

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.,					
ae lenked in the schemick of OLB Bridge Mutual Funder Direct Pinn. We hereby give mybur consent to sharoprovide the transactions detapolished behalfer AVW cfs. In respect of the schemic of OLB Bridge Mutual Fund of the behave method of OLB Bridge Mutual Fund of the behave method of OLB Bridge Mutual Fund of the behave for the schemic of OLB Bridge Mutual Fund of the behave for the schemic of OLB Bridge Mutual Fund of the behave for the schemic of OLB Bridge Mutual Fund of the behave for the scheme of OLB Bridge Mutual Fund of the behave Schemic of OLB Bridge Mutual Fund of the scheme of OLB Bridge Mutual Fund Scheme of OLB Bridge Mutual Fu		Date &	Time	Stamp		
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
Listing folio number I/ We want to create new Folio (Instruction No. 24) Mode of Operation Single Joint Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments). List Holder Name (Should match with PAN Card) Aadhaar No. PAN/PEKRN (1st Holder) My Guardian's Name (If minor)/POA/ Contact Person (For Non-individuals) Date of Birth Minor's My Y Y Attack Mandatory Documents as per instructions Stardian named is Father Other Nationality Date of Birth Proof attac 2) JOINT APPLICANTS (IF ANY) DETAILS Adhaar No. Adhaar No. Adhaar No. Adhaar No. Adhaar No. Adhaar No. Date of Birth Proof attac 2) JOINT APPLICANTS (IF ANY) DETAILS Adhaar No. Address Type (Mandatory) Residential Block Letters) Address Type (Mandatory of NRI / FII Applicants) Code Code City State Pin Code <td></td> <td>e of Dema</td> <td>it, please</td> <td>fill sec 8)</td> <td></td> <td></td>		e of Dema	it, please	fill sec 8)		
Mode of Operation Single Joint Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments). List Holder Name (Should match with PAN Card) Aadhaar No. PAN/PEKRN (Ist Holder) KYC Addaar No. PAN/PEKRN (Second Holder) PAN/PEKRN (Guardian/POA Holder) Date of Birth Minor's M Y Y Y Attach Mandatory Documents as per instructions Stardian named is Father Mother Court Appointed Other Nationality Date of Birth Minor's M Y Y Y Attach Mandatory Documents as per instructions Stardian named is Father Mother Court Appointed Other Nationality Date of Birth Proof attac 2 JOINT APPLICANTS (IF ANY) DETAILS Adhaar No. PAN/PEKRN (Second Holder) KYC Adhaar No. Sind Holder Name (Should match with PAN Card) Aadhaar No. PAN/PEKRN (Third Holder) KYC Madhaar No. 3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) Address Type (Mandatory) Residential & Business Residential & Business Registered Office Address S Pin Code	1 APPLICATION INFORMATION (Mandatory, To be filled in BLOCK Letters) (In case of investment "On be	ehalf of mir	10r", Pleas	e refer inst	tructior	i No. 1
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).]	
ty Guardian's Name (if minor//POA/ orntact Person (for Non-individuals) valate of Birth Minor's ivarian named is Father Mother Court Appointed Other Nationality Date of Birth Proof attact 2 JOINT APPLICANTS (IF ANY) DETAILS nd Holder Name (Should match with PAN Card) wadhaar No. PAN/PEKRN (Second Holder) KYC saladaar No. PAN/PEKRN (Third Holder) Kyc Saladaar No. Panvide getaint Saladaar (Saladaar)	st Holder Name (Should match with PAN Card)					
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					
bate of Birth Minor's Attach Mandatory Documents as per instructions Attach Mandatory DetAlLS Attach Mandatory Attach Mandatory DetAlLS Attach Mandatory		PEKRN (Guardian	/POA Ho	lder)	к
2 JOINT APPLICANTS (IF ANY) DETAILS 2 JOINT APPLICANTS (IF ANY) DETAILS 4 adhaar No						
Ind Holder Name (Should match with PAN Card) Aadhaar No. PAN/PEKRN (Second Holder) KYC KYC Aadhaar No. PAN/PEKRN (Third Holder) KYC KYC KYC KYC Aadhaar No. PAN/PEKRN (Third Holder) KYC KyKC KYC KyKC KYC KYC KYC KyKC KyKC KyKC KyKC KyKC KyKC KyKC KyKC <td>Suardian named is Father Mother Court Appointed Other Nationality</td> <td></td> <td>Date of</td> <td>Birth Pr</td> <td>oof at</td> <td>tach</td>	Suardian named is Father Mother Court Appointed Other Nationality		Date of	Birth Pr	oof at	tach
Aadhaar No. PAN/PEKRN (Second Holder) KYC	2 JOINT APPLICANTS (IF ANY) DETAILS					
Bird Holder Name (Should match with PAN Card) Aadhaar No. 3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No Address Type (Mandatory) Residential & Business Residential & Business Residential & State Pin Code City State Code City State Code City State Code City State Code Mobile No. / Email ID (Code Mobile No. / Email ID* provided pertains to (Please tick(\sf)) * if non of the below options is ticked (\sf) or selected then (Self) option is considered as a default. Self	2nd Holder Name (Should match with PAN Card)					
