COMMON APPLICATION FORM FOR MULTIPLE SCHEMES

(For all schemes of WhiteOak Capital Mutual Fund except NFO schemes)

WHITEOAK CAPITAL MUTUAL FUND
THE ART AND SCIENCE OF INVESTING

Application No.

Please read the Instructions and refer to SID,SAI, KIM and Addendums issued for the respective schemes. All field marked with asterisk (*) to be mandatorily filled.

Please read the Terms and Conditions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 266 3060 | EMAIL: clientservice@whiteoakinvestors.com | WEBSITE: https://mf.whiteoakamc.com

Version : 01.09.2026

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

Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Internal Code for Sub Agent / Employee	EUIN*	ISC Date Time Stamp 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 WhiteOak Capital Mutual Fund. (Please ✓ if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront 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.

Go Green Initiative (Refer instruction no.12)
☐ *Opt-in – Physical ☐ Opt-out – Email
*(Default Opt-out)

2. FOLIO NUMBER

The details in our records under the folio number mentioned alongside will apply for this application.

3. APPLICANT(S) NAME AND INFORMATION (If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian) (Please Refer instruction no. 4)

SOLE / FIRST APPLICANT Mr. / Ms. / M/s. Name as per PAN Card

(Please mention name as per PAN and provide copy of PAN. Please refer to instruction no. 13.)

LEI Code for Non Individuals (Please Refer instruction no. 4a)

PAN ***Date of Birth (Individual) / Incorporation (Non-Individual)** D D M M Y Y Y Y **CKYC ID No. (KIN)**

POA / GUARDIAN (In case 1st Applicant is a Minor) **Relationship with Minor (Please ✓)**

Mr. / Ms. / M/s. Name as per PAN Card ☐ Mother ☐ Father ☐ Legal Guardian

POA / GUARDIAN PAN **POA / GUARDIAN CKYC ID No. (KIN)**

***Date of Birth of Guardian** D D M M Y Y Y Y Proof of Date of Birth (Please ✓) (For minor applicant) ☐ Birth Certificate ☐ School Leaving Certificate / Mark Sheet ☐ Passport of the Minor ☐ Others (Please specify)

Mobile / Email ID Details - Please confirm that the Mobile No. and Email ID belongs to (Please ✓ below) (Please refer instructions 4[f])

Mobile **Investors providing email Id and mobile no. would mandatorily receive all communications, Statement of Accounts and Abridged Annual Report through Electronic / Digital mode. Email Id should be provided in block letters.**

(Pls ✓) ☐ SE – Self ☐ SP - Spouse, ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP- Dependent Parents ☐ GD- Guardian ☐ PM – PMS ☐ CD – Custodian ☐ PO - POA

E-mail

(Pls ✓) ☐ SE – Self ☐ SP - Spouse, ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP- Dependent Parents ☐ GD- Guardian ☐ PM – PMS ☐ CD – Custodian ☐ PO - POA

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

→ Non-Individual investors will require to fill separate FATCA & Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com. (Refer instructions of FATCA, UBO & NPO Form)

Occupation: (Mandatory, Please ✓)
☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

Gross Annual Income:
☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore
OR Net worth* (for Non-Individuals ₹) as on D D M M Y Y Y Y (Not older than 1 year)

For Individuals [Please ✓]: ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable (^Please refer instruction 4.d)

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

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Acknowledgement Slip (To be filled in by the Investor)

Application No.

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

Collection Centre / WOCAMC Stamp & Signature

WhiteOak Capital Asset Management Limited.
Registered Office: Unit No. B, 1st Floor, Cnergy, Appasaheb Marathe Marg,
Prabhadevi, Mumbai – 400025
Toll Free Number: 1800 266 3060 | https://mf.whiteoakamc.com | CIN : U65990MH2017PLC294178

WHITEOAK CAPITAL MUTUAL FUND
THE ART AND SCIENCE OF INVESTING

4. BANK ACCOUNT DETAILS FOR PAYOUT (Please attach copy of cancelled cheque) (Please Refer instruction no. 5)

Name of the Bank

Account No. | Account Type ☐ NRE ☐ Current ☐ Savings ☐ 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.

