

## OLD BRIDGE ASSET MANAGEMENT

APPLICATION NO.

Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

## **COMMON APPLICATION FORM**

Contact Person (por Noh-Individuals)   Date of Birth Minor's   M   M   Y   Y   Attach Mandatory Documents as per instructions   Suardian named is   Father   Mother   Court Appointed   Other   Nationality   Date of Birth Proof attact   2   JOINT APPLICANTS (IF ANY) DETAILS     2   2   2   Ind Holder Name (Should match with PAN Card)   Addhaar No.   Addhaar No.   PAN/PEKRN (Second Holder)   KYC   Srd Holder Name (Should match with PAN Card)   Addhaar No.   PAN/PEKRN (Third Holder)   KYC   Srd Holder Name (Should match with PAN Card)   Address Type (Mandatory)   Residential & Business   City   State   City   State   City   No.   Tel   State   City   State   Code   State   Ci						
Part commission if any, challe updat directly for the investor to the AMT registered distributions accounted in the investor in the investor of the distribution dist	Employee Code         PMR (Portfolio Manager's Registration) Number^^         Serial No.,					
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Tanaged:Alek person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales per  the distributor/sub broker.  Solve Holder  Tohrd Holder  Tohrd Holder  Power of Attorney Holder  UNT HOLDING OPTION  In an existing investor in Mutual Funds OP  Power of Attorney Holder  UNT HOLDING OPTION  Poysical Mode Power of Attorney Holder  UNT HOLDING OPTION  Power of Attorney Holder  Power of Attorney Power Power of Attorney Power Power of Attorney Power Power of Attorney Power Po	ave invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfon nvestments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan.	olio holdir scheme(s	ngs/ NAV ) of Old B	etc. in re Bridge Mu	spect c tual Fu	of my/o nd uno
TANSACTION CHARGES (Please tick any one of the below. For details refer KIM)       UNIT HOLDING OPTION         In am a risk time investor in Mutual Funds       R       I am an existing investor in Mutual Funds (Default)       Physical Mode       Physical Mode <td>na ager/sales person of the above distributor/sub broker or notwithstanding the advice of in appropriateness, if any, provided by the employed</td> <td></td> <td></td> <td></td> <td></td> <td></td>	na ager/sales person of the above distributor/sub broker or notwithstanding the advice of in appropriateness, if any, provided by the employed					
I am a first time investor in Mutual Funds	Sole Holder / Guardian	Powe	er of Atte	orney Ho	older	
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductibles and paper and your Distributor fulls will be issued gainst the failance amount invested.  Physical Mode Demat. Please fill see (8)  A PPLICATION INFORMATION (Mondatory Do tilled BIOCK Letters)  More see of meast please fill see (8)  A PPLICATION INFORMATION (Mondatory Do tilled BIOCK Letters)  More see of meast please fill see (8)  A PPLICATION INFORMATION (Mondatory Do tilled BIOCK Letters)  More see of minor investments).  St Holder Name (Should match with PAN Card)  Addrear No.  PAN/PEKRN (1st Holder)  PAN/PEKRN (1st Holder)  PAN/PEKRN (Gaurdian/POA Holder)  Attach Mandatory Documents as per instructions  Addrear Should match with PAN Card  Addhaar No.  PAN/PEKRN (Second Holder)  KYC PAN/PEKRN (Gaurdian/POA Holder)  Addrear Should match with PAN Card  Addhaar No.  PAN/PEKRN (Second Holder)  KYC PAN/PEKRN (Gaurdian/POA Holder)  Addrear Should match with PAN Card  Addhaar No. PAN/PEKRN (Second Holder)  KYC PAN/PEKRN  Kathaar No. PAN/PEKRN (Second Holder)  KYC PAN/PEKRN  Kathaar No. PAN/PEKRN (Second Holder)  KYC PAN/PEKRN  Kathaar No. PAN/PEKRN  Ka	TRANSACTION CHARGES (Please tick any one of the below. For details refer KIM)	T HOLI	DINGC	OPTION	١	
applicate from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. (in case of Demait, Please rife instruction No. 24)   adde of Operation Single Joint If there or Survivor(s) [Default] (Joint applicant details not to be filled in access of minor investments).   stst Holder Name (Should match with PAN Card) PAN/PEKRN (stardian's Name (If minor)'POA/ Courdian's Name (If minor)'POA/ Survivor(s) [Default] (Joint applicant details not to be filled in case of Birth Minor's   Other Name (Should match with PAN Card) PAN/PEKRN (stardian's Name (If minor)'POA/ Survivor(s) [Default] (Doint applicant)   Joint Herson (If Non-individuals) PAN/PEKRN (stardian'POA Holder)   Date of Birth Minor's M M Y Y Y Attach Mandatory Documents as per instructions   Joint ApplicantS (IF ANY) DETAILS   Madhaar No. PAN/PEKRN (Second Holder)   KYC State of Birth Proof attac   3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)   Carder Strape (Mandatory)   Residential & Business	Ph	hysical N	∕lode [	Dem	at Mo	ode
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st Holder Name (should match with PAN Card)   Aadhaar No.   Age of Birth Minor's   Are of Birth Minor's   Bartin Minor's   Guardian's Name (should match with PAN Card)   State of Birth Minor's (FANY) DETAILS   State (Should match with PAN Card)   Adhaar No.   Adhaar No.   JOINT APPLICANTS (IF ANY) DETAILS   Ind Holder Name (Should match with PAN Card)   Adhaar No.   Adhaar No.   JOINT APPLICANTS (IF ANY) DETAILS   Ind Holder Name (Should match with PAN Card)   Adhaar No.   Adhaar No.   PAN/PEKRN (Second Holder)   KYC   State   PAN/PEKRN (Third Holder)   KYC   State   Pin Code	xisting folio number I/ We want to create new Folio (Instruction No. 24)					
