



**5a. MAILING ADDRESS (Address as per KYC)**

Local Address of 1st Applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ Dist. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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**5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI/ FII Applicant)**

[Please provide Full Address P.O. Box address is not sufficient] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
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**6a. SECOND APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]**

Name Mr. / Ms. (Name as per IT Records) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAN (Mandatory) \_\_\_\_\_ CKYC No. \_\_\_\_\_ Gender  Male  Female  Others  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth (Mandatory) **D D M M Y Y Y Y**  
 \_\_\_\_\_  
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The Email ID belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 \_\_\_\_\_  
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The Mobile No. belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 \_\_\_\_\_  
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## Tax Status

(Mandatory, Please  )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6b. THIRD APPLICANT'S DETAILS\* (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records]**

Name Mr. / Ms. (Name as per IT Records) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
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PAN (Mandatory) \_\_\_\_\_ CKYC No. \_\_\_\_\_ Gender  Male  Female  Others  
 \_\_\_\_\_  
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Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth (Mandatory) **D D M M Y Y Y Y**  
 \_\_\_\_\_  
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The Email ID belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
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The Mobile No. belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

## Tax Status

(Mandatory, Please  )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. KYC Details (Mandatory Occupation)**

(Please refer instruction no. 3e)

|                   |   |  |   |  |                                       |  |                                  |
|-------------------|---|--|---|--|---------------------------------------|--|----------------------------------|
| First Applicant:  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                      | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired |
|                   | <input type="checkbox"/> Housewife              | <input type="checkbox"/> Student               | <input type="checkbox"/> Forex Dealer       | <input type="checkbox"/> Others (please specify) _____ |                                       |  |                                  |
| Second Applicant: | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                      | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired |
|                   | <input type="checkbox"/> Housewife              | <input type="checkbox"/> Student               | <input type="checkbox"/> Forex Dealer       | <input type="checkbox"/> Others (please specify) _____ |                                       |  |                                  |
| Third Applicant:  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                      | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Retired |
|                   | <input type="checkbox"/> Housewife              | <input type="checkbox"/> Student               | <input type="checkbox"/> Forex Dealer       | <input type="checkbox"/> Others (please specify) _____ |                                       |  |                                  |

**Gross Annual Income**

|                   |   |                                   |                                    |  |   |                                   |
|-------------------|---|-----------------------------------|------------------------------------|--|---|-----------------------------------|
| First Applicant:  | <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-1 crore | <input type="checkbox"/> >1 crore |
|                   | OR Net worth (for Non-Individuals) ₹ (please specify) _____ |                                   |                                    | as on <b>D D M M Y Y Y Y</b> (Not older than 1 year) |   |                                   |
| Second Applicant: | <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-1 crore | <input type="checkbox"/> >1 crore |
|                   | OR Net worth (for Non-Individuals) ₹ (please specify) _____ |                                   |                                    | as on <b>D D M M Y Y Y Y</b> (Not older than 1 year) |   |                                   |
| Third Applicant:  | <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-1 crore | <input type="checkbox"/> >1 crore |
|                   | OR Net worth (for Non-Individuals) ₹ (please specify) _____ |                                   |                                    | as on <b>D D M M Y Y Y Y</b> (Not older than 1 year) |   |                                   |

**For Individuals**

(Please refer instruction no. 3d)

|                   |  |  |   |
|-------------------|--|--|---|
| First Applicant:  | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |
| Second Applicant: | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |
| Third Applicant:  | <input type="checkbox"/> I am Politically Exposed Person (PEP) | <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) | <input type="checkbox"/> Not applicable |

**For Non Individuals, if involved in any of the below mentioned services, please  the appropriate option :**

(i) Foreign Exchange / Money Changer Services  Yes  No (ii) Gaming / Gambling / Lottery / Casino Services  Yes  No (iii) Money Lending / Pawning  Yes  No

Tear here

| SR. NO. | SCHEME NAME /PLAN   | OPTION  | PAYMENT DETAILS |               |      |                                 |
|---------|---|---|-----------------|---------------|------|---------------------------------|
|         |   |   | Amount (₹)      | Instrument No | Date | Drawn on Bank (Bank and Branch) |
| 1.      | Abakkus Scheme Name<br><input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth<br><input type="checkbox"/> IDCW Payout<br><input type="checkbox"/> IDCW Reinvestment |                 |               |      |                                 |

## 8. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque)

(Please refer instruction no. 4)

Name of the Bank \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type  SB  CA  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Branch \_\_\_\_\_ Address \_\_\_\_\_

Bank City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

MICR Code (9 digits) \_\_\_\_\_ \$ IFSC Code for NEFT / RTGS \_\_\_\_\_ \$ This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

## 9. INVESTMENT &amp; PAYMENT DETAILS\* The name of the first/ sole applicant must be pre-printed on the cheque.

(Please refer instruction no. 6)

| Scheme Name         | Plan   | Option (Please refer to SID for the IDCW Frequency & Option)  |
|---------------------|--|---|
| Abakkus Scheme Name | <input type="checkbox"/> Regular<br><input type="checkbox"/> Direct Plan | <input type="checkbox"/> Growth (Default)<br><input type="checkbox"/> IDCW Payout<br><input type="checkbox"/> IDCW Reinvestment<br>IDCW Frequency _____ |

|   |  |   |
|---|--|---|
| Payment Type (Please ✓)   | <input type="checkbox"/> Non-Third Party | <input type="checkbox"/> Third Party Payment (Please fill third party declaration form) |
| Transaction Type  | <input type="checkbox"/> Lumpsum         | <input type="checkbox"/> SIP*   |
| Amount (INR)  |  |   |
| Mode of Payment (Please ✓)<br><input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS<br><input type="checkbox"/> OTM (One Time Mandate) (This facility is only applicable for Existing Investors who have an existing OTM registered in the folio.) | Cheque No. / UTR No.                     | Cheque No. / UTR No.  |
| Drawn on Bank   |  |   |
| A/c Number  |  |   |
| Date  |  |   |

Cheque should be drawn in favour of scheme name e.g. "Abakkus Flexi Cap Fund"

\*If you wish to register SIP, kindly fill the relevant SIP Registration &amp; OTM Debit Mandate Form.