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS (Please Refer instruction no. 6)

Mode of Holding: ☐ Single ☐ Joint ☐ Anyone or Survivor*

*(Please note that the Default option is Anyone or Survivor)

5a. SECOND APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN]

Name* Mr / Ms.

Date of Birth* D D M M Y Y Y Y **PAN/PEKRN*** **CKYC / KIN**

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

Occupation: ☐ Private Sector Service ☐ Public Sector Service ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Mobile: (Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Email: (Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Gross Annual Income: (Mandatory, Please ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore as on D D M M Y Y Y Y (Not older than 1 year)

For Individuals : (Please ✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

POA Name : (If applicable) **POA PAN :**

5b. THIRD APPLICANT'S DETAILS* (In case of Minor, there shall be no joint holders) [Please mention name as per PAN]

Name* Mr / Ms.

Date of Birth* D D M M Y Y Y Y **PAN/PEKRN*** **CKYC / KIN**

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

Occupation: ☐ Private Sector Service ☐ Public Sector Service ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

Mobile: (Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Email: (Pls ✓) ☐ SE - Self ☐ SP - Spouse ☐ GD - Guardian ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ PO - POA

Gross Annual Income: (Mandatory, Please ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore as on D D M M Y Y Y Y (Not older than 1 year)

For Individuals : (Please ✓) ☐ I am Politically Exposed Person (PEP)^ ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

POA Name : (If applicable) **POA PAN :**

6a. MAILING ADDRESS

Local Address of 1st Applicant

City **State**

Pin Code **Tel. Resi.** **Tel. Off.**

6b. OVERSEAS CORRESPONDENCE ADDRESS (Mandatory for NRI / FII Applicant)

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

Zip Code:

Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
			Cheque/UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.				
2.				
3.				
4.				

Incase of a single scheme, the Cheque should be drawn in favor of Scheme name for e.g. "**WhiteOak Capital Flexi Cap Fund**". Incase of multiple schemes ,The Cheque should be drawn favouring "**WhiteOak Capital MF Multi Collection A/c**".

Please read the Terms and Conditions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

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7. INVESTMENT & PAYMENT DETAILS* The name of the first/ sole applicant must be pre-printed on the cheque. (Please Refer instruction no. 7)

Please read Instruction No. 7 for the Terms and Conditions of Multiple Scheme Investments and refer to Scheme Information Document, Statement of Additional Information, Key Information Memorandum and Addendums issued of the respective section for the applicability before filling this section.

Sr. No.	Name of the Schemes	Plan Please (✓)	Option & Sub-Option Please (✓)	Investment Amount (₹)
1.	Scheme Name	☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Re-investment	
2.	Scheme Name	☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Re-investment	
3.	Scheme Name	☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Re-investment	
4.	Scheme Name	☐ Regular ☐ Direct	☐ Growth ☐ IDCW Payout ☐ IDCW Re-investment	
In case of Multiple Scheme, the Cheque to be drawn in favour of '**WhiteOak Capital MF Multi Collection A/c**" and in case of single scheme, the Cheque to be drawn in favour of Scheme Name. For e.g. '**WhiteOak Capital Flexi Cap Fund**' and the cheque amount should match with Total Investment amount mentioned here.			**TOTAL AMOUNT**	

Payment Type (Please ✓)	☐ **Non-Third Party**	☐ **Third Party Payment** (Pls fill third party declaration form)
Payment Details	☐ **Lumpsum**	☐ **SIP** ☐ **SIP Top Up*** ☐ **Flex SIP*** ☐ **Goal SIP***
Amount (INR)		
Mode of Payment (Please ✓) ☐ **Cheque** ☐ **NEFT/RTGS**	Cheque No. / UTR No.	Cheque / UTR No.
Drawn on Bank & Date	Bank Name & Date	Bank Name & Date

☐ **Use Existing One Time Debit Mandate (If already registered in the Folio)** (Please✓ if applicable and provide the existing bank details)

*If you wish to register SIP / SIP Top Up / Flex SIP / Goal SIP, kindly fill the relevant SIP registration / Flex SIP Registration / Goal SIP Registration & OTM Debit Mandate Form. In case your OTM is already registered in the existing folio kindly fill the existing OTM details

Bank Name _____ Bank A /c No. | | | | | | | | | | | | | | | | | | | | |

If the payment mode is OTM, then the debit instructions will be sent to investor's bank within 1 working day from the date of application.