tadhaar No. PAN/PEKRN (1st Holder) KYC   MY Guardian's Name (fr minor//POA/ PAN/PEKRN (1st Holder)   Y Guardian's Name (fr minor//POA/ PAN/PEKRN (Guardian/POA Holder)   PAN/PEKRN (Guardian/POA Holder) PAN/PEKRN (Guardian/POA Holder)   Part of Birth Minor? M   Y Y Y Attach Mandatory Documents as per instructions Date of Birth Proof attac   2 JOINT APPLICANTS (IF ANY) DETAILS Date of Birth Proof attac   2 JOINT APPLICANTS (IF ANY) DETAILS Nationality   hd Holder Name (Should match with PAN Card)   xadhaar No. PAN/PEKRN (Second Holder)   KYC KYC   3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)   Kordress Type (Mandatory)   Residential & Business   Residential & Business   Registered Office   widd everseas address (Mandatory for NRI / FII Applicants)   ity   State   Tel.   Mobile Number should pertain to First Holder only.   Adobile Number should pertains to (Please tick(r')) '' rome of the below options is ticked (') or selected then Self option is considered as a default.	Indee of Operation       Single       Joint       Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of million in	nor inve	stments	5).	]	
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Contact Person (for Non-individuals)     Date of Birth Minor's     Image: Sourdian mamed is     Father     M M V V Y     Attach Mandatory Documents as per instructions     Sourdian named is     Father     Mother   Court Appointed     Other     Nationality        Date of Birth Minor's     Image: Court Appointed        Attach Mandatory Documents as per instructions     State         Attach Mandatory Documents as per instructions     State of Birth Minor's        Attach Mandatory Documents as per instructions     State of Birth Minor's        Attach Mandatory DetAlls        Attach Mandatory Documents as per instructions     Attach Mandatory DetAlls <td>Aadhaar No. PAN/PEKRN (1st Holder) KYC</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Aadhaar No. PAN/PEKRN (1st Holder) KYC					
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Address     City     State     Pin Code     Pin Code     Add overseas address (Mandatory for NRI / FII Applicants)     City     State     Code     City     State     Code     Code     Mobile     Tel   No.     Tel   No.     Tel   No.     Tel   No.     Tel   No.   Mobile No. / Email ID* provided pertains to (Please tick(     Tel   Self   Spouse    Dependent Siblings   Dependent Parents   Guardian   PMS	3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic comm	nunicatior	n, Please i	refer instr	uction	No. 1
City State     Pin Code     Add overseas address (Mandatory for NRI / FII Applicants)     City   State   City   State     City   State   Code     City     Code     Code     Mobile number should pertain to First Holder only.     Mobile   No.     Tel   No.     Iterration of the below options is ticked (~) or selected then (Self) option is considered as a default.     Self   Spouse   Dependent Children   Dependent Siblings   Dependent Parents     Guardian	Address Type (Mandatory) Residential & Business Residential Business Registered Office					
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City       State       Code         Email ID and Mobile number should pertain to First Holder only.       Tel       Email ID         Mobile       No.       No.       Email ID         Mobile No. / Email ID* provided pertains to (Please tick(~)) * if none of the below options is ticked (~) or selected then (Self) option is considered as a default.         Self       Spouse       Dependent Children       Dependent Siblings       Dependent Parents       Guardian       PMS	City State	Pin Cod	e			
mail ID and Mobile number should pertain to First Holder only.         Aobile       Tel         No.       CAPITAL         Interview       Interview         Abile No. / Email ID* provided pertains to (Please tick(~)) * if none of the below options is ticked (~) or selected then (Self) option is considered as a default.         Self       Spouse       Dependent Children         Dependent Siblings       Dependent Parents       Guardian	Add overseas address (Mandatory for NRI / FII Applicants)			II		
mail ID and Mobile number should pertain to First Holder only.         Aobile       Tel         No.       CAPITAL         Interview       Interview         Abile No. / Email ID* provided pertains to (Please tick(~)) * if none of the below options is ticked (~) or selected then (Self) option is considered as a default.         Self       Spouse       Dependent Children         Dependent Siblings       Dependent Parents       Guardian						
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Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS	In the second se					
I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper & contribute tow		de to help	Us save n	aper & con	tribute	towa

