

## NEW FUND OFFER

### HELIOS MID CAP FUND

An open-ended equity scheme predominantly investing in mid cap stocks

**OPENS : February 20, 2025**

**CLOSES : March 06, 2025**

**RE-OPENS: March 17, 2025**

Please read Key Information Memorandum, the instructions and product labelling before filling this application

#### KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)

| Distributor/ RIA Code | Sub Agent ARN | Sub Agent Code/Bank Branch Code/<br>Internal Code | *Employee Unique Identification<br>Number (EUIN) |
|-----------------------|---------------|---------------------------------------------------|--------------------------------------------------|
| ARN-                  |               |                                                   |                                                  |

\* EUIN Declaration (Only where EUIN box is left blank) - EUIN Declaration: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction. (Refer Instruction No XII)

|                                            |                               |                              |
|--------------------------------------------|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--------------------------------------------|-------------------------------|------------------------------|

#### 1. EXISTING INVESTOR FOLIO NUMBER

#### 2. MODE OF HOLDING [Please tick (✓)]

☐ Single ☐ Joint (Default) ☐ Any one or Survivor

#### 3. TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY (Please Refer Instruction No.V) [Please tick (✓)]

☐ I am a First time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds

In case the purchase/subscription amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, the same are deductible as applicable from the purchase/subscription amount and paid the distributor. Units will be issued against the balance amount invested.

#### 4. APPLICANT DETAILS (Mention name as per your PAN / Income Tax Department (ITD)) (Mandatory to mention Date of Birth for all holders)

|                                                                                                                                          |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------|---|---|---|--|
| <b>Sole/First Applicant</b>                                                                                                              | Mr. /Ms./M/s                                 | DOB                                                                                                                           | D                                                | D                                                             | M                                              | M                                                | Y                                                                                                     | Y | Y | Y |  |
| Name of Guardian if first applicant is minor/<br>Contact Person for non individuals                                                      |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| Date of Birth of Guardian                                                                                                                |                                              | D                                                                                                                             |                                                  | D                                                             | M                                              | M                                                | Y                                                                                                     | Y | Y | Y |  |
| Guardian's Relationship with Minor                                                                                                       |                                              | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian             |                                                  | Proof of Date of Birth and Guardian's Relationship with Minor |                                                |                                                  |                                                                                                       |   |   |   |  |
|                                                                                                                                          |                                              | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify) |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| PAN / PEKRN                                                                                                                              |                                              | CKYC ID (CKIN)                                                                                                                |                                                  | Valid upto:                                                   |                                                |                                                  |                                                                                                       |   |   |   |  |
| Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual. (Refer instruction No.XV)                        |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| STATUS                                                                                                                                   | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Sole Proprietor                                                                                      | <input type="checkbox"/> Public Limited Company  | <input type="checkbox"/> FPI Category I                       | <input type="checkbox"/> Banks                 | <input type="checkbox"/> Body Corporate          | <input type="checkbox"/> Trust /Society/ NGOs* (Enter Registration No. of Darpan Portal)              |   |   |   |  |
|                                                                                                                                          | <input type="checkbox"/> NRI                 | <input type="checkbox"/> HUF                                                                                                  | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> FPI Category II                      | <input type="checkbox"/> Defence Establishment | <input type="checkbox"/> AOP/BOI                 | <input type="checkbox"/> Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal) |   |   |   |  |
|                                                                                                                                          | <input type="checkbox"/> On Behalf of Minor  | <input type="checkbox"/> Financial Institutions                                                                               | <input type="checkbox"/> Partnership Firm/LLP    | <input type="checkbox"/> FPI Category III                     | <input type="checkbox"/> Government Body       | <input type="checkbox"/> Mutual Fund FOF Schemes | <input type="checkbox"/> Others (Please specify)                                                      |   |   |   |  |
| * Mandatory to fill Point No. 11 of this Application Form.                                                                               |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)                                       |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| <input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |
| <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above                                              |                                              |                                                                                                                               |                                                  |                                                               |                                                |                                                  |                                                                                                       |   |   |   |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |  |                                                                      |                |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--|----------------------------------------------------------------------|----------------|----------|--|
| <b>Correspondence Address</b> (Address details will be updated as per your KYC records with CKYC / KRA)                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |  | <b>Overseas Address</b> (Mandatory for NRI / FPI Applicants & PIO's) |                |          |  |
| House/Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |  | House/Flat No.                                                       |                |          |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |          |  | Street Address                                                       |                |          |  |
| City/Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State      | Pin Code |  | City/Town                                                            | State          | ZIP Code |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |  | Country                                                              |                |          |  |
| Tel. (Res.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (STD Code) |          |  | Tel. (Off.)                                                          | (Country Code) |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          |  | Fax                                                                  | (Country Code) |          |  |
| Mobile No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |  | Email ID (CAPITAL Letters Only)                                      |                |          |  |
| Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others                                                                                                                                                                                                                                     |            |          |  |                                                                      |                |          |  |
| Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others                                                                                                                                                                                                                                   |            |          |  |                                                                      |                |          |  |
| Investors providing Email Id would mandatorily receive Statement of Accounts/ Annual Report / Abridged Summary/ Statutory & other documents on email. Please register your Mobile No & Email Id with us to get transaction alerts via SMS & Email, respectively. I hereby declare that I shall immediately update any change in Mobile Number/Email ID. <input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the Email ID). |            |          |  |                                                                      |                |          |  |

