

IIFL INDIA GROWTH FUND

(An open ended Equity Scheme)

APPLICATION FORM

Please read the instructions I	before filling the Applicati	on Form		A	application No. W105417	'53
1. DISTRIBUTOR INFORM	MATION & APPLICATION	RECEIPT DATE				
Distributor Name & AF	RN No.	Sub-Broker Code	Employee Unique	Identification No.*	Date & Time of Receip	ot
"Execution only" or "Advisory". I	However, in case of any except	ional cases where there is <u>no</u>	such interaction, the invest	or can keep EUIN box bla	vestor, irrespective of whether the trank and sign the following declaration	on;
					rice by the employee/relationship ma ager/sales person of the distributor/su	
	<u></u>	The state of the s			<u> </u>	
Figure Colon April	- II C - II -		and Analysis		Third Assiltant	
First/ Sole Applic			ond Applicant	nent of various factors inc	Third Applicant luding the service rendered by the dist	tributor
2. TRANSACTION CHARC				nerre or various factors in e	idding the service rendered by the dis-	tributor.
In case the subscription amour investor other than first time N invested. Investors are advised t	nt is Rs.10,000/- or more an Mutual Fund investor) will b to confirm if he/she is a First T	d the Distributor has opte e deducted from the subs ime Mutual Fund Investor	d to receive Transaction c cription amount and paid by selecting [please ✓] one	to the Distributor. Uni of the options:-	st time Mutual Fund investor) or R ts will be issued against the balar ransaction Charges shall be accordinglyd	nce amoun
	ERS DETAILS (Please note the					,
Existing Folio No.	Name	of Sole/ First Unit Holder				
9				t holder name in Section	on (3) and proceed to Section (6) of	of the Form
4. NEW APPLICANT'S DETA	AILS (Please fill in BLOCK LE				ank between two words)	
NAME OF FIRST / SOLE APPLIC	CANT Mr. Ms	[Note: No Joint holding	ng permitted in case of min	or applicant]		
Date of Birth (Mandatory for Min	nor Applicant - *Enclose Sup	porting Document) D	M M Y Y	Y PAN		
Guardian (Mandatory for Minor Appl	icant) Mr. Ms					
Date of Birth DDMMY	Y Y PAN	Relations	ship with Minor Applicant	Father Mother Lec	gal Guardian [Note: *Enclose Supporting	a Documentl
FIRST/ SOLE APPLICANT OTHER	DETAILS (Mandatory)				, (<u> </u>
a. Status of First/ Sole Applica	nt [Please tick (✓) ☐ Individed hip ☐ Trust ☐ HUF ☐ AOP [PIO Company Fils	BOI OCI Body Cor	porate 🗌 LLP 🗌 Society	nor through guardian / Club	
b. Occupation Details [Please t	1 17					
Service Private Sector Pu	blic Sector Government Ser	vice Student Profession	nal Housewife Busine	ss Retired Agricultu	ıre Proprietorship Others	
c. Gross Annual Income (Rs.) [Net-worth (Mandatory for No		Lac	acs	Lacs - 1 Crore ☐ >1 Crore ☐ Y (Not older than 1		
d. Politically Exposed Pers ☐ I am PEP ☐ I am Related			tories/ Promoters/ Karta/ Tru	stee/ Whole time Directo	rs)	
e. Non-Individual Investor ☐ Foreign Exchange/ Money				/ Lending/ Pawning [None of the above	
Address of First/ Sole Applica	NT [P.O. Box Address is not suf	fficient]		ı	A N D M A	R K
City	State		Country		Pin Code	IV IX
OVERSEAS ADDRESS (in case the F		O. Box Address is not sufficien			Till Code	
City	State		Country		Zip Code	
CONTACT DETAILS OF FIR	RST/ SOLE APPLICANT (Pleas	e ensure that you fill in tl	ne contact details for us t			
Name	11			Phone (O)		
Phone (R)	Mobile	I NI			updates via SMS on my mobile	e (Please √) ı
Fax	e-mail e-mail	of a mail document(s) [Places	B L O C K	LETTERS	Report All Statutory Returns / Infor	mation
MODE OF HOLDING (Please √)		Either/ Anyone or Survivor (• =	Newsietter Annual P	report An Statutory Returns / Infor	mation
WOOL OF HOLDING (Flease V)		Littlei/ Allyone of Survivor	Delault Option . Joint,			
NAME OF THE SECOND APPLIC						
Date of Birth DDMMY	Y Y Y PAN				er are enclosed to your Application For	
a. Occupation Details [Please ti	ick (✓) ☐ Service ☐ Private S ☐ Proprietorship ☐		vernment Service 🗌 Studer	nt Professional Hou	sewife Business Retired A	griculture
b. Gross Annual Income ₹		Others	10 25 Lass 🗆 > 25 L	255 1 Croro 🗆 > 1	Crava OR Not worth 7	
c. Politically Exposed Pers						
☐ I am PEP ☐ I am Related			tories/ Promoters/ Karta/ Iru:	stee/ whole time directo		ontinued overlea
Asset Management	ACKNOWLEDGMENT	SLIP (To be filled	in by the Applicar	1	IIFL INDIA GROWTH Discrition No. W10541753	
Received from						
Cheque/ DD/ RTGS/ NEFT No.			Dated: D D N	MMY YYY		
Drawn on Bank & Branch						
Scheme/ Plan/ Option/ Sub-Option	on					
Amount Rs.					Signature, Stamp & Date	

