

IIFL Nifty ETF
(An open ended Index Exchange Traded Fund)

Mutual Fund Please read the instructions before filling	the Applicatio	n Form	APPLICAT	ION FORM	Application No.
1. DISTRIBUTOR INFORMATION & A					
Distributor Name & ARN No.	Su	ub-Broker Code	Employee Unique	dentification No.*	Date & Time of Receipt
"Execution only" or "Advisory". However, in ca	se of any exception	onal cases where there is <u>no suc</u>	<u>th interaction</u> , the investo	or can keep EUIN box b	
					dvice by the employee/relationship manager/sales nager/sales person of the distributor/sub broker."
First/ Sole Applicant/ Guardian			Applicant		Third Applicant
Upfront commission shall be paid directly by the  2. TRANSACTION CHARGES FOR AP				en t of various factors i	ncluding the service rendered by the distributor.
In case the subscription amount is Rs.10,00 investor other than first time Mutual Fund invested. Investors are advised to confirm if Ir ☐ First time Mutual Fund Investor ☐ Existin	00/- or more and investor) will be ne/she is a First Tir g Investor ( <i>Note: I</i> .	the Distributor has opted to deducted from the subscrip me Mutual Fund Investor by so If this section is left blank, it is assum	o receive Transaction ch tion amount and paid electing [please ✓] one ed that the Applicant(s) is no	to the Distributor. U of the options:- ot a First Time Investor and	
3. EXISTING UNITHOLDERS DETAILS	(Please note tha	at the applicant details and mo	ode of holding will be as	per the existing Folio	Number) [Refer Instructions]
Existing Folio No.		of Sole/ First Unit Holder	sinfelia assaultan O finat	haldan na maa in Caat	(2)
4. NEW APPLICANT'S DETAILS (Please					ion (3) and proceed to Section (6) of the Form.
	_		·		Marik Detween two words)
Name of first / sole applicant	☐ Ms	[Note: No Joint holding p	ermitted in case of mino	r applicant]	
Date of Birth (Mandatory for Minor Applicant	- *Enclose Suppo	orting Document)	M M Y Y Y	Y PAN	
Guardian (Mandatory for Minor Applicant) Mr.	☐ Ms │				
Date of Birth DDMMYYYY PAN		Relationship	with Minor Applicant 🔲 I	ather Mother L	egal Guardian [Note: *Enclose Supporting Document]
FIRST/ SOLE APPLICANT OTHER DETAILS (Ma					
a. Status of First/ Sole Applicant [Please tic  Resident Individual □ NRI-Repatriation □ N  Body Corporate □ LLP □ Society/ Club □	RI-Non Repatriatio	on Partnership 🔲 Trust 🔲 HU			
b. Occupation Details [Please tick (✓)]  ☐ Service ☐ Private Sector ☐ Public Sector ☐	Government Servi	ce Student Professional	☐ Housewife ☐ Busines:	s 🗌 Retired 🗌 Agricu	ture  Proprietorship Others
c. Gross Annual Income (Rs.) [Please tick ( Net-worth (Mandatory for Non-Individuals)		ac		Lacs - 1 Crore □ >1 C	
d. Politically Exposed Person (PEP) S  □ I am PEP □ I am Related to PEP □ N	tatus (Also appli				, ,
e. Non-Individual Investors involved/ ☐ Foreign Exchange/ Money Changer Se				Lending/ Pawning	□None of the above
ADDRESS OF FIRST/ SOLE APPLICANT [P.O. Box A	ddress is not suffi	cient]		L	AND MARK
City	State		Country		Pin Code
OVERSEAS ADDRESS (in case the First Applicant	is NRI/FII/PIO) [P.O.	. Box Address is not sufficient] {	Refer Instructions}		
City	State		Country		Zip Code
CONTACT DETAILS OF FIRST/ SOLE AP	PLICANT (Please	ensure that you fill in the c	ontact details for us to	serve you better)	
Name				Phone (O)	
Phone (R)	Mobile				e updates via SMS on my mobile (Please √)
Fax	e-mail	I N B	LOCK	LETTERS	
I/We wish to receive the following documents vi	• •			Newsletter Annua	Report All Statutory Returns / Information
MODE OF HOLDING (Please √) ☐ Single	JointlyEit	ther/ Anyone or Survivor (Defa	ault Option : Joint)		
NAME OF THE SECOND APPLICANT  Mr. [	Ms				
Date of Birth D D M M Y Y Y Y PA	N	Kindly ensu	re that Copy of PAN & KY	C Acknowledgement Le	tter are enclosed to your Application Form
· · · · · · · · · · · · · · · · · · ·	rvice Private Seo oprietorship DO		nment Service Student	t Professional H	ousewife Business Retired Agriculture
b. Gross Annual Income ₹ ☐ Below	1 Lac 🗌 1 - 5	Lacs 🗌 5 - 10 Lacs 🗌 10	- 25 Lacs □ >25 La	cs - 1 Crore □>1	Crore OR Net worth ₹
c. Politically Exposed Person (PEP) S		icable for authorised signatorie.	s/ Promoters/ Karta/ Trust	ee/ Whole time Direct	ors) continued overlea
ACKNOW Mutual Fund	LEDGMENT	SLIP (To be filled in	by the Applicar	1	IIFL Nifty ETF
Received from					
Cheque/ DD/ RTGS/ NEFT No.			Dated: D D N	MYYYY	
Drawn on Bank & Branch					
Scheme/ Plan/ Option/ Sub-Option					
Amount Rs.					Signature, Stamp & Date