Aadhaar No. PAN/PEKRN (Third Holder) KYC 3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No Address Type (Mandatory) Residential & Business Residential Business Registered Office Address	Aadhaar No. PAN/PEKRN (Second Holder) KYC					
3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) (For electronic communication, Please refer instruction No Address Type (Mandatory) Residential & Business Residential Business Registered Office Address	Brd Holder Name (Should match with PAN Card)			<u> </u>		
Address Type (Mandatory) Residential & Business Residential Business Registered Office Address City State Pin Code Add overseas address (Mandatory for NRI / FII Applicants) City State Code City State Code Code Code Mobile number should pertain to First Holder only. Mobile No. / Email ID* provided pertains to (Please tick(Self Spouse Dependent Children Dependent Siblings Pin Code Pin Code	Aadhaar No. PAN/PEKRN (Third Holder)					
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					
Add overseas address (Mandatory for NRI / FII Applicants) City City State Code City City City City City City City City	Address					
Add overseas address (Mandatory for NRI / FII Applicants) City City State Code Code Code						
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						
Abile Tel Email ID (CAPITAL letters only) 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 PMS	State State	Cod	e			
No. (CAPITAL letters only) Abile No. / Email ID* provided pertains to (Please tick(\sqrts)) * if none of the below options is ticked (\sqrts) or selected then (Self) option is considered as a default. Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS			·		. 1	
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 ^{\$}	Trust	Others
1st Holder]			Specify
2nd Holder]			Specify
3rd Holder]			Specify
Guardian/ POA Holder]			Specify
^s If yes, please qu	uote Regis	tration No. of I	Darpan portal	of Niti Aayog. (refer inst	ruction 20)								
5 BANK A	CCOUN	DETAILS	(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		TC (Optional) O	P-UP Facili nly available for N	t y 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
		ANNUAL INCO														
												Netw	orth (Mand	atory for		
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		-
								~ _	No	🗆 Y	′es I ⊏	No	🗆 Yes	.	[🗆 No
		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)
12 UI Details	of Bene	tails* eficial Ownership imit provided bel	(Please tick	applicable o be provi	e category ded for ea	y).Ownershi	p details to eficiary. (M	be provide landatory fo	d if the or Non I	Owners	ship percent	age/intere	(F	Please refer	Benefic	ion No. 8 & 9)
12 UI Details the three Owne	of Bene eshold li □ Cat ership pe	tails* eficial Ownership imit provided bel regory er cent @@@) (Please tick ow. Details t Unlisted co >25%	applicable o be provio ompany	e category ded for ea □ Partne >1	y).Ownershi ich such ben ership Firm 5%	p details to eficiary. (M	be provide landatory fo orporated A	d if the or Non I Associat >15%	Owners Individua ion/Bod	ship percent al) y of Individu	age/intere	(F st in the tru Trust >=15%	Please refer	Benefic reign lı	ion No. 8 & 9) ilary is as per nvestor \$\$\$
12 UI Details the three Owne @@@ C \$\$\$In t	of Bene eshold li Cat ership pe wnersh he case	tails* eficial Ownership imit provided bel eegory er cent @@@ hip percentage of of Foreign invest) (Please tick ow. Details t) Unlisted co >25% shares/capii cors, the ben	applicable o be provie ompany tal/profits/ eficial owr	e category ded for ea □ Partne >1 ⁄property nership wi	y).Ownershi ich such ben ership Firm 5% of juridical p ill be determ	p details to eficiary. (M Uninco person/inte ined as per	be provide andatory fo prporated A erest in the ² sEBI guide	d if the or Non I Associat >15% Trust as elines. F	Owners Individua ion/Bod	hip percent al) y of Individu late of the a s refer to S/	age/intere	(F st in the tru □ Trust >=15% shall be furr	Please refer	Benefic reign li	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor.
12 UI Details the three Ownee @@@ O \$\$\$In the inve	of Bene eshold li Cat ership pe wnersh he case estor wil	tails* eficial Ownership mit provided bel eegory er cent @@@ hip percentage of) (Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C	applicable o be provie ompany tal/profits, eficial owr DBAMC/it	e category ded for ea D Partne >1 ýproperty iership wi s Registra	y).Ownershi ich such ben ership Firm 5% of juridical p ill be determ r/KRA as ma	p details to eficiary. (M Uninco person/inte nined as per ay be applic	be provide andatory fo prporated A erest in the r SEBI guide cable immed	d if the or Non I >15% Trust as elines. F diately a	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a s refer to S/ ch change.	age/intere	(F st in the tru □ Trust >=15% shall be furr	Please refer	Benefic reign li	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor.