Reason for investment  House  Children's Education  Children's Marriage  Car  Retirement  Others (please specify) \_\_\_\_\_Investment horizon Please (✓) anyone  5 Years  10 Years  15 Years  20 Years  25 Years

## 10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor)

(Please refer instruction no. 8)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form.

The below information is required for all applicants/guardian

| Particulars                | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality   |
|----------------------------|---------------------|------------------|--|
| First Applicant / Guardian |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Second Applicant           |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Third Applicant            |                     |                  | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

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

| Particulars                | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other please specify) | If TIN is not available please tick (✓) the reason A, B or C (as defined below)          |
|----------------------------|--------------------------|--|---|--|
| First Applicant / Guardian |                          |  |   | Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Second Applicant           |                          |  |   | Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> |
| Third Applicant            |                          |  |   | 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 \_\_\_\_\_

| *Address Type of Sole/1st Holder:   | *Address Type of 2nd Holder:  | *Address Type of 3rd Holder:  |
|---|---|---|
| <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |

\*If the address type is not ticked the default will be considered as residential.

**11. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)**

I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.  
(Please fill the nominee details in the table given below)

OR

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/ death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

| Name of the Nominee(s) | Relationship with Applicant (Mandatory) | Date of Birth  | Guardian Name | Guardian's relationship with nominee | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) (Mandatory) | Nominee Address<br><input type="checkbox"/> Please tick if the nominee address is same as mentioned in first holder address |
|------------------------|---|--|---------------|--------------------------------------|---|---|
|                        |   | (Mandatorily to be furnished in case the Nominee is a minor) |               |                                      |   |   |
| Nominee 1              |   | DD/MM/YYYY   |               |                                      |   |   |
| Nominee 2              |   | DD/MM/YYYY   |               |                                      |   |   |
| Nominee 3              |   | DD/MM/YYYY   |               |                                      |   |   |

| Email ID  | Mobile Number | Identity Type ***<br>(PAN/ Aadhaar last 4 digits/ DL/Passport for NRI's) | Identity Number | Signature of Nominee/ Guardian of Nominee (Optional) |
|-----------|---------------|--|-----------------|--|
| Nominee 1 |               |  |                 |  |
| Nominee 2 |               |  |                 |  |
| Nominee 3 |               |  |                 |  |

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI/ OCI/ PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions/ circumstances:

. Date of Birth(DoB): please provide, only if the nominee is minor.

. Guardian: It is optional for you to provide, if the nominee is minor.

1. If We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

Name of nominee(s)  Nominate: Yes / No

2. This nomination shall supersede any prior nomination made by me / us, if any.

**Signature(s)** #Signatures of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

| Name(s) of the holder(s)      | Signature(s) of holder | Witness Name, Address and Signature <sup>#</sup> |
|-------------------------------|------------------------|--|
| Sole /First Holder (Mr./ Ms.) |                        | 1.   |
| Second Holder (Mr./ Ms.)      |                        |  |
| Third Holder (Mr./ Ms.)       |                        | 2.   |

**12. CONFIRMATION CLAUSE**

I/We hereby confirm that I/We have read, understood, and agree to the Privacy Policy available at [www.abakkusmf.com]. I/We provide my/our free, specific, informed, unconditional, and unambiguous consent to Abakkus Investment Managers Private Limited ("AMC")/the Fund for the collection, processing, storage, use, or disclosure of my/our personal data for lawful and necessary purposes related to investment, regulatory compliance, servicing, or any other activity incidental or connected thereto.

I/We understand that my/our personal data may be shared with third parties, service providers, or other entities engaged under contract with the AMC/Fund, in accordance with applicable laws and the Digital Personal Data Protection Act, 2023, and its Rules, 2025.

I/We acknowledge that I/We have been informed of my/our rights to access, correct, update, and withdraw consent for processing my/our personal data, and that such withdrawal may affect the provision of services by the AMC/Fund. I/We further consent to the retention of my/our personal data only for as long as necessary to fulfill the lawful purposes for which it was collected or as required under applicable laws and regulations.

**13. DECLARATION AND SIGNATURES**

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Abakkus Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addendum there to, issued from time to time and the instructions. I/We, hereby apply to the Trustee of Abakkus Mutual Fund for allotment of units of the Scheme(s) of Abakkus Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Abakkus Mutual Fund, I/We hereby authorise the AMC/Abakkus Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify Abakkus immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50, 000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Residents(s) 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 (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. 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. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓: if the EUIN space is left blank: 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 inappropriateness, 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.

**Signature(s)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

|   |  |  |
|---|--|--|
| Sign of 1st Applicant / Guardian / Authorised Signatory / POA | Sign of 2nd Applicant / Authorised Signatory / POA | Sign of 3rd Applicant / Authorised Signatory / POA |
|---|--|--|