8. UNIT HOLDING OPTION ☐ DEMAT MODE* ☐ PHYSICAL MODE (Default) (Please Refer instruction no. 8)

*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	IN							Beneficiary A/c No.												Beneficiary A/c No.																			

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

9. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) [Mandatory] (Please Refer instruction no. 9)

→ Non-Individual investors will require to fill separate FATCA & Ultimate Beneficial Ownership (UBO) Form. Entities registered as Non-Profit Organizations (NPO's) / Trust / Societies, etc will also be required to fill a separate NPO form available on our website mf.whiteoakamc.com .

(Refer instructions of FATCA, UBO & NPO 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 (Mandatory)	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.**

Please read the Terms and Conditions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

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10. 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. 10)

☐ I/We do hereby nominate the following person (s) who shall receive all the assets held in my / our account / folio in the event of my / our demies, as trustee and on behalf of my / our legal heir(s)
(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 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 issued by Court or other such competent authority, based on the value of assets 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

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**

Mandatory information

1	**Name of the nominee(s)**	**Mr./Ms.**	**Mr./Ms.**	**Mr./Ms.**
2	Relationship with the Applicant (select one)	o Spouse o Father o Mother o Daughter o Son o Others (please specify) _____	o Spouse o Father o Mother o Daughter o Son o Others (please specify) _____	o Spouse o Father o Mother o Daughter o Son o Others (please specify) _____
3	Date of Birth (for Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
	Optional Information			
a	Share of each Nominee# (equal share if % is not specified)	%	%	%
b	Mobile of nominee(s)/ Guardian in case of Minor (Please note that the MF RTA will be able to reach out to your nominee if you provide the contact details)			
c	Email ID of nominee(s)/ Guardian in case of Minor (Please note that the MF RTA will be able to reach out to your nominee if you provide the contact details)			
d	Specify Personal identifier document of Nominee / Guardian (in case of Minor) o Aadhaar (last four digit), PAN, Driving License, Passport ***	o PAN _____ o Aadhaar (masked last 4 digits) **** **** _____ o Passport (for NRIs/OCIs/PIOs) _____ o Driving License	o PAN _____ o Aadhaar (masked last 4 digits) **** **** _____ o Passport (for NRIs/OCIs/PIOs) _____ o Driving License	o PAN _____ o Aadhaar (masked last 4 digits) **** **** _____ o Passport (for NRIs/OCIs/PIOs) _____ o Driving License

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 % ◯ Nomination: Yes / No (Default)

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

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

Please read the Terms and Conditions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

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Version : 01.09.2026

Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

* 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.
Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

Scan and View
Supporting documents required with this application form.

Signature(s) All Unit holders are requested to sign here, irrespective of the mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

× Sign of 1st Applicant / Guardian / Witness	Sign of 2nd Applicant / Witness	Sign of 3rd Applicant / Witness

11. DECLARATION AND SIGNATURES* (Please Refer instruction no. 11)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital 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 WhiteOak Capital Mutual Fund for allotment of units of the Scheme(s) of WhiteOak Capital 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/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital 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 WhiteOak Capital Asset Management Limited 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 suitabilityor 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-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through n ormal banking channels or f r om funds i n 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.

12. CONFIRMATION CLAUSE

I/We hereby give consent to the Company or its Authorized Agents and third party service providers to use information/data provided by me to contact me through any channel of communication including but not limited to email, telephone, sms, etc. and further authorise the disclosure of the information contained herein to its affiliates/group companies or their Authorized Agents or Third Party Service Providers in order to provide information and updates to me on various financial and investment products and offering of other services. I/We agree that all personal or transactional related information collected/provided by me can be shared/transferred and disclosed with the above mentioned parties including with any regulatory, statutory or judicial authorities for compliance with any law or regulation in accordance with privacy policy as available at the website of the Company.

☐ Yes ☐ No **Please tick (✓) any**

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

Application Form for SIP Registration with Top Up and One Time Debit Mandate

WHITEOAK CAPITAL MUTUAL FUND
THE ART AND SCIENCE OF INVESTING

Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Internal Code for Sub Agent / Employee	EUIN*	ISC Date Time Stamp 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 WhiteOak Capital Mutual Fund. (Please ✓ if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront 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.