12 UI Details the three Ownee @@@ O \$\$\$In the inve	of Bene eshold li Cat ership pe wnersh he case estor wil	tails* eficial Ownership imit provided bel regory er cent @@@ hip percentage of of Foreign invest Il be responsible) (Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C	applicable o be provie ompany tal/profits, eficial owr DBAMC/it	e category ded for ea D Partne >1 ýproperty iership wi s Registra	y).Ownershi ich such ben ership Firm 5% of juridical p ill be determ r/KRA as ma	p details to eficiary. (M Uninco person/inte nined as per ay be applic	be provide andatory fo prporated A erest in the r SEBI guide cable immed	d if the or Non I >15% Trust as elines. F diately a	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a ls refer to S/ ch change. :ient)	age/intere uals pplication s	(F st in the tru □ Trust >=15% shall be furr	Please refer	Benefic reign lı :he inve enefici	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor.
12 UI Details the three Owne @@@ C \$\$\$In the inve Details	of Bene eshold li Cat ership pe wnersh he case estor wil	tails* eficial Ownership imit provided bel regory er cent @@@ hip percentage of of Foreign invest Il be responsible	(Please tick ow. Details t Unlisted co >25% shares/capi ors, the ben to intimate (o (Please att	applicable o be provie ompany tal/profits, eficial owr DBAMC/it	e category ded for ea D Partne >1 ýproperty iership wi s Registra	y).Ownershi ich such ben ership Firm 5% of juridical p ill be determ r/KRA as ma	p details to eficiary. (M Uninco person/inte nined as per ay be applic	be provide andatory for orporated A erest in the SEBI guide cable immed e space pro	d if the or Non I >15% Trust as elines. F diately a	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a ls refer to S/ ch change. :ient)	age/intere uals pplication s	(F st in the tru Trust >=15% shall be furr of any chang	Please refer	Benefic reign lı :he inve enefici	ion No. 8 & 9) ciary is as per nvestor \$\$\$ estor. al ownership
12 UI Details the three Owne @@@ C \$\$\$In the inve Details	of Bene eshold li Cat ership pe wnersh he case estor wil	tails* eficial Ownership imit provided bel regory er cent @@@ hip percentage of of Foreign invest Il be responsible	(Please tick ow. Details t Unlisted co >25% shares/capi ors, the ben to intimate (o (Please att	applicable o be provie ompany tal/profits, eficial owr DBAMC/it	e category ded for ea D Partne >1 ýproperty iership wi s Registra	y).Ownershi ich such ben ership Firm 5% of juridical p ill be determ r/KRA as ma	p details to eficiary. (M Uninco person/inte nined as per ay be applic	be provide andatory for orporated A erest in the SEBI guide cable immed e space pro	d if the or Non I >15% Trust as elines. F diately a	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a ls refer to S/ ch change. :ient)	age/intere uals pplication s	(F st in the tru Trust >=15% shall be furr of any chang	Please refer	Benefic reign lı :he inve enefici	ion No. 8 & 9) ciary is as per nvestor \$\$\$ estor. al ownership
12 UI Details the three Ownee @@@ C \$\$\$In th the invee Details Sr	of Bene eshold li Cat ership po wnersh he case estor wil of Bene	tails* eficial Ownership imit provided bel regory er cent @@@ hip percentage of of Foreign invest Il be responsible	(Please tick ow. Details t Unlisted co >25% shares/capii ors, the ben to intimate C o (Please att Name	applicabli o be provio pmpany tal/profits, eficial owr DBAMC/it ach a sepa	e category ded for ea Partne >1 'property tership wi s Registra rate shee	y).Ownership ich such ben 5% of juridical p ill be determ r/KRA as ma t with this fo	p details to eficiary. (M Dunincc berson/inte ined as per ay be applic ormat if the	be provide landatory for orporated A erest in the r SEBI guide cable immed e space pro Address	d if the or Non I >15% Trust as lines. F diately a vided is	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a ls refer to S/ ch change. :ient)	age/intere uals pplication s	(F st in the tru Trust >=15% shall be furr of any chang	Please refer	Benefic reign lı :he inve enefici	ion No. 8 & 9) ciary is as per nvestor \$\$\$ estor. al ownership
12 UI Details the thre Ownee @@@ C \$\$\$In tl the inve Details Sr [Please	of Bene eshold li Cat ership po wmersh he case estor wil of Bene attach s	tails* eficial Ownership mit provided bel egory er cent @@@ nip percentage of of Foreign invest Il be responsible eficial Ownership	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C o (Please att Name	applicabli o be provio pmpany tal/profits, eficial owr DBAMC/it ach a sepa	e category ded for ea Partne >1 'property tership wi s Registra rate shee	y).Ownership ich such ben 5% of juridical p ill be determ r/KRA as ma t with this fo	p details to eficiary. (M Dunincc berson/inte ined as per ay be applic ormat if the	be provide landatory for orporated A erest in the r SEBI guide cable immed e space pro Address	d if the or Non I >15% Trust as lines. F diately a vided is	Owners Individua ion/Bod on the c or detail	ship percent al) y of Individu late of the a ls refer to S/ ch change. :ient)	age/intere uals pplication s	(F st in the tru Trust >=15% shall be furr of any chang	Please refer	Benefic reign lı :he inve enefici	ion No. 8 & 9) ciary is as per nvestor \$\$\$ estor. al ownership