NAME OF THE THIRD APPLICANT											
Date of Birth DDMMYYYY PAN Kindly ensu	re that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form										
a. Occupation Details [Please tick (<)	ment Service										
<b>b. Gross Annual Income</b> ₹ ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10	- 25 Lacs □ >25 Lacs - 1 Crore □ >1 Crore OR Net worth ₹										
c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories  □ I am PEP □ I am Related to PEP □ Not Applicable	/ Promoters/ Karta/ Trustee/ Whole time Directors)										
	account in which redemption, dividend or other payments to be credited.)										
Bank Name (Do not abbreviate)											
Account No.											
Branch Address											
Pin Code	For Non-Resident NRO NRE Others										
MICR Code* RTGS/ NEFT / IFSC* Code	(IFSC/ NEFT code required for Direct credit)										
Please also provide a cancelled cheque leaf of the same bank account as mentioned above incase t IIFL Mutual Fund shall not be held responsible for delays or errors in processing your reques											
6. PAYMENT DETAILS (Mandatory) [Refer Instructions] (Details of account from	which investment has been done.)										
(I) Investment (II) DD Charges	Net Amount (I)+(II)										
	nds Transfer *Cheque / DD / RTGS / NEFT No.										
Account Type (Please √) Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NR	Dated         D   D   M   M   Y   Y   Y   Y										
Payment from Bank A/c. No.	Name of 1st Bank A/c holder										
Drawn on Bank	Name of 2nd Bank A/c holder										
Branch & City	Name of 3rd Bank A/c holder										
Third Party Payment No Yes (If YES then please attach 'Third Party Declaration Form' as available	e on our website www.iiflmf.com)										
holder to Debit the Account. DD/ Pay Order/ Banker's Cheque and the like - Dec  * Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Please mention the Application No., PAN and Name of the First Unit holder on the reverse of the Please mention the Application No., PAN and Name of the Please mention the Application No., PAN and Name of the Please mention the Application No., PAN and Name of the Please mention the Please mention the Application No., PAN and Name of the Please mention the Please mention the Please mention the Application No., PAN and Name of the Please mention the Please men	he Payment Instrument. To prevent fraudulent practices Investors are urged to make the Payment e A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same										
IIFL Nifty ETF Subscription through (Please √) ☐ Cash ☐ Basket In case of Cash subscription											
Number of units in words											
In case of Basket subscription, kindly fill the following details, if cash component is pa											
Cash Component per Creation unit	i in words										
8. NOMINATION - (Please Refer Instructions)											
The Nomination details will be as provided in your demat account.											
9. DOCUMENTS ENCLOSED (Please √)											
	thorisation to invest										
10. Demat Account Details (Optional) (Refer instructions)											
NSDL	CDSL										
DP Name:	DP Name:										
DP ID*:   I   N	Repeticiany Account No										
Beneficiary Account No.	Beneficiary Account No										
Programmy note a six masses are or no, calcing to and it is realised in electronic dollars.											