4 KNOW	YOURCU	JSTOMER (F	(YC) DETAIL	_5	if d	etails not filled	.)				· (F	or KYC de	tails. Refer Ins	truction No. 8)
Status	Resident Individua		Company	HUF	Minor	Society	FII	PIO	Partners Firm	hip Propri	etor	NPO <sup>\$</sup>	Trust	Others
1st Holder											]			Specify
2nd Holder											]			Specify
3rd Holder											]			Specify
Guardian/ POA Holder											]			Specify
<sup>s</sup> If yes, please qu	uote Regis	tration No. of I	Darpan portal	of Niti Aayog. (	refer inst	ruction 20)								
5 BANK A	CCOUN	<b>DETAILS</b>	(Please note the investors to pro	at as per SEBI Re vide their bank a	gulations i ccount de	t is mandatory tails. Refer Inst	for ruction No. 6)				(Av	vail Multip	le Bank Regist	ration Facility)
My Bank Name	•													
Bank A/C No.							A/C	Туре	Savings	Current	NRE			R Others
Branch Addres	s													
City				St	ate						Pii	n Code		
IFSC code: (11 d	ligit)				MICR	code (9 digit)				(TI	nis is a 9 di	igit numbe	r next to your	cheque number
LEI Code					V	alid up to	DDM	A Y Y						lue is equal to or nstruction No. 25
6 MY INV	ESTMEN	T DETAILS								(For investm	ents, Plea	se refer ins	struction No. 1	l, 2, 7, 13 & 22)
(Cheque/DD sho	ould be in fav	our of "Scheme	Name". Default p	lan/Option will b	e applied i	incase of no inf	ormation, ambi	guity or dis	crepancy).					
I	Full Schem	e/Plan/Optio	n	Amount/E	Each SIP	Amount	Frequency		SIP F	Period		<b>TC</b> (Optional) O	P-UP Facili nly available for N	t <b>y</b> 4onthly SIP
	MS	Ρ		₹			Daily		Start	Date	Fre	equency		nount
Scheme Name				Less DD charges			Weekly* Fortnight	w^	MMY	YYY		Half Yearl	y -	n figures
	Regular	Direct			IP Date		Monthly	·		Date	יים	<i>l</i> early	in words	
	-		Payout	(if le	ft blank 10t		Quarterly	,  L		R	r			
Option	Growth		Reinvestment	1 U U date	idered as th for Monthl Yearly and `	ly/ Quarterly/	Half Year Yearly	ly	Minimum	duration of /ear			ynamic TOF	-UP
Default Option : Reinvestment of default date as ap	Growth Op IDCW Optio	ion in case Grov	vth Option or Inc t indicated. Wee	come Distribution ekly - Any day (N	n cum Cap Ionday to	ital Withdrawa Friday) * (If no	l (IDCW) Optic day is selected	n is not ind Monday wil	licated. Payo II be the defau	ut Option / fa lt). ^Fortnig	acility in ca htly - 1st a	ase Payout and 16th d	of IDCW Opti ay of the mont	on / facility or h, will be the
	-		ich NACH form)		M Refere					(if Multiple	One Tim	e Mandate	s are register	ed)
				rty Payment Re			Bank Ce	rtificate,	for DD	Third Part	_			
		PAYMEN	T DETAILS - L	UMP SUM	-				F	PAYMENT I	DETAILS	- SIP		
Payment Instru	uction typ	e: Cheq	ue / DD	RTGS NE	FT	Fund Transfe	r 🗌 NACH	l Mandate	e (If Multiple	e One Time	mandat	es are reg	gistered)	
Payment Refe	erence no:						Payment Re	ference n	10:					
Lump sum An	nount:						SIP sum Am	ount:						
Cheque Date	d:						Cheque Dat	ed:						
Cheque Bank	Name:						Cheque Bar	ık Name:						
Cheque Bank	Account	No:					Cheque Bar	nk Accoun	nt No:					
Cheque IFSC	Code:						Cheque IFS	C Code:						
Cheque MIC							Cheque MI							
Please attach c				nt Rejection, a details tick her	• •	e for: Bank Ce	ertificate, for	DD Third	Party Decla	arations.				
7 NOMIN	• •		is above barrie		с.						(For nom	ination, Ple	ase refer instr	uction No. 17)
Details			1st Nomine	e			2nd Nom	inee				3rd Nor	ninee	
Nominee Na	ame													
PAN														
Allocation	(%)													
Relationsh with Invest														
Nominee da		DM	MY		$\vee$					_				
of birth Guardian N	ame													
(in case of M Nomine	· ·													
Guardian P	AN													
Nominee Ad	dress -				_   -									
Nominee/Gua Signatur		B								600 C				