12 UI Details the thre Ownee @@@ C \$\$\$In tl the inve Details Sr [Please	of Bene shold li crship po wnersh he case sstor wil of Bene attach s DDITI	tails* eficial Ownership er cent @@@ ip percentage of of Foreign invest I be responsible eficial Ownership self attested copy ONAL INFORI plicant	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C o (Please att Name	applicabli o be provio pmpany tal/profits, eficial owr DBAMC/it ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee	y).Ownership ich such ben 5% of juridical p ill be determ r/KRA as ma t with this fo	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the	be provide andatory fo proprated A erest in the ² SEBI guide able immed e space pro Address	d if the or Non I sssociat >15% Frust as lines. F lines. F diately a vided is	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru Trust >=15% shall be furr of any change ch as PAN/I	Please refer ist of any l Passport	Benefic reign II the inve eneficia % of	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership
12 UI Details the thre Ownee @@@ C \$\$\$In tl the inve Details Sr [Please	of Bene shold li crship po wnersh he case sstor wil of Bene attach s DDITIN	tails* eficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest I be responsible eficial Ownership self attested copy ONAL INFORM	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C o (Please att Name	applicabli o be provio pmpany tal/profits, eficial owr DBAMC/it ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee	y).Ownershij ch such ben rship Firm 5% of juridical p ill be determ t with this fo t with this fo co identity) a	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the	be provide landatory for orporated A erest in the r SEBI guide cable immed e space pro Address	d if the or Non I sssociat >15% Frust as lines. F lines. F diately a vided is	Owners Individua ion/Bod 6 o n the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(F st in the tru Trust >=15% shall be furr of any chang	Please refer	Benefici reign II .he inverse enefici % of	ion No. 8 & 9) ciary is as per nvestor \$\$\$ estor. al ownership
12 UI Details the three Ownee @@@ C \$\$\$In ti the invee Details Sr [Please 13 A	of Bene shold li cat rrship po wnersh he case sstor wil of Bene attach s DDITI Ap 1st 2nc 3rd	tails* eficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest II be responsible eficial Ownership self attested copy ONAL INFORI plicant Holder I Holder I Holder	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate C o (Please att Name	applicabli o be provio pmpany tal/profits, eficial owr DBAMC/it ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee	y).Ownershij ch such ben rship Firm 5% of juridical p ill be determ t with this fo t with this fo co identity) a	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the	be provide andatory for proprated A rest in the ² SEBI guide cable immed space pro Address	d if the or Non I sssociat >15% Frust as lines. F lines. F diately a vided is	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/I Ch as PAN/I Male Male	Please refer ist of any l bished by t re in the b Passport Passport Female Female Female	Benefici	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@ C \$\$\$In th the invee Details Sr [Please 13 A G	of Bene shold li crship po wnersh he case sstor wil of Bene attach s DDITI Ap 1st 2nc 3rd uardian	tails* ficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest I be responsible ficial Ownership self attested copy ONAL INFORM plicant Holder Holder Holder Holder Holder Holder	o (Please tick ow. Details t Unlisted co >25% shares/capit cors, the ben to intimate (o (Please att Name o of PAN/Pase MATION	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee of of phot	<pre>/).Ownershij ch such ben ership Firm 5% of juridical p ill be determ ill be determ t with this fo co identity) a (If KYC done v (If KYC done v</pre>	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the ilong with a	be provide andatory for proprated A rest in the ² SEBI guide cable immed e space pro Address	d if the or Non I sssociat >15% Frust as lines. F lines. F diately a vided is	Owners Individua ion/Bod 6 on the c on the c detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/I Ch as PAN/I Male	Please refer ist of any l Fo hished by t ge in the b Passport Sender Female Female	Benefici	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender
12 UI Details the three Ownee @@@ C \$\$\$In th the invee Details Sr [Please 13 A G	of Bene shold li crship po wnersh he case sstor wil of Bene attach s DDITI Ap 1st 2nc 3rd uardian	tails* ficial Ownership imit provided bel regory re cent @@@ ip percentage of of Foreign invest I be responsible ficial Ownership self attested copy ONAL INFORM plicant Holder Holder Holder Holder Holder Mandatory if CKYC	(Please tick ow. Details t Unlisted co >25% shares/capii cors, the ben to intimate (of Please att Name of PAN/Pase MATION ID mentioned	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee of of phot	<pre>/).Ownershij ch such ben ership Firm 5% of juridical p ill be determ ill be determ t with this fo co identity) a (If KYC done v (If KYC done v</pre>	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the ilong with a	be provide andatory for proprated A erest in the ⁻ SEBI guide able immed e space pro Address	d if the or Non I sssociat >15% Frust as lines. F lines. F diately a vided is	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male	Please refer ist of any l bished by t re in the b Passport Passport Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@ C \$\$\$In th the invee Details Sr [Please 13 A G *Date o M	of Bene shold li crship po wnersh he case sstor wil of Bene attach s DDITI Ap 1st 2nc 3rd uardian f Birth - I Details lobile N	tails* eficial Ownership imit provided bel egory er cent @@@ ip percentage of of Foreign invest I be responsible eficial Ownership self attested copy ONAL INFORI Holder Holder Holder Holder Holder Holder Mandatory if CKYC Kong	(Please tick ow. Details t Unlisted co >25% shares/capii cors, the ben to intimate (of Please att Name of PAN/Pase MATION ID mentioned	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee of of phot	<pre>/).Ownershij cch such ben ership Firm 5% of juridical p ill be determ ill be determ t with this fo co identity) a (If KYC done v (If KYC done v</pre>	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the ilong with a	be provide andatory for proprated A erest in the ⁻ SEBI guide able immed e space pro Address	d if the or Non I >15% Frust as lines. F diately a vided is	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male Male	Please refer ist of any l ished by t passport Passport Female Female Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@ C \$\$\$In ti the inve Details Sr IPlease I3 A G 'Date o M	of Bene shold li cat rrship po wnersh he case sstor wil of Bene attach s DDITI Ap 1st 2nc 3rd uardian f Birth - I Details tobile N Email Ic	tails* eficial Ownership imit provided bel egory er cent @@@ ip percentage of of Foreign invest Il be responsible eficial Ownership self attested copy ONAL INFOR plicant Holder Holder Holder Holder Holder Mandatory if CKYC s Io. I.	(Please tick ow. Details t Unlisted co >25% shares/capii cors, the ben to intimate (of Please att Name of PAN/Pase MATION ID mentioned	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa	e category ded for ea Partne >1 'property uership wi s Registra rate shee of of phot	<pre>/).Ownershij cch such ben ership Firm 5% of juridical p ill be determ ill be determ t with this fo co identity) a (If KYC done v (If KYC done v</pre>	p details to eficiary. (M Uninco berson/inte ined as per ay be applic ormat if the ilong with a	be provide andatory for prorated A erest in the ⁻ SEBI guide able immed e space pro Address	d if the or Non I >15% Frust as lines. F diately a vided is	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male Male	Please refer ist of any l ished by t passport Passport Female Female Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@C \$\$\$In ti the invee Details Sr [Please 13 A G "Date o M Rela" Mobile	of Bene shold li Cat rship po whership the case stor will of Bene attach s DDITH Ap 1st 2nc 3rd uardian f Birth - I Details tooship Investo atto, / E	tails* ficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest I be responsible ficial Ownership self attested copy ONAL INFORM plicant Holder Ho	(Please tick ow. Details t Unlisted co >25% shares/capit cors, the ben to intimate (o (Please att Name o (Please att Name o (Please att Name ID mentioned	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa ssport (pro	e category ded for ea Partne >1 'property uership wis s Registra rate shee of of phot KIN an; POA: Po	<pre>/).Ownership ich such ben ership Firm 5% of juridical p ill be determ ill be determ it with this for t with this for co identity) a co identity) a (If KYC done v co wer Of Attorn co identity) a above any option</pre>	p details to eficiary. (M Derson/inte ined as per ormat if the ilong with a via CKYC)	be provide andatory for proprated A serest in the ² SEBI guide able immed space pro Address Address application f	d if the or Non I sssociat >15% Trust as lines. F lines. F diately a vided is vided is o vided is b b b b b b b b b b b b b b b b b b b	Owners Individua ion/Bod 6 on the c or detail about su s insuffic bout su s insuffic su s insuffic bout su s insuffic bout su su su su su su su su su su su su su s	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of Birth [#] Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male Male	Please refer ist of any l ished by t passport Passport Female Female Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@C \$\$\$In ti the invee Details Sr [Please 13 A G "Date o M Rela" Mobile	of Bene shold li Cat rship po whership the case stor will of Bene attach s DDITH Ap 1st 2nc 3rd uardian f Birth - I Details tobile N Email Ic tionship Nessto	tails* ficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest I be responsible ficial Ownership self attested copy ONAL INFORM plicant