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

For investment related enquiries, Investor Grievance please contact

IIFL Mutual Fund

Mr.Chandan Bhatnagar, IIFL Centre, 6th Floor, Kamala City,
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			for Non-individual Applic	ant/Investor) To be filled in <b>BLOCK L</b>	ETTERS (Please stri	ke off sect	ion(s) that is/are not applicable)
	ed Company / its subsidiary company [Part III Det reby declare that -	talis NUT APPLICABLE]						
	pany is a Listed Company listed on recognized stock ex	change in India						
	pany is a subsidiary of the Listed Company pany is controlled by a Listed Company							
	of Listed Company							
	ange on which listed	*						
	of holding/parent company to be provided in case the applicant		npany.					
(i) Category Unlisted Private Tr (ii) Details o	-individuals other than Listed Company / its subsidiary of or or of the category):  Company □ Partnership Firm □ Limited Liability Partrust □ Trust created by a Will □ Others □ of Ultimate Beneficiary Owners:	nership Company 🔲 Un	[pleas	se specify		ic Charitable T	rust 🗌 I	Religious Trust
(In case	the space provided is insufficient, please provide the in		<del>-</del>	ate declaration form	IS)			10/5 (///hl)
Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]		Position / Designation o be provided wherever applicable]	Applicable Period	UBO Co [Mandate [Refer instructi below	ory] on	KYC (Yes/No) [Please attach KYC acknowledgement copy]
Part III: DE I/We acknown information and/or reviform with	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 proven 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 result of the trust of th	pplicable], <b>UBO-9:</b> The bugh a chain of control ided above is/are true declaration is not pro Fund/Trustee shall no ely on the same. In c	e ben or ov e and ovide ot be	eficiaries with 15% vnership.  d correct to the d, then the AMC liable for the salthe above information.	best of my/our knowledg Trustee/Mutual Fund sh- me. I/We hereby authoriz-	ge and belief all reserve the e sharing of vill be presum	. In the right the inf	person(s) <b>UBO-10:</b> Natura e event any of the above to reject the application ormation furnished in this t applicant is the ultimate
beneficial of also undert	owner, with no declaration to submit. I/We also itake to provide any other additional information as n	undertake to keep you	u info	ormed in writing a	about any changes/modifi	cation to the	above	information in future and
I/We have re Scheme(s) in	ead and understood the contents of the Scheme Informa cluding the sections on "Prevention of Money Laundering and	Know Your Customers".						
If We hereby apply to the Trustees of the IIFL Mutual Fund (the Mutual Fund) for units 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 under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We 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 purpose of contravention of any act,				Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNA	ATURE	POA	HOLDER SIGNATURE
					POA Details - POA Name			
rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. JWe hereby confirm that IWe have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI/AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode		POA PAN POA PAN PA			N KYC	(A	attach copy of PAN & KYC^)	
of my payme I/We further invest in the [AMC], its Ti	ent.  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 gement Company Ltd.	TURES		APPLICANT SIGNA	ATURE	POA	. HOLDER SIGNATURE
vires the relevant constitution.  I/We further confirm that the ARN holder (Broker/Sub-Broker) 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) has been recommended to me/us.			SIGNATURES	Signature of 2nd Applicant / POA Holder	POA Details - POA Name POA PAN			
I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of IIFL Mutual Fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned unpaid by my/our bank for any reason whatsoever.					Enclosed (please √) ☐ PA	N KYC	Δ)	attach copy of PAN & KYC^)
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 the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/ Ordinary Account/FCNR Account.  I/We hereby authorise AMC to provide my/our information, as mentioned in this application form or forming part of my/our Folio details, to AMCs Registrar and Transfer Agent or service providers engaged by R&T, for effectively carrying out the maintenance, storage and processing of unit holders' related activities.				Signature of	APPLICANT SIGNA	TURE	POA	. HOLDER SIGNATURE
				3rd Applicant / POA Holder	POA Details - POA Name  POA PAN			