|                                                                                                                                                                                                                                                                                                           |              |                                 |   |                                                                                    |   |   |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|---|------------------------------------------------------------------------------------|---|---|---|---|---|---|
| <b>Second Applicant</b>                                                                                                                                                                                                                                                                                   | Mr. /Ms./M/s | DOB                             | D | D                                                                                  | M | M | Y | Y | Y | Y |
| PAN / PEKRN                                                                                                                                                                                                                                                                                               |              | CKYC ID (CKIN)                  |   | STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI |   |   |   |   |   |   |
| Mobile No.                                                                                                                                                                                                                                                                                                |              | Email ID (CAPITAL Letters Only) |   |                                                                                    |   |   |   |   |   |   |
| Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others   |              |                                 |   |                                                                                    |   |   |   |   |   |   |
| Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others |              |                                 |   |                                                                                    |   |   |   |   |   |   |
| <b>Third Applicant</b>                                                                                                                                                                                                                                                                                    | Mr. /Ms./M/s | DOB                             | D | D                                                                                  | M | M | Y | Y | Y | Y |
| PAN / PEKRN                                                                                                                                                                                                                                                                                               |              | CKYC ID (CKIN)                  |   | STATUS : <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI |   |   |   |   |   |   |
| Mobile No.                                                                                                                                                                                                                                                                                                |              | Email ID (CAPITAL Letters Only) |   |                                                                                    |   |   |   |   |   |   |
| Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others   |              |                                 |   |                                                                                    |   |   |   |   |   |   |
| Mobile No. belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others |              |                                 |   |                                                                                    |   |   |   |   |   |   |

#### HELIOS MUTUAL FUND - ACKNOWLEDGEMENT SLIP

Name of the Investor Mr/Ms/M/s : \_\_\_\_\_

Scheme Name, Plan & Option: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Amount (₹) : \_\_\_\_\_

All purchases are subject to realization of payment instrument. Please retain this slip, duly acknowledged by the official collection center till you received your account statement.

FOLIO NO. \_\_\_\_\_

PAN NO. \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

5. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.

NSDL ☐ DP Name

DP ID

Beneficiary Account No.

CDSL ☐ DP Name

Beneficiary Account No.

6. BANK ACCOUNT DETAILS MANDATORY for Redemption / IDCW / Refunds, if any (Refer instruction No.III)

Account No.

A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Name of Bank

Bank Branch

Branch City

PIN

IFSC Code

MICR Code

Please ensure the name on this application form and in your bank, account is the same. Mandatory to attach proof in case the pay-out bank account is different from the bank account from where investment is made.

7. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with Single Application Form) (Refer instruction No.IV)

Scheme: Helios Mid Cap Fund

Plan (Select any one) ☐ Direct ☐ Regular

Option ☐ Growth (default) ☐ Income Distribution Cum Capital Withdrawal option (IDCW)

Frequency (if any)

☐ IDCW Payout ☐ IDCW Reinvestment

(Wherever applicable)

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT

Investment Amount (₹)

DD Charges (₹)

Net Amount (₹)

Instrument No/TR No.

Date

Drawn on Bank

Bank Branch

City

8. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form (Refer instruction No.XIV)

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian

Second Applicant

Third Applicant

Country

Tax Payer Ref. ID No

Identification Type

Country

Tax Payer Ref. ID No

Identification Type

Country

Tax Payer Ref. ID No

Identification Type

1

2

3

Country of Birth

Country of Birth

Country of Birth

Country of Nationality

Country of Nationality

Country of Nationality

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

9. ADDITIONAL KYC DETAILS (For Non Individuals, please attach mandatory UBO Declaration Form) (Mandatory)

OCCUPATION

Government Service/ Public Sector

Private Sector Service

Professional

Business

Housewife

Retired

Student

Agriculturist

Forex Dealer

Others

1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

Guardian

GROSS ANNUAL INCOME DETAILS

Below ₹1 Lac

₹1-5 Lacs

₹5-10 Lacs

₹10-25 Lacs

₹25 Lacs-1 Crore

>₹1 Crore

NET-WORTH (in ₹)

Date

1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

Guardian

PEP DETAILS

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Are you a Politically Exposed Person (PEP)

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Are you related to a Politically Exposed Person (PEP)

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

10. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

First Applicant POA Name

DOB

PAN

Original POA document or notarized copy of POA needs to be submitted in case of Investment through POA. In case each applicant wants to provide separate POA, the same can be provided by the way of letter.

11. NON-PROFIT ORGANIZATION (NPO) DECLARATION (Please Refer instruction no. XVI).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**Helios Capital Asset Management (India) Private Limited**  
 515 A, 5<sup>th</sup> Floor, The Capital Plot C70, Bandra-Kurla Complex  
 Bandra East, Mumbai-400 051.

**Computer Age Management Services Ltd**  
 New No 10. Old No. 178, Opp. to Hotel Palm  
 Grove, MGR Salai (K.H. Road), Chennai-600 034.