Holder Ho	(Please tick ow. Details t Unlisted co >25% shares/capii cors, the ben to intimate (o (Please att Name / of PAN/Pase MATION	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa ssport (pro	e category ded for ea Partne >1 'property uership wis s Registra rate shee of of phot KIN an; POA: Po	<pre>/).Ownership ich such ben ership Firm 5% of juridical p ill be determ ill be determ it with this for t with this for co identity) a co identity) a (If KYC done v co wer Of Attorn co identity) a above any option</pre>	p details to eficiary. (M Derson/inte ined as per ormat if the ilong with a via CKYC)	be provide landatory for proporated A erest in the ² SEBI guide able immed e space pro Address Address	d if the or Non I sssociat >15% Trust as lines. F lines. F diately a vided is vided is o vided is b b b b b b b b b b b b b b b b b b b	Owners Individua ion/Bod 6 on the c or detail about su s insuffic	ship percent al) y of Individu late of the a is refer to S/ ch change. ient) Details of Birth [#] Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male Male	Please refer ist of any l ished by t passport Passport Female Female Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@ O @@@ C \$\$\$\$In the invec Details Sr [Please [Please 13 A "Date o "Date o "Date o Mobile Se Se	of Bene shold li Cat rship po whership he case stor will of Bene attach s DDITI Ap 1st 2nc 3rd uardian f Birth - I Details Abbile N. / E elf	tails* eficial Ownership init provided bel egory er cent @@@ ip percentage of of Foreign invest Il be responsible eficial Ownership self attested copy ONAL INFORI plicant Holder Holder Holder Holder Holder Holder Holder Spouse Depi	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate O (Please att Name 0 (Please att) 0 (Please att	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa ssport (pro	e category ded for ea Partne >1 'property uership wis s Registra rate shee of of phot KIN an; POA: Po	<pre>/).Ownership ich such ben ership Firm 5% of juridical p ill be determ ill be determ it with this for t with this for co identity) a co identity) a (If KYC done v co wer Of Attorn co identity) a above any option</pre>	p details to eficiary. (M Derson/inte ined as per ormat if the ilong with a via CKYC)	be provide andatory for proprated A serest in the ² SEBI guide able immed space pro Address Address application f	d if the or Non I sssociat >15% Trust as lines. F lines. F diately a vided is vided is o vided is b b b b b b b b b b b b b b b b b b b	Owners Individua ion/Bod 6 on the c or detail about su s insuffic bout su s insuffic su s insuffic bout su s insuffic bout su su su su su su su su su su su su su s	ship percent al) y of Individu late of the a s refer to S/ ch change. ient) Details of Details of Birth [#] Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	age/intere	(f st in the tru >=15% shall be furr of any chang ch as PAN/I Male Male Male Male Guardia	Please refer st of any l ist of any l Passport Passport Female Female Female Female	Benefici reign II che inverenefici % of % of Tr Tr Tr Tr Tr Tr	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender
12 UI Details the three Ownee @@@ O @@@ C \$\$\$\$In the invec Details Sr [Please [Please 13 A "Date o "Date o "Date o Mobile Se Se	of Bene shold li Cat rship po whership he case stor will of Bene attach s DDITI Ap 1st 2nc 3rd uardian f Birth - I Details Abbile N. / E elf	tails* ficial Ownership imit provided bel regory er cent @@@ ip percentage of of Foreign invest I be responsible ficial Ownership self attested copy ONAL INFORM plicant Holder Ho	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate O (Please att Name 0 (Please att) 0 (Please att	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa ssport (pro	e category ded for ea Partne >1 'property uership wis s Registra rate shee of of phot KIN an; POA: Po	<pre>/).Ownership ich such ben ership Firm 5% of juridical p ill be determ ill be determ it with this for t with this for co identity) a co identity) a (If KYC done v co wer Of Attorn co identity) a above any option</pre>	p details to eficiary. (M Derson/inte ined as per ormat if the ilong with a via CKYC)	be provide andatory for proprated A serest in the ² SEBI guide able immed space pro Address Address application f	d if the or Non I sssociat >15% Trust as lines. F lines. F diately a vided is vided is o vided is b b b b b b b b b b b b b b b b b b b	Owners Individua ion/Bod 6 on the c or detail about su s insuffic bout su s insuffic su s insuffic bout su s insuffic bout su su su su su su su su su su su su su s	ship percent al) y of Individu late of the a s refer to S/ ch change. ient) Details of Details of Birth [#] Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	age/intere	(f st in the tru) Trust >=15% shall be furr of any chang ch as PAN/ Male Male Male Male Male Male Male	Please refer ist of any l ished by t refer to the b Passport Female Female Female Female Female Female in/POA H	Benefici reign II :he inve enefici % of 	ion No. 8 & 9) iary is as per ivestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender ansgender ansgender