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.

		TORY ACCOU						estor wishes								uction No. 18)
(Please e		hat the sequence		mentioned	i în the ap	plication for	m matches	with that of	the A/c	neid wit				Instructio	on No. 1	.8.
NSDL:	Depos	itory Participant	Name									PID: I	N			
	Benefi	iciary Ac No.														
CDSL:	Depos	itory Participant	Name													
CDSL:	Benefi	iciary Ac No.														
Enclose	ed 🗌	Client Master	Trans	action / St	atement (	Copy / DIS C	Сору									
90	CCUP	ATION														
Stat	tus*	Private Sector	Public		Govern	iment Servic	e Busin	ess Pro	ofessior	nal A	griculturist	Retired	Student	Forex D	ealer	Others
1st H	older	Service	Serv					1							1	Specify
2nd H	lolder							]							]	Specify
3rd H	older							]							]	Specify
Guar POA H								]							]	Specify
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Stat	tus*	Below 1 Lac	1-5 Lac	s 5	-10 Lacs	10-25	5 Lacs >:	25 Lacs - 1	Crore	>10	rore		lon-Individu			As on Date
1st H																
2nd H																
3rd H Guar										L						
POAH																
11 PE	EP Det	ails*											(F	Please refer	instruct	ion No. 8 & 9)
Stat	tus*				1st Ho			nd Holder			3rd Holder			ardian/PC		-
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		I am politically e	exposed pers		Yes	□ No	□ Yes		NU							
12 UI	BO De	tails*											(F	Please refer		ion No. 8 & 9)
12 UI Details	of Bene	. ,	(Please tick	applicable	e category	y).Ownershi	p details to	be provide	d if the	Owners	ship percent		(F	Please refer		ion No. 8 & 9)
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Resolution / Authorisation to	oinvest	~	$\checkmark$	~		~		<ul> <li>✓</li> </ul>			~
HUF / Trust Deed						~					
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Partnership Deed				✓							
SEBI Registration / Designate Depository Participant Regis Certificate 2								~			
Proof of Date of birth										✓	
Notarised Power of Attorney	/		<u> </u>		✓						

in case payment is made by DD from NRE / FCNR a/c, where applicable							~				
KYC Acknowledgement	✓	~	~	~	~	~	~	~	~	<ul> <li>✓</li> </ul>	~
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