helios MUTUAL FUND
Har term ke liye....

Application Form

Please read Key Information Memorandum, the instructions and product labelling before filling this application

KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIN)
ARN-95070			E-101834

* EUIN Declaration (Only where EUIN box is left blank) - EUIN 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 and the distributor has not charged any advisory fees on this transaction. (Refer Instruction No XI)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

1. EXISTING INVESTOR FOLIO NUMBER

2. MODE OF HOLDING [Please tick (✓)]

☐ Single ☐ Joint (Default) ☐ Any one or Survivor

3. APPLICANT DETAILS (Mention name as per your PAN / Income Tax Department (ITD)) (Mandatory to mention Date of Birth for all holders)

Sole/First Applicant Mr. /Ms./M/s DOB D D M M Y Y Y Y

Name of Guardian if first applicant is minor/ **Contact Person** for non individuals Mr. /Ms./M/s

Date of Birth of Guardian D D M M Y Y Y Y

Guardian's Relationship with Minor
☐ Father ☐ Mother ☐ Court Appointed Guardian

Proof of Date of Birth and Guardian's Relationship with Minor
☐ Birth Certificate ☐ Passport ☐ Others (Please specify)

PAN / PEKRN **CKYC ID (CKIN)**

LEI No.: **Valid upto:** Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual. (Refer instruction No.XV)

STATUS
☐ Resident Individual ☐ Sole Proprietor ☐ Public Limited Company ☐ FPI Category I ☐ Banks ☐ Body Corporate ☐ Trust /Society/ NGOs* (Enter Registration No. of Darpan Portal)
☐ NRI ☐ HUF ☐ Private Limited Company ☐ FPI Category II ☐ Defence Establishment ☐ AOP/BOI ☐ Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal)
☐ On Behalf of Minor ☐ Financial Institutions ☐ Partnership Firm/LLP ☐ FPI Category III ☐ Government Body ☐ Mutual Fund FOF Schemes ☐ Others (Please specify) _____
* Mandatory to fill Point No. 11 of this Application Form.

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)
☐ Foreign Exchange/ Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawning ☐ None of the above

Correspondence Address (Address details will be updated as per your KYC records with CKYC / KRA)				**Overseas Address** (Mandatory for NRI / FPI Applicants & PIO's)			
House/Flat No.				House/Flat No.			
Street Address				Street Address			
City/Town		State		City/Town		State	
Country		Pin Code		Country		ZIP Code	
Tel. (Res.) (STD Code)		Tel. (Off.) (Country Code)		Fax (Country Code)			

Mobile No. **Email ID** (CAPITAL Letters Only)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Mobile No. belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Investors providing Email Id would mandatorily receive Statement of Accounts/ Annual Report / Abridged Summary/ Statutory & other documents on email. Please register your Mobile No & Email Id with us to get transaction alerts via SMS & Email, respectively. I hereby declare that I shall immediately update any change in Mobile Number/Email ID. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the Email ID).

Second Applicant Mr. /Ms./M/s DOB D D M M Y Y Y Y

PAN / PEKRN **CKYC ID (CKIN)** **STATUS :** ☐ Resident Individual ☐ NRI

Relationship with 1st Holder ☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others _____

Mobile No. **Email ID** (CAPITAL Letters Only)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Mobile No. belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Third Applicant Mr. /Ms./M/s DOB D D M M Y Y Y Y

PAN / PEKRN **CKYC ID (CKIN)** **STATUS :** ☐ Resident Individual ☐ NRI

Relationship with 1st Holder ☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others _____

Mobile No. **Email ID** (CAPITAL Letters Only)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

Mobile No. belongs to ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ Others _____

CAF / Sep 25 / Ver 2 /

HELIOS MUTUAL FUND - ACKNOWLEDGEMENT SLIP

Name of the Investor Mr/Ms/M/s :

Scheme Name, Plan & Option: **Plan:** **Option:**

Amount (₹) :

All purchases are subject to realization of payment instrument. Please retain this slip, duly acknowledged by the official collection center till you received your account statement.

FOLIO NO.

PAN NO.

APPLICATION NO.

4. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.

NSDL ☐ DP Name _____ DP ID I N _____ Beneficiary Account No. _____

CDSL ☐ DP Name _____ Beneficiary Account No. _____

5. BANK ACCOUNT DETAILS MANDATORY for Redemption / IDCW / Refunds, if any (Refer instruction No.III)

Account No. Mandatory **A/c. Type (✓)** ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Name of Bank Mandatory **Bank Branch**

Branch City **PIN** **IFSC Code** For Credit via RTGS **MICR Code**

Please ensure the name on this application form and in your bank, account is the same. Mandatory to attach proof in case the pay-out bank account is different from the bank account from where investment is made.

6. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with Single Application Form) (Refer instruction No.IV)

Scheme: Helios **Plan** (Select any one) ☐ Direct ☐ Regular

Option ☐ Growth (default) ☐ Income Distribution Cum Capital Withdrawal option (IDCW) ☐ IDCW Payout ☐ IDCW Reinvestment

Frequency (if any) _____ *(Wherever applicable)*

Mode of Payment ☐ Cheque / DD ☐ RTGS / NEFT ☐ OTBM Facility (One Time Bank Mandate)

Investment Amount (₹)	Net Amount (₹)	Instrument No. / UTR No. / Ref. No.	Date	Drawn on Bank	Bank Branch	City
			DD MM YYYY			

7. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form (Refer instruction No.XIII)

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country	Tax Payer Ref. ID No.*	Identification Type	Country	Tax Payer Ref. ID No.*	Identification Type	Country	Tax Payer Ref. ID No.*	Identification Type
1								
2								
3								
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		

*** It is mandatory to provide a valid TIN along with document evidencing the same issued by Country of Tax Residency, failing which, it will lead to penalty being levied to the investor. Pls read the FATCA disclaimer XIII (f) before signing the form.**

* If TIN is not applicable/not issued for valid reasons, please provide duly filled in and signed "FATCA-CRS Self-Certification – Additional declaration" (Refer Instruction XIII-f).

8. ADDITIONAL KYC DETAILS (For Non Individuals, please attach mandatory UBO Declaration Form) (Mandatory)

OCCUPATION	Government Service/ Public Sector	Private Sector Service	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ (please specify)
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ (please specify)
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ (please specify)
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ (please specify)

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	☐	☐	☐	☐	☐	☐	(Net worth should	D D M M Y Y Y Y
2nd Applicant	☐	☐	☐	☐	☐	☐	not be older	D D M M Y Y Y Y
3rd Applicant	☐	☐	☐	☐	☐	☐	than 1 year)	D D M M Y Y Y Y
Guardian	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are you related to a Politically Exposed Person (PEP)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

9. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

First Applicant POA Name Mr. /Ms./M/s **DOB** D D M M Y Y Y Y

PAN

Original POA document or notarized copy of POA needs to be submitted in case of Investment through POA. In case each applicant wants to provide separate POA, the same can be provided by the way of letter.

10. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XV).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

Helios Capital Asset Management (India) Private Limited
515 A, 5th Floor, The Capital Plot C70, Bandra-Kurla Complex
Bandra East, Mumbai-400 051.

Computer Age Management Services Ltd
New No 10. Old No. 178, Opp. to Hotel Palm
Grove, MGR Salai (K.H. Road), Chennai-600 034.

11. NOMINATION - Nomination shall be optional for jointly held Mutual Fund folios. Details for Nominee OPT-IN/Declaration of Nominee OPT-OUT to be mandatorily filled in for processing the application as per the below selected Option A or B (Refer instruction V)

☐ A) **Nomination OPT- IN** - I/ we wish to 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.

Mandatory Information							Non-mandatory Information
Name of Nominee(s) (IN CAPITALS) (Mandatory)	**Share of each Nominee#**	**Date of Birth** (for Minor)	**Relationship with the Applicant** (select one)	**Nominee/ Guardian (in case of Minor) Identification details** *[Please tick any one of the following and provide ID Number and no copies required].*	**Address of Nominee(s)/ Guardian in case of Minor** City / Place: State & Country	**Mobile & Email of nominee(s)/ Guardian in case of Minor (Mandatory)**	**Nominee Guardian Name (in case Nominee is Minor)**
Mr./Ms. Details of 1st Nominee	%	DD MM YYYY	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify)	☐ PAN ☐ Aadhaar (masked last 4 digits) **** **** ☐ Passport *(for NRIs/OCIs/PIOs)* ☐ Driving Lincense	Pin Code:		
Mr./Ms. Details of 2nd Nominee	%	DD MM YYYY	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify)	☐ PAN ☐ Aadhaar (masked last 4 digits) **** **** ☐ Passport *(for NRIs/OCIs/PIOs)* ☐ Driving Lincense	Pin Code:		
Mr./Ms. Details of 3rd Nominee	%	DD MM YYYY	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify)	☐ PAN ☐ Aadhaar (masked last 4 digits) **** **** ☐ Passport *(for NRIs/OCIs/PIOs)* ☐ Driving Lincense	Pin Code:		

Nomination can be made upto three nominees in the account in case the above percentages do not total upto 100 %. # Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

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

☐ **Name of nominee(s) with % (Default)** ☐ **Nomination: Yes / No (Only status of nomination to be displayed)**

☐ B) **Nomination OPT- OUT** - (Signature Mandatory, in case investor(s) deside not to nominate)

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 and 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/s.

× Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

Rights, Entitlement and Obligation of the investor and nominee / Instructions

1. If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
2. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
3. You can make nomination or change nominee any number of times without any restriction.
4. You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
5. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder ***cannot nominate***.
6. Nomination is not allowed in a folio where Minor is the unitholder.
7. The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
   a. 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
   b. 'First holder Folios / Accounts – only First Holder can sign.
   c. 'Jointly' Folios / Accounts - both holders have to sign
8. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided optionally.
9. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
10. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
11. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
12. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
13. In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
14. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
15. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
16. Nomination shall stand rescinded upon the transfer of units.
17. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
18. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
19. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	**% share**	**Nominee**	**% initial share**	**% of A's share to be apportioned**	**Total % share**
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	**100%**	**-**	**40%**	**60%**	**100%**

12. RESOLUTION OF DISPUTES (For Institutional or Corporate Clients) (Refer instruction No.XVI)

☐ Smart ODR **OR** ☐ By harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

13. DECLARATION AND SIGNATURE^

I/We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). 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 or any other Applicable Laws enacted by the Government of India or any Statutory Authority. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. 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/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby agree and authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We have read and understood the purpose(s), as described under the Privacy Policy of the AMC, for which my/our details can be shared with various entities/people/authorities indicated in foregoing Para and I/We hereby consent to the same. I/we hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby authorize the representatives of the Fund/AMC and its Associates to contact me through any mode of communication. This will override the registry on DND / DNDC, as the case may be.

× Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

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

Name of the Holder		**Signature of two witness(es) along with name & address are required, if the account holder affixes thumb impression instead of signature**	
		Name & Address of Witness	Witness Signature
Sole / 1st Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2
2nd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2
3rd Holder (Mr./Ms.)		Witness 1 - Name: Address:	Witness 1
		Witness 2 - Name: Address:	Witness 2

helios MUTUAL FUND
Har term ke liye....

SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-95070			E-101834

EUIN 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 and the distributor has not charged any advisory fees on this transaction. If no ARN is mentioned investment will be treated as Direct.
RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. For Transaction Charges refer SID/KIM.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

FOLIO No. _____ **Sole/First Applicant (Mr./Ms.):** FIRST NAME MIDDLE NAME LAST NAME

DETAILS OF SIP INVESTMENT (Cheque should be in the favour of scheme specific account)

Scheme: _____

Cheque No.: _____ Date: _____ Drawn on Bank _____

Each SIP amount: ₹_____ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date D D SIP Start Month/Year: M M Y Y Y Y SIP End Month/Year M M Y Y Y Y

SIP Enrollment period should be less than 40 years and it should be less than or equal to the mandate tenure.
Investors can either submit a cheque for the first Installment or can submit a photocopy of a cancelled cheque of the bank/bank statement for which one time bank mandate is to be registered.

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☐ **Half Yearly** ☐ **Yearly** (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Fixed SIP TOP-UP Amount (Rs.): _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year: M M Y Y Y Y SIP Top Up End Month/Year M M Y Y Y Y

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip that you may have received from your Depository.

NSDL ☐ DP Name _____ DP ID I N Beneficiary Account No.

CDSL ☐ DP Name _____ Beneficiary Account No.

Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)

✕ Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

helios MUTUAL FUND
Har term ke liye....

ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

UMRN FOR OFFICE USE ONLY Date D D M M Y Y Y Y

Utility Code FOR OFFICE USE ONLY ✓ Create (X) Modify (X) Cancel

Sponsor Bank Code FOR OFFICE USE ONLY I/We authorize **HELIOS MUTUAL FUND**

To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank a/c number

With Bank Name of Customer's Bank IFSC/MICR

an amount of Rupees Amount in words ₹ Amount in figure

Debit Type [X] Fixed Amount [✓] Maximum Amount Frequency [X] Daily [X] Weekly [X] Bi - Monthly [X] Monthly [X] Quaterly [X] Half-Yearly [X] Annually [✓] As and When presented

Reference 1 Folio/ PAN Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. 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 the account, based on the instructions as agreed and signed by me. 3. 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. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years. ✕

From D D M M Y Y Y Y
To D D M M Y Y Y Y

Signature of primary account holder	**Signature of account holder**	**Signature of account holder**
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND: SIP/ TOP-UP FACILITY/ OTM FORM

FOLIO No. _____

Name of the Investor: _____

Scheme Name, Plan & Option: _____ SIP Amount: ₹ _____

Fixed SIP Top-Up Amount: ₹ _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y **Top Up Period** From D D M M Y Y Y Y To D D M M Y Y Y Y