**12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Nomination shall be optional for jointly held Mutual Fund Folios) (Refer instruction No.VI for details)**☐ A) I/We wish to nominate as under:**OR**☐ B) 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 implications / issues involved in non-appointment of any nominee(s) and am / are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) \*

**Nomination Details**

| Nomi-<br>nee | Mandatory Details |                        |               |                |                           |                     | Additional Details **** |          |
|--------------|-------------------|------------------------|---------------|----------------|---------------------------|---------------------|-------------------------|----------|
|              | Name of nominee   | Share of nominee (%)** | Relation ship | Postal Address | Mobile Number & E-mail ID | Identity Number *** | D.O.B. of nominee       | Guardian |
| 1            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 2            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 3            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 4            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 5            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 6            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 7            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 8            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 9            |                   |                        |               |                |                           |                     | DD MM YYYY              |          |
| 10           |                   |                        |               |                |                           |                     | DD MM YYYY              |          |

| * Joint Accounts ▶ | Event                                                          | Transmission of Account / Folio to                                                                     |
|--------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                    | Demise of one or more joint holder(s)                          | Surviving holder(s) through name deletion. The surviving holder(s) shall inherit the assets as owners. |
|                    | Demise of all joint holders simultaneously- having nominee     | Nominee                                                                                                |
|                    | Demise of all joint holders simultaneously- not having nominee | Legal heir(s) of the youngest holder                                                                   |

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions / circumstances: ▶ • Date of Birth (DoB): please provide, only if the nominee is minor. • Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC / DP as follows; (please tick, as appropriate). ☐ Name of nominee(s) ☐ Nomination: Yes / No

2) I hereby authorize \_\_\_\_\_ (nominee number \_\_\_\_\_) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the SEBI circular dated January 10, 2025 SEBI/HO/OIAE/OIAE\_IAD-3/P/ON/2025/01650. He / She is authorized to encash my assets up to \_\_\_\_\_ % of assets in the account / folio or Rs. \_\_\_\_\_.

3) This nomination shall supersede any prior nomination made by me / us, if any.

| Name(s) of holder(s)          | Signature(s) of holder | Witness Signature* |
|-------------------------------|------------------------|--------------------|
| Sole / First Holder (Mr./Ms.) |                        |                    |
| Second Holder (Mr./Ms.)       |                        |                    |
| Third Holder (Mr./Ms.)        |                        |                    |

- Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

#### Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow procedure as per 3.10 of the SEBI circular dated January 10, 2025, SEBI/HO/OIAE/OIAE\_IAD-3/P/ON/2025/01650.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account / folio, if case of your physical incapacitation. This mandate can be changed any time you choose.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
  - 'Either or Survivor' Folios / Accounts - any one of the holder can sign
  - 'Jointly' Folios / Accounts - both holders have to sign

#### Transmission aspects

- AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

| % share as specified by investor at the time of nomination |             | % assets to be apportioned to surviving nominees upon demise of investor and nominee 'A' |                 |                                  |               |
|------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------|-----------------|----------------------------------|---------------|
| Nominee                                                    | % share     | Nominee                                                                                  | % initial share | % of A's share to be apportioned | Total % share |
| A                                                          | 60%         | A                                                                                        | 0               | 0                                | 0             |
| B                                                          | 30%         | B                                                                                        | 30%             | 45%                              | 75%           |
| C                                                          | 10%         | C                                                                                        | 10%             | 15%                              | 25%           |
| <b>Total</b>                                               | <b>100%</b> | <b>-</b>                                                                                 | <b>40%</b>      | <b>60%</b>                       | <b>100%</b>   |

### 13. RESOLUTION OF DISPUTES (For Institutional or Corporate Clients) (Refer instruction No.XVII)

- ☐ Smart ODR **OR** ☐ By harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

### 14. DECLARATION AND SIGNATURE

I/We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby agree and authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We have read and understood the purpose(s), as described under the Privacy Policy of the AMC, for which my/our details can be shared with various entities/people/authorities indicated in foregoing Para and I/We hereby consent to the same. I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby authorize the representatives of the Fund/AMC and its Associates to contact me through any mode of communication. This will override the registry on DND / DNDC, as the case may be.

|                                            |                               |                              |
|--------------------------------------------|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--------------------------------------------|-------------------------------|------------------------------|