NAME OF THE THIRD APPLIC	CANT Mr. Ms						
Date of Birth DDMMY	Y Y Y PAN	Kindly ensure	e that Copy of PAN	& KYC Acknowle	edgement Letter are encl	osed to your Application Form	
a. Occupation Details [Please	e tick (🗸) 🗌 Service 🗀 Private Sector 🗀 Pr 🗀 Proprietorship 🗀 Others	ublic Sector Governr (please specify)	ment Service 🗌 St —	udent Profess	sional Housewife	Business Retired Agrico	ulture
b. Gross Annual Income	e ₹ 🗌 Below 1 Lac 🔲 1 - 5 Lacs 🗀] 5 - 10 Lacs 🗌 10 -	- 25 Lacs □ >2	25 Lacs - 1 Cr	ore □>1 Crore OF	R Net worth ₹	
	erson (PEP) Status (Also applicable for ed to PEP \(\subseteq\) Not Applicable	authorised signatories	/ Promoters/ Karta,	/ Trustee/ Whole	time Directors)		
	DETAILS (Mandatory) [Refer Instruction	ons] (Details of bank a	account in which re	demption, divider	nd or other payments to	be credited.)	
Bank Name							
Do not abbreviate)			1 .	1			
Account No.			Branc	h / City			
Branch Address							
Pin Code	Account Type (Please √) For Residents	Savings Current	For Non-Resident	NRO NF	RE Others		
MICR Code*	RTGS/ NEFT / IFSC* Code			. 11 1100 0		FSC/ NEFT code required for Dir	ect cred
	cheque leaf of the same bank account as me held responsible for delays or errors in p						
6. PAYMENT DETAILS	(Mandatory) [Refer Instructions]	Details of account from v	which investment h	as been done.)			
I) Investment Amount*	(II) DD Cha	arges			et Amount +(II)		
	Cheque DD RTGS NEF	T ECS Fun	nds Transfer *C	را) Cheque / DD / RTC	1		
	Savings Current NRE NRC				Dated D	D M M Y Y	YYY
Payment from			Name of 1st Bar	nk A/c holder			
Bank A∕c. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			Name of 2nd Bar	_			
Branch & City			Name of 3rd Ban				
nuncii a city				ik /ye holder			
IFL India Growth Fund	AILS (Please √) Choice of Scheme/ Pla ☐ Direct ☐ Growth (Default Grow ☐ Regular ☐ Dividend Payout ☐	•					
□ Regular □	onthly (Default)	SIP Date: □ 1 st □ 7 th (I	Default) □ 14 th	□ 21 st (Selec	t any one SIP Date)	☐ Micro SI	IP
I/We do hereby nominate the	ease √ and confirm the option select e undermentioned Nominee to receive the Units allo ee acknowledging receipt thereof, shall be valid disch	tted to my/our credit in my/o	our folio in the event of	f my/our death. I/We	e also understand that all pa	yments and settlements made to suc	ch Nomir
Nominee's name	☐ Ms				Date of Birth (in case of minor)	D M M Y Y	ΥΥ
Name of Parent/ Legal Gua	ARDIAN (in case of minor)	Ms					
ADDRESS OF NOMINEE/ GUAR	RDIAN						
City		Pin Code			Specimen Sig	nature of Nominee / Guardian	1
OR ' L	ate a nominee in my/our folio.		,	v		v	
For more than one nominee, p	**	X Simpotons of Act		X	of 2md Huit Halden	X Signature of 2nd Unit	Halda
10. DOCUMENTS ENC	LOSED (Please √)	Signature of 1st	Unit Holder	Signature o	of 2nd Unit Holder	Signature of 3rd Unit	Holde
	eed Bye-Laws Partnership Deed	Resolution/ Authorisa	tion to invest	List of Authorise	ed Signatories with Spe	cimen Signatue(s)	
11. Demat Account	t Details (Optional) (Refer instructions)						
	NSDL				CDSL		
DP Name:	D- (''		DP Name:				
DP ID*: I N	Beneficiary Account No.		Beneficiary Account No.				
he Applicant may note that incase	the DP ID, Client ID and PAN Number mentioned i	n the Form do not match w	vith DP ID, Client ID ar	nd PAN Number dis — —— ——	sclosed in Depository Data E	ase the Application is liable to be re	ejected.
	IIFL Mutual Fund			IIFL Mutual I Mr.Chandan	Fund	vestor Grievance please cont	act



Asset Management

IIFL Centre, 6th Floor, Kamala City,
Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

S. B. Marg, Lower Parel, Mumbai - 400 013 Tel.: (91 22) 4249 9000 Fax: (91 22) 2495 4310 Toll Free: 18002002267 Email: service@iiflmf.com • Website: www.iiflmf.com