12 UI Details the three Ownee @@@ O @@@ C \$\$\$\$In the invec Details Sr [Please [Please 13 A "Date o "Date o "Date o Mobile Se Se	of Bene shold li Cat rship po whership he case stor will of Bene attach s DDITI Ap 1st 2nc 3rd uardian f Birth - I Details 1obile N Email Lio 1obile N Email Chonship Investo 2 No. / E elf	tails* eficial Ownership init provided bel egory er cent @@@ ip percentage of of Foreign invest Il be responsible eficial Ownership eficial Ownership self attested copy ONAL INFORI plicant Holder Holder Holder Holder Holder Holder Holder Holder Spouse Depi	(Please tick ow. Details t Unlisted co >25% shares/capit ors, the ben to intimate O (Please att Name 0 (Please att) 0 (Please att	applicable o be provious ompany tal/profits, efficial own DBAMC/ita ach a sepa ssport (pro	e category ded for ea Partne >1 'property uership wis s Registra rate shee of of phot KIN an; POA: Po	<pre>/).Ownership ich such ben ership Firm 5% of juridical p ill be determ ill be determ it with this for t with this for co identity) a co identity) a (If KYC done v co wer Of Attorn co identity) a above any option</pre>	p details to eficiary. (M Derson/inte ined as per ormat if the ilong with a via CKYC)	be provide andatory for proprated A serest in the ² SEBI guide able immed space pro Address Address application f	d if the or Non I sssociat >15% Trust as lines. F lines. F diately a vided is vided is o vided is b b b b b b b b b b b b b b b b b b b	Owners Individua ion/Bod 6 on the c or detail about su s insuffic bout su s insuffic su s insuffic bout su s insuffic bout su su su su su su su su su su su su su s	ship percent al) y of Individu late of the a s refer to S/ ch change. ient) Details of Details of Birth [#] Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	age/intere	(f st in the tru >=15% shall be furr of any chang ch as PAN/I Male Male Male Male Guardia	Please refer ist of any l ished by t refer to the b Passport Female Female Female Female Female Female in/POA H	Benefici reign II .he inveenefici % of 	ion No. 8 & 9) iary is as per nvestor \$\$\$ estor. al ownership ownership ansgender ansgender ansgender

Date D D M M Y Y Y Y Ban

Cheque/DD No.

Bank & Branch details

Stamp & Signature

14 FATCA AND CRS DE	ETAILS For Individuals (Ma mandatorily fill sep	andatory). Non barate FATCA/C	Individual inve RS/UBO deta	stors including	HUF should		(Including So	le Proprietor. Refer	Instructio	n No. 21)
Details	1st Holder			nd Holder		3rd Ho	lder		Guardian/PC)A Holde	r
Place & Country of Birth	200110100					0.4.1.0					
Nationality											
TIN No.											
Are you a tax resident of any country other than	Yes	No	Yes			Yes	□ N	0	Yes		10
India?					y to enclose FATCA						
For all the NRI Tax Categori under FATCA Block.											
 Tax Identification Number each such country separa TIN Identification Type (T 	itely	-	e any of app	licant being r	'esident/ tax payer i	in more th	ian one co	untry, prov	lide tax identific	ation nun	nber for
15 DECLARATION AN	D SIGNATURE						(For dec	laration and	signature, please re	efer point n	umber 4)
I/We hereby confirm and declar Information memorandum of the the respective Scheme(s) of Olc induced by any rebate or gifts, d sources only and is not designee Statutory Authority. The ARN he from amongst which the Scheme the KYC process to the satisfacti as on the date of such redempti immediately in the event the infor Plan to the RIA/Portfolio Manag Intermediaries, arising out of ar indemnify and at all time keep ir incurred or suffered /paid by AI offered/communicated any indi recommended or advised me/u investments which together wit Nationality/Origin and I/We he Account/FCNR Account(s).FATU any of the above specified info changes/modification to the abo cany form, mode or manner, all/a Company, trustees, their employ (FIU-IND), the tax/revenue auth Consent for Telemarketing I/We hereby accord my/our cons Application Form. Consent for disclosure of Persoo I/We hereby confirm to have rea Old Bridge AMC/Fund for collec any person acting under a lawful	Prespective Scheme(s) and Ad Bridge Mutual Fund, as indic irrectly or indirectly in making d for the purpose of contrave older has disclosed to me/us all (s) is/are being recommended on of the AMC/Old Bridge Mu on. I/We agree that Old Bridge prmation in the self-certificati ers/Stock Broker registered ir ny false, misleading, inaccurat idemnified, save and harmless MC/Fund in this regard and ir rative portfolio and/or any ind s regarding the suitability or the current application will reby confirm that the funds f CA and CRS Declaration: I/We prmation is found to be false we information in future and a ny of the information provide eves ('the Authorised Parties'). orities and other investigation sent to Old Bridge AMC for re nal Information in terms of Pri id, understood and agree to th	denda thereto, i ated above and this investment thiton or evasion the commission to me/us. I/We e Mutual Fund n changes. I/W the concerned e and incomple AMC/Fund/Trr case of any dis appropriatenes cative yield by1 appropriatenes result in aggrey or subscription thereby acknow or untrue or Iso