat Visa).  Mariner/ Sea farer (Continuous Discharge Certificate).  
 Sportsperson/ Professional (Appropriate Visa).  Recently shifted residence (Appropriate Visa).  
 Temporary Visit (Temporary work visa, Teacher, Tourist, or other Visa).  
 Other, please specify \_\_\_\_\_ (Appropriate Visa/ document).

Residing Country does not issue TIN and hereby submit the relevant documentary proof as indicated duly self-attested. [Tick relevant documentary proof and indicate the document type and number in the above grid]

Social Security Number  National Insurance Number  
 Citizen Or Personal Identification Code or Number  Resident Registration Number

In case of U.S. persons, where Nationality or Country of Birth is U.S. but tax residency is of other country, any one of the following documents duly self-attested should be submitted:

- Non-US passport or any non-US government issued document evidencing nationality or citizenship; AND
- Certified Copy of Certificate of loss of US Nationality/ Reasonable explanation for not obtaining such certificate

**Sole/First Applicant/Guardian**

Country of Birth

Country of Nationality

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided.

**3 NAME OF THE SECOND APPLICANT**  Mr.  Ms.  (as in PAN)

Date of Birth (Mandatory)  PAN/PEKRN  Self-attested copy of PAN/PEKRN along with KYC acknowledgment should be attached

## ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) Application No.

Received from  ARN No:

Instrument No.  Drawn on Bank & Branch

Scheme/ Plan/ Option/ Sub-Option  Amount Rs.

**Signature, Stamp & Date**

Please Note : All purchases are subject to realisation of payment instrument. This acknowledgment slip is for your reference only. Information on the form will be considered final.



**7 ADDITIONAL KYC DETAILS (Mandatory. Please read instructions no 5 & 6 under APPLICANT'S INFORMATION.)**

OCCUPATION	Professional	Agriculturist	Housewife	Retired	Government Service/Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROSS ANNUAL INCOME DETAILS^	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH IN ₹	Date
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	D D M M Y Y Y Y
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	D D M M Y Y Y Y
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D D M M Y Y Y Y

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

^Please attach Proof for income and occupation.

**8 PAYMENT & INVESTMENT DETAILS (Mandatory) (Details of account from which investment has been done.)**

Scheme  Plan  Regular  Direct Option

Amount (figures)  Payment mode  Cheque  DD  Fund Transfer  RTGS/NEFT Instrument no.  Cheque/DD/UTR/UMR No.

Account No.  A/c  Saving  Current  NRO  NRE  FCNR  Others  Please specify

Instrument Date  Bank  Branch

Types of Investment  Lumpsum  Lumpsum + SIP (for SIP please fill separate SIP cum Mandate registration form)

LEI No.  Valid Upto

Note: LEI no. is Mandatroy for transaction amount 50 crs above for Non individual. LEI number of 360 ONE Mutual Fund is 335800JVNCKDJFV1116

**9 UNITHOLDING OPTION  Demat Mode  Physical Mode** These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. <input type="text"/>	Target ID No. <input type="text"/>
Enclosures (Please tick any one box) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)	

**10 NOMINATION / NOMINATION OPT-OUT (Mandatory\*)**

**NOMINATION DETAILS**

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

Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
<b>Mandatory information</b>			
<b>1 Name of the nominee(s)</b>	Mr./Ms. <input type="text"/>	Mr./Ms. <input type="text"/>	Mr./Ms. <input type="text"/>
<b>2 Share of each Nominee<sup>†</sup></b>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<b>3 Date of Birth (for Minor)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4 Relationship with the Applicant (select one)</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (please specify) <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (please specify) <input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (please specify) <input type="text"/>
<b>5 Nominee/ Guardian (in case of Minor) Identification details</b> [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="text"/> <input type="checkbox"/> Aadhaar (masked last 4 digits) <input type="text"/> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="text"/> <input type="checkbox"/> Driving License <input type="text"/>	<input type="checkbox"/> PAN <input type="text"/> <input type="checkbox"/> Aadhaar (masked last 4 digits) <input type="text"/> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="text"/> <input type="checkbox"/> Driving License <input type="text"/>	<input type="checkbox"/> PAN <input type="text"/> <input type="checkbox"/> Aadhaar (masked last 4 digits) <input type="text"/> <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="text"/> <input type="checkbox"/> Driving License <input type="text"/>
<b>6 Address of Nominee(s) / Guardian in case of Minor (City, Place, State &amp; Country)</b>	City <input type="text"/> Place <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin Code <input type="text"/>	City <input type="text"/> Place <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin Code <input type="text"/>	City <input type="text"/> Place <input type="text"/> State <input type="text"/> Country <input type="text"/> Pin Code <input type="text"/>

**10 NOMINATION / NOMINATION OPT-OUT (Mandatory\*) (Contd.)**

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
<b>Mandatory information</b>				
7	Mobile of Nominee(s) / Guardian in case of Minor	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Email ID of nominee(s)/ Guardian in case of Minor	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Non-mandatory Details</b>				
9	Nominee Guardian Name (in case Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the 360 ONE AMC/MF as follows; (please tick, as appropriate)

Name of nominee(s) with percentage     Nomination: Yes / No (Default)

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

**Signature(s) – As per the mode of holding in MF folio(s)**

First Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression	Second Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression	Third Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression
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**11 NOMINATION / NOMINATION OPT-OUT (Mandatory\*) (Contd.)**

*First Witness Name	<input type="text"/>	Witness Signature
*Witness address	<input type="text"/>	
*Second Witness Name	<input type="text"/>	Witness Signature
*Witness address	<input type="text"/>	

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

\* Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

**DECLARATION FOR OPTING-OUT OF NOMINATION**

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio.

First Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression	Second Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression	Third Unitholder Name <hr/> First Unitholder Signature(s) / thumb impression
*First Witness Name	<input type="text"/>	Witness Signature
*Witness address	<input type="text"/>	
*Second Witness Name	<input type="text"/>	Witness Signature
*Witness address	<input type="text"/>	

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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

**PAN**

First Applicant POA Name	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Second Applicant POA Name	<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"/>	<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"/>
Third Applicant POA Name	<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"/>	<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"/>

**13 DECLARATION & SIGNATURES**

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of 360 ONE Asset Management Limited (360 ONE AMC) available on the website of 360 ONE Mutual Fund www.360.one/asset-management/mutualfund/ and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non-Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

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

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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