	ECLARATION FOR ULTIMATE BENEFICIAL OW ed Company / its subsidiary company [Part III Det			r for Non-individual Applic	ant/Investor) To be filled in BLOCK LI	ETTERS (Please str	ike off section	(s) that is/are not applicable)	
(i) I/ We her	reby declare that -		•						
	pany is a Listed Company listed on recognized stock ex pany is a subsidiary of the Listed Company	change in India							
Our com	pany is controlled by a Listed Company								
	of Listed Company ^ unge on which listed	Socurity ISIN							
	of holding/parent company to be provided in case the applicar								
(i) Category Unlisted Private Tr (ii) Details o	individuals other than Listed Company / its subsidiary of applicable category]: Company ☐ Partnership Firm ☐ Limited Liability Partrust ☐ Trust created by a Will ☐ Others ☐ of Ultimate Beneficiary Owners: the space provided is insufficient, please provide the in	nership Company 🗌 Un	[pleas	se specify		ic Charitable 1	rust □ Rel	ligious Trust	
(III case	the space provided is insufficient, please provide the in	PAN or any other	_		3)			KYC (Yes/No)	
Sr. No.	Name of UBO [Mandatory]	valid ID proof for those where PAN is not applicable# [Mandatory]		Position / Designation to be provided wherever applicable]	Applicable Period	UBO Co [Mandat [Refe instruct below	ory] r ion	[Please attach KYC acknowledgement copy]	
Trustee(s) of person(s) experson(s) expers	UBO-5: Natural person who holds the position of set of the Trust, UBO-8: The Protector(s) of the Trust [if a xercising ultimate effective control over the Trust three CLARATION UBO owledge and confirm that the information proving is/are found to be false/incorrect and/or the erse the allotment of units and the AMC/Mutual all SEBI Registered Intermediaries and they can rowner, with no declaration to submit. I/We also take to provide any other additional information as not take to provide any other additional information as not as the contract of the provide any other additional information as not as the contract of the provide any other additional information as not as the contract of the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide and the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide any other additional information as not as the provide and the pro	ipplicable], UBO-9: The bugh a chain of control declaration is not pr I Fund/Trustee shall no rely on the same. In c undertake to keep you	e ben or ov e and ovide ot be case t u info	d correct to the led, then the AMC liable for the sarthe above information.	best of my/our knowledg Trustee/Mutual Fund shame. I/We hereby authorization is not provided, it w	ist if they are ye and belief all reserve the sharing of vill be presur	f. In the me right the informed that a	event any of the above o reject the application mation furnished in this applicant is the ultimate	
	ECLARATION AND SIGNATURES								
Scheme(s) in	ead and understood the contents of the Scheme Informa ncluding the sections on "Prevention of Money Launc . I/We hereby apply to the Trustees of the IIFL Mutual Fund (th	dering and Know Your			x				
of the Scheme(s) as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction			Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNA	ATURE	POA H	OLDER SIGNATURE		
directly or inc	under the Scheme(s). IWe have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. IWe further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the			POA Details - POA Name					
purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory unthority from time to time. I/We hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription				POA PANPA	N KYC	(Atta	ach copy of PAN & KYC^)		
I/We further invest in the [AMC], its Tr	has been made from my/our Account or from such acc nd provided in the said section on Third Party Payments. Furt ents as mandated herein have been provided for the mode of r confirm that I/we have the express authority from the re e units of the Scheme and the India Infoline Asset Mana rustee and the Mutual Fund would not be responsible if	relevant constitution to agement Company Ltd.	URES		X APPLICANT SIGNA	ature .	POA H	iolder signature	
I/We further commissions competing S recommend I/We author	ires the relevant constitution. We further confirm that the ARN holder (Broker/Sub-Broker) has disclosed to me/us all the ommissions (in the form of trail commission or any other mode), payable to him for the different ompeting Schemes of various Mutual Funds from amongst which the Scheme(s) has been ecommended to me/us. We authorize AMC to reject the application, reverse the units credited, restrain me/us		SIGNATURES	Signature of 2nd Applicant / POA Holder	POA PAN POA Name POA PAN POA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA	N □ KYC	(Δ++=	ach copy of PAN & KYC^)	
debit my/ou in case the o reason wha		te action against me/us by my/our bank for any			X		V	sopy of their direct /	
I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/our bank account, where AMC has such arrangement with my/our Bank. Applicable to NRIs only: I/We confirm that I am/ we are Non-Residents of Indian Nationality/ Origin and I/We hereby confirm that I am/ we are Non-Residents of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from				Signature of 3rd Applicant /	APPLICANT SIGNA	ATURE	POA H	IOLDER SIGNATURE	
Ordinary Acc I/We hereby form or form providers eng	ugh approved banking channels or from funds in my/our I count /FCNR Account. authorise AMC to provide my/our information, as menti ning part of my/our Folio details, to AMCs Registrar and T gaged by R&T, for effectively carrying out the maintenance, rs' related activities.	oned in this application ransfer Agent or service		POA Holder	POA PAN POA Name POA PAN POA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA	N KYC	(Atta	ach copy of PAN & KYC^)	