#### Please submit the following documents with your application (where applicable)

| SR.No. | Documents                                                                                                         | Individuals | NRIs/<br>PIO/<br>OCI | Minors | Companies /<br>Body<br>Corporates | Trusts | Societies | HUF | Partnership<br>Firms / LLP | FPIs | Investments<br>through<br>Constituted<br>Attorney |
|--------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|--------|-----------------------------------|--------|-----------|-----|----------------------------|------|---------------------------------------------------|
| 1      | Signed A/c Payee cheque/draft favouring the scheme                                                                | ✓           | ✓                    | ✓      | ✓                                 | ✓      | ✓         | ✓   | ✓                          | ✓    | ✓                                                 |
| 2      | Copy of cancelled cheque ( Required where pay out bank details are different from the instrument bank)            | ✓           | ✓                    | ✓      | ✓                                 | ✓      | ✓         | ✓   | ✓                          | ✓    | ✓                                                 |
| 3      | Resolution / Authorisation to invest                                                                              |             |                      |        | ✓                                 | ✓      | ✓         |     | ✓                          | ✓    |                                                   |
| 4      | List of Authorised Signatories with Specimen Signature(s)                                                         |             |                      |        | ✓                                 | ✓      | ✓         |     | ✓                          | ✓    | ✓                                                 |
| 5      | Memorandum & Articles of Association                                                                              |             |                      |        | ✓                                 |        |           |     |                            |      |                                                   |
| 6      | Trust Deed                                                                                                        |             |                      |        |                                   | ✓      |           |     |                            |      |                                                   |
| 7      | Bye-Laws                                                                                                          |             |                      |        |                                   |        | ✓         |     |                            |      |                                                   |
| 8      | Partnership Deed / Deed of Declaration                                                                            |             |                      |        |                                   |        |           | ✓   | ✓                          |      |                                                   |
| 9      | Proof of PAN & KYC / CKYC - KIN number (including for guardian)                                                   | ✓           | ✓                    | ✓      | ✓                                 | ✓      | ✓         | ✓   | ✓                          | ✓    | ✓                                                 |
| 10     | Foreign Inward Remittance Certificate                                                                             |             | ✓                    |        |                                   |        |           |     |                            | ✓    |                                                   |
| 11     | Date of Birth Certificate or School Living Certificate or Passport of Minor evidencing relationship with Guardian |             |                      | ✓      |                                   |        |           |     |                            |      |                                                   |
| 12     | Declaration for Identification of Beneficial ownership                                                            |             |                      |        | ✓                                 | ✓      | ✓         | ✓   | ✓                          | ✓    | ✓                                                 |
| 13     | FATCA / CRS                                                                                                       | ✓           | ✓                    | ✓      | ✓                                 | ✓      | ✓         | ✓   | ✓                          | ✓    | ✓                                                 |
| 14     | PIO/OCI (As applicable)                                                                                           |             | ✓                    |        |                                   |        |           |     |                            |      |                                                   |

All documents for entities above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

## INSTRUCTIONS TO HELP YOU COMPLETE THE APPLICATION FORM

### I. GENERAL INSTRUCTION:

- Please read the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and the Scheme Information Document (SID) carefully before investing. All applicants are deemed to have read, understood and accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.
- The application form must be filled in English in BLOCK letters using Black or Dark Blue colored ink. Incomplete applications are liable to be rejected. Please ensure that the requisite details and documents have been provided. This will help in avoiding processing delays and / or rejection of your Application Form. All subscription application forms should be submitted only at the designated Investor Service Center of Helios Mutual Fund or CAMS.
- The Applicant's name and address must be given in full (P.O. Box No. alone is not sufficient). In case of multiple applicants, all communication and payments towards redemption will be made in the name of / favoring first applicant only. If the first applicant is a minor, the name of the Guardian who will sign on behalf of the minor should be filled in the space provided. Please fill in your date of birth as this may be required for validating your identity for certain transactions/ communication. Also, please provide Mobile No./E-mail Id. of the first applicant, so as to facilitate faster and efficient communication.
- All applicants must sign the form, (quoting existing folio no, if any). Thumb impressions must be attested by a Judicial Magistrate/Notary Public under his/ her official seal. In the case of HUF, the Karta should sign on behalf of the HUF. Authorised signatories, signing on behalf of a Company/Body Corporate/Society/ Trust etc should sign under their official seal, designation. A list of Authorised Signatories (POA/Board Resolution) with their names & designations duly certified/ attested by the bankers should be attached with the application form.
- Please note that if no Option is ticked/indicated in the application form, the units will by default be allotted under the Growth Option of the Scheme. Similarly, Reinvestment of Income Distribution cum capital withdrawal Option of the Income Distribution cum capital withdrawal shall be the default sub-options.
- If Mode of Holding is not mentioned for Joint Holders, the default mode of holding would be Joint.
- If the investment is done on behalf of the minor, then the minor shall be the sole holder in the folio/account. Joint holding will not be allowed in the folio/account opened on behalf of the minor.
- Guardian in the folio on behalf of the minor should either be a natural guardian (i.e., father or mother) or a court appointed Guardian.
- If you have invested through a distributor kindly specify the Name and ARN Code of the distributor else for Direct Investment, please Mention "Direct" in the Column "Name & Broker Code/ARN". In case nothing is specified then by default the Broker Code will be treated as Direct.
- Investors are required to clearly indicate the plan/option in the application form of the scheme. Investors may note that the following shall be applicable for the default plan.

| Scenario | Broker Code mentioned by the investor | Plan mentioned by the investor      | Default Plan to be captured          |
|----------|---------------------------------------|-------------------------------------|--------------------------------------|
| 1        | Not mentioned                         | Not mentioned                       | Direct Plan                          |
| 2        | Not mentioned                         | Direct Plan                         | Direct Plan                          |
| 3        | Not mentioned                         | Regular Plan/Other than Direct Plan | Direct Plan                          |
| 4        | Mentioned                             | Direct Plan                         | Direct Plan                          |
| 5        | Direct                                | Not Mentioned                       | Direct Plan                          |
| 6        | Direct                                | Regular Plan/Other than Direct Plan | Direct Plan                          |
| 7        | Mentioned                             | Regular Plan/Other than Direct Plan | Regular Plan/ Other than Direct Plan |
| 8        | Mentioned                             | Not Mentioned                       | Regular Plan/ Other than Direct Plan |