undertake t d by me/us, incl or any Indian or agencies witho ceiving the pror vacyPolicy tetms, dealing, h	ssuedfromtin agree to abid J/We declare of any Act, R Is (in the form declare that th hereby author can debit from ehereby conse folio, if applica te informatior ustee and their pute regardin he Fund/AMC s of the produ- tate investmen have been rer ledge and con misleading or o provide any q uding all chang foreign govern ut any obligation motional inforr cy Policy (avail andling or disc	e to time and the e by the terms, that I am/We are of trail commissis ie information g is the AMC/OI my Folio Trans and for providin ble. I/We shall be no furnished by r officers, direct g the eligibility, its distributor ict/scheme/plan tist excreeding R mitted from aby misted from aby misted from aby misted from aby misted rom at the inf misrepresentin ther additiona esc, updates to mental or statu on of advising m mation/ materia	le Instructions. I/We, he conditions, rules and r e authorised to make ti Notification, Direction ion or any other mode), iven in this application i di Bridge Mutual Fund t action Charges as appl gransactions data fee liable and responsible me/us at the time or in tors and employees aga validity and authoriza for this investment. For n. Applicable to Micro is. 50,000 in a year. App oad through normal b ormation provided in th g. I/We shall be liable linformation as may be such information as may be suc	reby apply i gregulations c his investments or any other so crany other form is corre- or redeem th icable. I/We i, portfolio he for any loss vesting/red inst all actic tion of my/or investors in Investors: In Investors: In Investors: for it. I/W required at d when pro- ies/agencies	Truste of the relevant and the a her applicat imforthe di ct, complete eunits again agree to nc oldings, NA, claims suffi- eeming the nos, proceed ur transacti twesting in C We hereby kins: (/We c nels or from le also undto your end. I/ ided by me, sincluding b ls etc. on the	e of Old Brid nt Scheme(s imount inves) le laws enac fferent comp e and truly st sit the fundsi tify Old Bric vetc. in resp ered, directly units. I/We h of ings, claims, ons. I/We h of ings, claims, ons. I/We h of ings, claims, ons. I/We h of ings, claims, ons. I/We ho ings, claims, onfirm that n funds in m ct to the best onfirm that n funds in m ct to kereby a We hereby a 'us to Mutua ut not limited	ge Mutual Fund for:) I/We have neithe ted in the Scheme is ted by the Govern teling Schemes of va ated. In the event of nvested by me/us at ge Asset Managem ect of mi/our transa- ror indirectly by AM ereby uncondition losses, damatges, ch reby confirm that 1 losses, damatges, ch reby confirm that 1 to I/We do not have We hereby agreet th t I/We do not have We hereby agreet th t I/We do not have we hore Non-Resident of mi/our knowled, p you informed in uthorise you to disc to the Financial Int ber and email provi	allotment c received sthrough le nent of Ind rious Mutt ind y and irri arges and c (XF fund/R ally and irri arges and c (XF and r any existi e sident(s). External/ ge and belic writing al lose, share Asset Man elligence U	of units of nor been agitimate ia or any ial Funds tfulfiling ble NAV 2 Limited er Direct TA/SEBI evocably expenses not been C has not C has not C has not C fundian Ordinary .f. Incase sout any .remit in agement int-India
1st Holder / Guar	rdian	2nd H	older		C 3rd Ho	older		ALD F	ower of Attorne	y Holder	
Date D D M M Y	Y Y Y Place										
			Q	UICK CHE	CKLIST						
Multiple Bank Accounts I	etter (Compulsory for MICR Registration form (if you wa ber provided for online tran me of a minor)	nt to register i	nultiple bank SIP R n Oddit	egistration Fo	hat future payments or rm for SIP investmen nts attached for Thirc MEMBER	can be mad ts	e from any Relationsh	of the acco ip proof bet	ween guardian an		ame
				icase ensui	e that						
 Your Application Form is co Name, Address and Contact Bank Account Details are ee Permanent Account Numb Know Your Client (KYC) Ma Your Investment Cheque / I Application Number is men Acancelled Cheque leaf of y Documents as listed are sub 	t Details are mentioned in fu ntered completely and corre er (PAN) Mandatory for all In andatory for irrespective of th DD is drawn in favour of < Sch tioned on the reverse of the c your Bank is enclosed in case	I. Email id & Mo ctly. IFSC Code vestors (Indiar ne amount of in eme Name > d heque. your investme	bile numbers & 9 digit MIC & NRI) Irresp vestment (ple ated and signe	R Code of your ective of the In ase refer the g d. For e.g "Old ot from the ban	Bank is mentioned in t vestment amount. uideline 4(e) for more Bridge Focused Equit k account that you hav	the Applica informatio y Fund"	tion Form. n)	-		er.	
Documents	Individuals	Companies	Societies	Partnership Firms	Investments HUF through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to	oinvest	~	\checkmark	~		~		 ✓ 			~
HUF / Trust Deed						~					
Bye - Laws			~								
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	✓	~	~	~	~	~	~	~	~	 ✓ 	~
FATCA CRS/UBO Declaration		\checkmark	\checkmark	✓	✓	 ✓ 	 ✓ 	 ✓ 	✓	 ✓ 	✓

 \checkmark