The Wealth Company
MUTUAL FUND

COMMON APPLICATION FORM

For all schemes of The Wealth Company Mutual Fund

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in

Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of The Wealth Company Mutual Fund.

1. DISTRIBUTOR INFORMATION* (Please refer instruction no. 1)

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.
ARN-95070				E-101834	

☐ **By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of The Wealth Company Mutual Fund. (Please ✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" 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.

2. UNIT HOLDING OPTION ☐ PHYSICAL MODE (Default) ☐ DEMAT MODE* (Please refer instruction no. 7)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited	Central Depository Services (India) Limited
DP Name -	DP Name -
DP ID I N ____ Beneficiary A/c No. ____	DP ID ____ Beneficiary A/c No. ____

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

3. MODE OF HOLDING (Please refer instruction no. 5)

(In case of Demat Purchase, Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in BLOCK LETTERS. (Name and DOB shall be as per Income Tax Records) (Please refer instruction no. 3)

Folio No. ____ (For Existing unit holders) Gender ☐ Male ☐ Female ☐ Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s. (Name as per IT Records) First Middle Last

PAN/PEKRN (Mandatory) ____ CKYC No. ____ Date of Birth (Mandatory) D D M M Y Y Y Y

Mobile No. ____ Email ID ____

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please ✓ here) ☐ Account Statement ☐ Annual Report/Abridged summary ☐ Other Statutory Information
(We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code ____ Valid upto D D M M Y Y Y Y (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status (Mandatory, Please ✓)
☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP
☐ Minor through guardian ☐ Company ☐ FIIs ☐ PIO ☐ Body Corporate ☐ Society/Club ☐ Sole Proprietorship
☐ Non Profit Organisation ☐ Financial Institution ☐ NBFC ☐ Bank ☐ Others (Please Specify)

Non Profit Orgnization [NPO] ☐ Yes or ☐ No

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).
If yes, please quote the Registration No. provided by 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/ RTA 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

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) [Name and DOB shall be as per IT Records]

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

PAN (Mandatory) ____ CKYC No. ____ Gender ☐ Male ☐ Female ☐ Others

Mobile No. ____ Email ID ____

Designation/Relationship with Minor ____ Date of Birth/Date of Incorporation (Mandatory) D D M M Y Y Y Y

Date of Birth Proof for minors (Any One)

☐ Birth Certificate ☐ Marks Sheet (HSC/ICSE/CBSE) ☐ School Leaving Certificate ☐ Passport ☐ Others ____

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

The Wealth Company Mutual Fund Pantomath Nucleus House, Saki Vihar Road, Andheri East, Mumbai – 400072

Received from Mr. / Ms. _____ Date:___/____/_____

Application No. ____

Collection Centre / AMC Stamp & Signature

5. MAILING ADDRESS (Address as per KYC)

Local Address of 1st Applicant _____

_____

_____ City _____ Dist. _____

State _____ Pin Code _____ Telephone _____ Mobile _____

5b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI/ FII Applicant)

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

_____

_____ Zip Code: _____ Telephone _____ Mobile _____

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

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

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

PAN (Mandatory | CKYC No. | Gender ☐ Male ☐ Female ☐ Others

Mobile No. | Email ID | Date of Birth (Mandatory) D D M M Y Y Y Y

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Tax Status
(Mandatory, Please ✓) ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

7. KYC Details(Mandatory) (Please refer instruction no. 3e)

First Applicant: ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify) _____

Second Applicant: ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify) _____

Third Applicant: ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify) _____

Gross Annual Income

First Applicant: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore
OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on D D M M Y Y Y Y (Not older than 1 year)

Second Applicant: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore
OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on D D M M Y Y Y Y (Not older than 1 year)

Third Applicant: ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore
OR Net worth* (for Non-Individuals) ₹ (please specify) _____ as on D D M M Y Y Y Y (Not older than 1 year)

For Individuals (Please refer instruction no. 3d)

First Applicant: ☐ I am Politically Exposed Person (PEP) ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

Second Applicant: ☐ I am Politically Exposed Person (PEP) ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

Third Applicant: ☐ I am Politically Exposed Person (PEP) ☐ I am Related to Politically Exposed Person (RPEP) ☐ 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

INVESTMENT DETAILS

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	The Wealth Company Scheme Name			
2	The Wealth Company Scheme Name			
3	The Wealth Company Scheme Name			
4	The Wealth Company Scheme Name			

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 & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please refer instruction no. 6)