In cases of wrong/ invalid/ incomplete ARN/ Unempanelled ARN codes mentioned on the application form, the application shall be processed under Direct Plan. Similarly, in the absence of clear indication as to the choice of option (Growth or Payout of Income Distribution cum capital withdrawal option), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

### Treatment of transactions received under Regular Plan with invalid ARN

In accordance with AMFI circular no. 135/BP/ 111 /2023-24 dated February 2, 2024, transactions received in Regular Plan with Invalid ARN shall be processed in Direct Plan of the same Scheme (even if reported in Regular Plan), applying the below logic:

| Transaction Type                  | Primary ARN |         |            | SUB distributor ARN |         | EUIN* | Execution Only Mentioned | Regular Plan / Direct Plan |
|-----------------------------------|-------------|---------|------------|---------------------|---------|-------|--------------------------|----------------------------|
|                                   | Valid       | Invalid | Empanelled | Valid               | Invalid | Valid | Yes                      |                            |
| Lump Sum/ Systematic Registration | Y           |         | Y          |                     |         |       | Y                        | Regular                    |
|                                   | Y           |         | N          |                     |         |       |                          | Direct                     |
|                                   | Y           |         | Y          | N.A.                | N.A.    | N.A.  | N                        | Regular                    |
|                                   | Y           |         | Y          | Y                   |         | Y     |                          | Regular*                   |
|                                   |             | Y       |            |                     |         |       |                          | Direct                     |
|                                   | Y           |         | Y          | Y                   |         |       | Y                        | Regular                    |
|                                   | Y           |         | Y          |                     | Y       |       |                          | Direct                     |

| Trigger | Y |   |  | Not applicable | Regular |
|---------|---|---|--|----------------|---------|
|         |   | Y |  | Not applicable | Direct  |

\*If the EUIN is invalid/missing, the transactions will be processed in regular plan and the distributor/investor shall be given 30-day period from the date of the transaction for remediation of the EUIN. In such cases, the commission for that particular transaction shall not be paid to the ARN holder if the fresh valid EUIN is not provided within 30 days.

- Investors can opt for Special facilities like Systematic Investment Plan (SIP), SIP Top UP, Systematic Transfer Plan (STP), Value STP, Systematic Withdrawal Plan (SWP).
- The guardian cannot undertake any financial and non-financial transactions including fresh registration of Systematic Transfer Plan (STP), Systematic Investment Plan (SIP) and Systematic Withdrawal Plan (SWP) after the date of the minor attaining majority till the time requisite documents evidencing change of status from 'minor' Unit holder are received.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
- If the Scheme name on the application form and on the payment instrument are different, the application may be processed and units allotted at applicable NAV of the scheme mentioned in the application/transaction slip duly signed by investor(s), given that the same constitutes a valid legal document between the investor and the AMC.
- If the Name given in the application form does not match the name as appearing on the PAN Card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected.
- If the Purchase/SIP transaction of any of the specific scheme(s) cannot be processed, then the entire application is liable for rejection and the Purchase/ SIP proceeds if any debited from the investor's account will be refunded back to the investor's bank account.

### II. APPLICANT'S INFORMATION:

- In case of application(s) made by individual investors under a Power of Attorney, the original Power of Attorney or a duly notarized copy should be submitted along with the subscription application form. In case of applications made by non- individual investors, the authorized signatories of such non-individual investors should sign the application form in terms of the authority granted to them under the Constitutional Documents/Board resolutions/Power of Attorneys, etc. A list of specimen signatures of the authorized signatories duly certified/attested should also be attached to the application form. The Mutual Fund/AMC/Trustee shall deem that the investments made by such non-individual investors are not prohibited by any law/constitutional documents governing them and they possess the necessary authority to invest.
- Application made by a limited company or by a body corporate or a registered society or a trust, should be accompanied by a copy of the relevant resolution or authority to make the application along with a certified copy of the Memorandum and Articles of Association or Trust Deed / Bye Laws / Partnership Deed, whichever is applicable.
- In the case of non-individual applicants, i.e. HUF / Companies/AOP / BOI / Trusts / Societies / FIs etc. the name, email-ID and telephone number of the contact person to should be provided.
- Date of Birth of the minor is mandatory while opening the account/folio.
- In case the investment is done on behalf of the minor the relationship/ status of the guardian as father, mother or legal guardian and Date of birth of the minor shall be specified in the application form and following documents shall be submitted along with the application form as evidence:
  - Birth certificate of the minor, or
  - School leaving certificate/Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., or
  - Passport of the minor, or
  - Any other suitable proof evidencing the date of birth of the minor.
  - In the case of court appointed legal guardian, supporting documentary evidence shall be provided.
  - In case of natural guardian, a document evidencing the relationship if the same is not available as
  - Part of the documents submitted as per point. i-iv above.