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

1. UNIT HOLDER INFORMATION

Folio Number

Applicant Name _____ PAN

2. SIP INVESTMENT DETAILS

(SIP end date cannot exceed 40 years) — Refer SIP Registration and Discontinuation in Instructions for SIP

Scheme Name	**WhiteOak Capital**	**WhiteOak Capital**
Plan	☐ Regular **OR** ☐ Direct	☐ Regular **OR** ☐ Direct
Option	☐ Growth **OR** ☐ IDCW Reinvestment ☐ IDCW Payout	☐ Growth **OR** ☐ IDCW Reinvestment ☐ IDCW Payout
SIP Frequency	**Monthly (Default) OR** ☐ Weekly _____ (Specify Day) ☐ Daily (Only on business days) ☐ Fortnightly ☐ Quarterly	**Monthly (Default) OR** ☐ Weekly _____ (Specify Day) ☐ Daily (Only on business days) ☐ Fortnightly ☐ Quarterly
SIP Date	**Default date** (Monthly and Quarterly): **10th OR** _____ (Specify Date)	**Default date (Monthly and Quarterly):** 10th **OR** _____
SIP Period	From M M Y Y To M M Y Y	From M M Y Y To
SIP Amount		

3. ☐ SIP TOP-UP - In case you wish to avail, please select from the options provided below:

To avail Top up in an existing SIP please provide	**Unique Ref No:** (As given in SOA)	**Unique Ref No:** (As given in SOA)
Percentage (min. 5% or in multiples of 5%) **Or Amount** (min Rs. 500 or in multiples of 500)	**5% (default) OR** ☐ 10% ☐ 15% ☐ 20% **OR** Amount Rs. _____	**5% (default) OR** ☐ 10% ☐ 15% ☐ 20% **OR** Amount Rs. _____
Top- Up Frequency	**Yearly (default) OR** ☐ Half Yearly	Yearly **(default) OR** ☐ Half Yearly
Top Up Cap (if any)	Amount: _____ **OR** Month - Year: M M Y Y	Amount: _____ **OR** Month - Year: M M Y Y

*SIP Top Up is not applicable for Weekly & Fortnightly frequency SIPs.. Only Fixed Top Up option can be availed in WhiteOak Capital ELSS Tax Saver Fund. (Please refer T & C of form). **IDCW is available in select schemes of WhiteOak Capital Mutual Fund and IDCW Payout is the default option if not selected otherwise.

4. SIP PAYMENT DETAILS

1st SIP Cheque No._____ **Chq Date**_____ **Amt.** _____

OR ☐ **Payment through Existing OTM already Registered in the Folio including the First Installment**

Bank Name_____ **Bank A/c No.**_____

If the OTM is not registered in folio or not provided, then the below OTM Debit Mandate Form will be required to be filled for SIP instalment payments.

Mandatory Enclosures*

☐ Cancelled Cheque Leaf ☐ Copy of Cheque

(Name of the 1st applicant must be pre-printed on the cheque.)
***Blank Cancelled Cheque Leaf or Copy of Cheque Leaf** of the new OTM bank account to be provided in case 1st instalment cheque is different from the OTM Mandate.

5. 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 WhiteOak Capital 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 WhiteOak Capital AMC/MF 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 ₹ 50,000 in a year.

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

Scan and view the video to avoid errors while filling the below **OTM Debit Mandate Form**

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

WHITEOAK CAPITAL MUTUAL FUND
THE ART AND SCIENCE OF INVESTING

UMRN Bank use **Date** D D M M Y Y Y Y

Utility Code ☑ CREATE ☒ MODIFY ☒ CANCEL

Sponser Bank Code **I/We authorize** WhiteOak Capital Mutual Fund

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other **Bank A/c**

With Bank **IFSC / MICR**

An Amount Of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

FREQUENCY ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quartly ☒ Half Yearly ☒ Annually ☑ As & when presented

Reference 1 Folio No. **Reference 2** Scheme Name

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. 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.

From

To

(End date cannot exceed 40 years)

Phone No.

×

Signature Of Primary Account Holder | Signature Of Joint Account Holder | Signature Of Joint Account Holder

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

Please read the Terms and Conditions and refer to SID,SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 266 3060 | EMAIL: clientservice@whiteoakinvestors.com | WEBSITE: mf.whiteoakamc.com