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (Rupees)
1	The Wealth Company Scheme Name			
2	The Wealth Company Scheme Name			
3	The Wealth Company Scheme Name			
4	The Wealth Company Scheme Name			
In case of multiple schemes, Cheque should be drawn in favour of **"The Wealth Company Mutual Fund"** and the cheque amount should match with the Total Investment amount mentioned here.			TOTAL AMOUNT	

PAYMENT DETAILS Mode of Payment (Please ✓) ☐ Cheque ☐ Funds Transfer ☐ NEFT

Investment Amount ₹ Cheque Number Date D D M M Y Y Y Y

BANK DETAILS: ☐ Same as above [Please tick (✓) if yes] ☐ Different from above [Please tick (✓) if it is different from above and fill in the Bank details below]

A/c Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Name & Branch of Bank

Branch City Mandatory Enclosures (Please tick (✓) if the first instalment is not through cheque) ☐ Cheque Copy ☐ Bank Statement ☐ Banker's Attestation _____

*If you wish to register SIP, kindly fill the relevant SIP Registration & 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			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Second Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Third Applicant			☐ Indian ☐ U.S. ☐ 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 ☐ B ☐ C ☐
Second Applicant				Reason : A ☐ B ☐ C ☐
Third Applicant				Reason : A ☐ B ☐ C ☐

☐ 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:
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ 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 (Mandatorily to be furnished in case the Nominee is a minor)	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 ☐ Please tick if the nominee address is same as mentioned in first holder address
Nominee 1		DD/MM/YYYY				
Nominee 2		DD/MM/YYYY				
Nominee 3		DD/MM/YYYY				

Email ID	Mobile Number	Identity Type *** (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 nor required.
**** to be furnished only in following conditions/ circumstances:
. Date of Birth(DoB): please provide, only if the nominee is minor.
. Gaurdian: It is optional for you to provide, if the nominee is minor.

1. I/ 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#
Sole / First Holder (Mr./ Ms.)		1.
Second Holder (Mr./ Ms.)		
Third Holder (Mr./ Ms.)		2.

12. CONFIRMATION CLAUSE

I/We hereby confirm to have read, understood and agree to the privacy policy available on www.wealthcompanyamc.in. I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

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 The Wealth Company Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of The Wealth Company Mutual Fund for allotment of units of the Scheme(s) of The Wealth Company 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/The Wealth Company Mutual Fund, I/We hereby authorise the AMC/The Wealth Company 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 The Wealth Companyimmediately 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 `50, 000 in a year. Applicable to NRIS: I/We confirm that I am/We are Non-Resident(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 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.**

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

The Wealth Company
MUTUAL FUND

SIP REGISTRATION & OTM DEBIT MANDATE FORM

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.
ARN-95070				E-101834	

☐ **By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of The Wealth Company Mutual Fund. (Please ✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf.

Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number | Existing UMRN

PAN | Name of Sole / 1st Applicant (Name as per IT Records) | Mr. / Ms. / M/s. First Middle Last

2. SIP INVESTMENT & PAYMENT DETAILS

Sr. No.	Scheme Name/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Day & Date	SIP Frequency	SIP Start Month & Year and SIP End Month & Year	SIP Top-up Amount (₹) or Percentage (%)	SIP Top-up Frequency*
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
In case of multiple schemes, Cheque should be drawn in favour of "The Wealth Company Mutual Fund"		Total ₹	*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. (Top-up % is multiples of 5% only. **investors can choose any day of the week from Monday to Friday to register under weekly frequency.				

3. DECLARATION(S) & 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.

I/We hereby authorise The Wealth Company Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold The Wealth Company mutual fund or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all he 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I/We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information." For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding Rs. 50,000 in a year.

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

4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

The Wealth Company MUTUAL FUND

UMRN F O R O F F I C E U S E O N L Y | Date: D D M M Y Y Y Y

Utility Code | ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code: FOR OFFICE USE ONLY | I/We authorize **THE WEALTH COMPANY MUTUAL FUND**

To debit (tick ✓) ☐SB ☐CA ☐CC ☐SB-NRE ☐SB-NRO ☐OTHERS | Bank A/C number

With Bank: Name of Customers Bank | IFSC / MICR

an amount of Rupees | ₹

Debit Type ☒ Fixed Amount ☑ Maximum Amount **Frequency** ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quaterly ☒ Half-Yearly ☒ Annually ☑ As and When presented

Reference 1 | 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 latest schedule of charges of the bank. 2.This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my 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 only.

PERIOD

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

X 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