### 6. Permanent Account Number (PAN):

SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his her permanent account number (PAN) irrespective of the amount of purchase. \*Where the applicant is a minor, and does not possess his / her own PAN, he/ she shall quote the PAN of his/ her father or mother or the guardian, signing on behalf of the minor, as the case may be. In order to verify that the PAN of the applicants (in case of application in joint names, each of the applicants) has been duly and correctly quoted therein, the applicants shall attach along with the purchase application, a photocopy of the PAN card duly self-certified along with the original PAN Card. The original PAN Card will be returned immediately across the counter after verification \*includes fresh/ additional purchase, Systematic Investment. Micro investment (including lumpsum & Micro SIP) & Investors residing in the state of Sikkim are exempt from the mandatory requirement of PAN proof submission however they are required to mandatorily submit PAN Exempt KYC Reference No (PEKRN) to Helios Mutual Fund. Applications not complying with the above requirement may not be accepted/ processed. Additionally, in the event of any Application Form being subsequently rejected for mismatch / non-verification of applicant's PAN details with the details on the website of the Income Tax Department, the investment transaction will be cancelled and the amount may be redeemed at the applicable NAV, subject to payment of exit load, if any.

Please contact any of the Investor Service Centres/ CAMS/ Distributors or visit our website [www.heliosmf.in](http://www.heliosmf.in) for further details.

#### 7. Prevention of Money Laundering and Know Your Client (KYC):

In order to reduce hardship and help investors dealing with SEBI intermediaries, SEBI issued three circulars - MIRSD/SE/Cir-21/2011 dated October 05, 2011, MIRSD/Cir-23/2011 dated December 02, 2011 and MIRSD/Cir-26/2011 dated December 23, 2011 informing SEBI registered intermediaries as mentioned therein to follow, with effect from January 01, 2012, a uniform KYC compliance procedure for all the investors dealing with them on or after that date. SEBI also issued KYC Registration Agency ("KRA") Regulations 2011 and the guidelines in pursuance of the said Regulations and for In-Person Verification ("IPV").

All investors (individual and non-individual) are required for KYC compliance. However, applications should note that minors cannot apply for KYC compliance and any investment in the Name of minors should be through a Guardian, who should be KYC compliant for the purpose of investing with a Mutual Fund. Also applicants/ unit holders intending, to apply for units currently holding units and operating their Mutual Fund folios through a Power of Attorney (PoA) must ensure that the issue of PoA and the holder of the PoA must mention their KYC compliance status at the time of investment. PoA holders are not permitted to apply for KYC compliance on behalf of the issuer of the PoA. Separate procedures are prescribed for change in name, address, and other KYC related details, should the applicant desire to change such information, POS will extend the services of effecting such changes.

- Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14-digit KYC Identification Number (KIN) in application form as per AMFI circular 135/BP/68/2016-17. To download Common KYC Application Form, please visit our website [www.heliosmf.in](http://www.heliosmf.in)
- In accordance with the aforesaid SEBI circulars and AMFI best practice guidelines for implementation of CKYC norms with effect from February 1, 2017:
- Individual investors who have never done KYC process under KRA regime i.e. a new investor who is new to KRA system and whose KYC is not registered or verified in the KRA system shall be required to provide KYC details in the CKYC Form to the Mutual Fund/ AMC.
- Individual investor who fills old KRA KYC Form, should provide additional / missing information using Supplementary KYC Form or CKYC Form.
- Details of investors shall be uploaded on the system of CKYCR and a 14 digit unique KYC Identifier ('KIN') will be generated for such customer.
- New investors, who have completed CKYC process & have obtained KIN may quote their KIN in the application form instead of submitting CKYC Form/ Supplementary KYC Form.
- AMC/ Mutual Fund shall use the KIN of the investor to download the KYC information from CKYCR system and update its records.

In accordance with AMFI circular - 35P/MEM-COR/54/2019-20 dated February 28, 2020, it is mandatory, KYC to be verified by KYC Registration Agency before processing redemption. Further, investor requested to complete KYC process before placing redemption request.

The CKYC Form and Supplementary KYC Form are available at Investor Service Centre (ISC) of Helios Mutual Fund and on website [www.heliosmf.in](http://www.heliosmf.in)

The AMC reserves the right to reject transaction application in case the investor(s) fails to submit information and/or documentation as mentioned above. In the event of non-compliance of KYC requirements, the Trustee / AMC reserves the right to freeze the folio of the investor(s).

- In case of NRI/FII investors the Account Statements / Redemption Cheques / Other correspondence will be sent to the mailing address mentioned.
- All applications are accepted subject to detailed scrutiny and verification. Applications which are not complete in all respects are liable for rejection, either at the collection point itself or subsequently after detail scrutiny/verification at the back office of the registrars.

#### III. BANK DETAILS:

- As per the SEBI guidelines, it is mandatory for investors to mention their bank account details in the application form. In the absence of the bank details the application form will be rejected.
- Purchase Application requests should necessarily mention the pay-in bank account details i.e. bank name, bank account number, bank branch used for issuing the payments to the fund. The first unit holder has to ensure that the subscription payment has to be made through his own bank account or through any of the bank accounts wherein he is one of the joint bank account holders. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, demand draft etc given by the investor at the time of subscription then unit holder should attach necessary supporting documents as required by the fund like bank certificate, bank passbook copy, bank statement etc to prove that the funds are from a bank account held by the first unit holder only. If the documents are not submitted with the application the fund reserves the right to reject the application or call for additional details. In specific exceptional situations where Third-Party payment is permitted like i.e. (i) Payment by employer on behalf of employee under Systematic Investment Plan (SIP) facility, or lump sum / one time subscription, through payroll deductions or deductions of expense reimbursements (ii) Payment by Corporate to its Agent/Distributor/Dealer (similar arrangement with principal-agent relationship), on account of commission/incentive payable for sale of its goods/ services, in the form of the Mutual Fund Units through Systematic Investment Plans or lump sum / one-time subscription (iii) Custodian on behalf of an FII or a client. For the above-mentioned cases KYC of the investor and the KYC of the person making the payment is mandatory irrespective of the amount. Additionally, a declaration by the person making the payment giving details of the bank account from which the payment is being made and the relationship with the beneficiary is also required to be submitted.
- Direct Credit of Redemption / IDCW Proceeds / Refund if any - Helios MF will endeavor to provide direct / electronic credit for IDCW / redemption payments into the investors bank account directly. In case the direct credit is not affected by the unitholder's banker for any reason then Helios MF reserves the right to make the payment to the investor by a cheque / DD. If the electronic credit is delayed or not

affected or credited to a wrong account, on account of incomplete or incorrect information, Helios MF will not be held responsible. Please provide the MICR Code/ IFSC code on the right bottom of your Cheque for us to help you in future for ECS/ NEFT credit of IDCW and redemption payout.

- Helios MF offers facility to register multiple bank accounts in the folio and designate one of the bank account as "Default Bank Account". Default bank account will be used for all IDCW and redemption payouts unless investor specifies one of the existing registered bank accounts in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the redemption request for receiving redemption proceeds will not be considered and the redemption proceeds will by default be credited into the default bank account. The investor will have to initially get the non-registered bank account registered in the folio and then apply for the redemption request.
- Also, if no registered bank account is mentioned at the time of redemption, then by default the redemption proceeds will be credited into the default Bank account.
- In accordance with the AMFI Best Practice Guideline Circular No. 17/2010-11 dated October 22, 2010 and Circular No. 39/ 2013-14 dated August 23, 2013 and to reduce operational risk. Investor(s) are requested to note that any one of the following documents shall be required to submit as a proof of Bank Account Details (for Redemption/ IDCW), in case the cheque provided along with fresh subscription/new folio creation does not belong to the Bank Account Details specified in the application form for redemption / IDCW payments w.e.f. March 1, 2014.
  - Cancelled original cheque of the Bank Account Details with first unit holder name and bank account number printed on the face of the cheque; (or)
  - Self attested copy of bank statement with current entries not older than 3 months; (or)
  - Self attested copy of bank passbook with current entries not older than 3 months; (or)
  - Bank Letter duly signed by branch manager authorized personnel.

#### IV. INVESTMENT & PAYMENT DETAILS:

- Payment should be made by Crossed Cheques/Demand Draft/ Payorder, favouring to "Helios Mutual Fund Scheme Name" and marked "Account Payee" payable locally in the city where the application is submitted. Post dated or outstation cheques/ draft are not permitted. Application received with outstation Cheque/Demand Draft shall be rejected.

Investors from such centers, who do not have a facility to pay by local cheque, as there are no Collection Centres of Helios MF, will be permitted to deduct the actual DD commission's charges. documentary proof, thereof is to be attached, if not attached the AMC reserves the right to call for the same at a later date. The amount of the DD commission charges will be limited to the actual charges paid or DD charges of State Bank of India, whichever is lower.

- Please mention the application serial no. on the reverse of the cheque/ demand draft tendered with the application.
- In case the payment is made through Demand Draft or Bankers Cheque or Indian Rupee draft purchased abroad or from FCNR or NRE A/c, an Account Debit Certificate from the Bank issuing the draft, confirming the debit should be submitted. For subscription made by NRE / FCNR Account cheques, the application forms must be accompanied with a photocopy of the cheque or Account Debit Letter / Certificate from the bankers.
- One time Bank mandate (OTBM) facilitates the investor to register a debit Mandate with his banker which will contain a pre-defined upper limit for the amount to be debited from his bank account for every Purchase Transaction done.

#### V. TRANSACTION CHARGES:

In terms of the provisions of Para 10.5 of the Master Circular, Mutual Funds are allowed to deduct following transaction charge on per subscription of Rs. 10,000 and above, where such subscriptions are received through distributors / agents based on the type of product opted-in to receive the transaction charges.

The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product.

Accordingly, transaction charges as follows will be deducted by the Fund, from the subscription received from investors and paid to distributors / agents who have opted to receive the transaction charge

- First Time Investor in Mutual Fund (across all Mutual Funds)

Transaction charge of Rs. 150/- per subscription of Rs. 10,000 and above will be deducted from the subscription amount and paid to the distributor / agent of the first time investor and the balance shall be invested in the relevant scheme opted by the investor.

- Existing Investor in Mutual Fund

Transaction charge of Rs. 100/- per subscription of Rs. 10,000 and above will be deducted by the Fund from the subscription amount and paid to the distributor / agent of the investor and the balance shall be invested in the relevant scheme opted for by the investor.

However, transaction charges in case of investments through SIP under (i) and (ii) above shall be deducted only if the total commitment (i.e. amount per SIP installment x No. of installments) amounts to Rs. 10,000/- or more. The transaction charge shall be deducted in 4 equal installments.

- Transaction charges shall not be deducted for

- Purchases / subscriptions / total commitment amount in case of SIP for an amount less than Rs. 10,000;
- Transactions other than purchases / subscriptions relating to new inflows such as Switch / STP / SWP etc.;
- Purchases / subscriptions made directly with the Fund without any ARN code i.e. not through any distributor / agent. (d) Purchases / subscriptions carried out through the Stock Exchange Platform.

- d. Where the distributor of the investor has not opted to receive any Transaction Charges.

The statement of account to unit holders will clearly provide details of the net investments as gross subscription amount less transaction charge and the number of units allotted against the net investment.

However, the option to charge "transaction charges" is at the discretion of the distributors. Investors may note that distributors can opt to receive transaction charges based on 'type of the Scheme'. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.

The aforesaid transaction charge shall be deducted by the Asset Management Company from the subscription amount and paid to the distributor, as the case may be and the balance amount shall be invested subject to deduction of Goods and Services Tax.

Identification of investors as "first time" or "existing" will be based on Permanent Account Number (PAN)/PAN Exempt KYC Reference Number (PEKRN) at the First/ Sole Applicant/ Guardian level. Hence, Unitholders are urged to ensure that their PAN/ PEKRN/ KYC is updated with the Fund. Unit holders may approach any of the Official Points of Acceptances of the Fund i.e. Investor Service Centers (ISCs) of the Fund/ offices of our Registrar and Transfer Agent (CAMS) in this regard.

#### **VI. NOMINATION FOR UNITS HELD IN PHYSICAL MODE:**

1. Nomination facility is available to individuals applying on their own behalf i.e. singly or jointly. Nomination is mandatory for folios opened by individuals with single mode of holding.
2. If the investor does not fill in the nomination details under Point no - 12 (A) of the Application form, then he needs to select nomination OPT-OUT section -12 (B) with declaration & to be duly signed by the unit holder.
3. Applications where details of nomination/intention to opt out of nomination, has not been provided, are liable to be rejected. Nomination shall be optional for jointly held Mutual Fund folios.
4. Multiple nominees (Resident, NRI, Including Minor) can be nominated. Nomination can also be in favor of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
5. Maximum of 10 Nominee can be nominated by investor.
6. Investor can define the Percentage of allocation for respective nominee such that the total of the same is equal to 100%. In case no percentage is defined by investor, it will be treated as equal.
7. Nomination of an NRI is subject to requirements, if any, prescribed by RBI and SEBI from time to time.
8. Nomination can be changed at any time during the currency of the investment by the same persons who have made the nominations.
9. Unitholders being either parent or lawful guardian on behalf of a minor and an eligible institution, societies, bodies corporate, HUF, AoPs, BOLS and partnership firms shall have no right to make any nomination.
10. The nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, karta of HUF or power of attorney holder.
11. On registration of nomination a suitable endorsement shall be made on the statement of account or in the form of a separate letter.
12. The facility of nomination is available to a unitholder under SEBI (MFs) Regulations and guidelines issued by SEBI from time to time.
13. Nomination in respect of units stands rescinded, upon the transfer of units.
14. On cancellation of nominations, the nomination shall stand rescinded, and Helios MF shall not be under any obligation to transfer the units in favor of the nominee.
15. Where a nomination in respect of any unit has been made, the units shall, on the death of the unitholder(s), vest in the nominee and on compliance of necessary formalities the nominee shall be issued a SOA in respect of the units so vested subject to any charge or encumbrance over the said units. The nominee would be able to hold the units provided he is otherwise eligible to become a unitholder of the scheme.
16. Where there are two or more unitholders, one of whom has expired the title to units shall vest in the surviving unitholder(s) who may retain the nomination or change or cancel the same. However, non-expression of desire to change or substitute the nominee by surviving unitholder shall be deemed to be the consent of surviving unitholder for the existing nomination.
17. Transmission made by the AMC as aforesaid, shall be a full discharge to the AMC from all liabilities in respect of the said units. For further details please refer to SAI.
18. Where a folio has joint holders, all joint holders should sign the request for Nomination/ cancellation of nomination, even if the mode of holding is not "joint."
19. Power of Attorney (POA) holder cannot sign the Nomination form.
20. Nomination is not allowed in a folio held on behalf of a minor.
21. Nomination is maintained at the folio level and not at the scheme level. If the investor fills in a fresh application form with a new Nominee name then the same shall supersede the existing nominee details in the folio.

#### **VII. Communication for the investors:**

- a) In accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/MRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the Helios MF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number.
- b) In case mobile no. & email ID not provided on the application form then, it will be captured as per KYC records.

Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:

1. Consolidation of account statement shall be done based on PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/ have taken place during the month.
3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis [at the end of every six months (i.e., September/ March)]
4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode
5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode.

The word 'transaction' shall include purchase, redemption, switch, Payout of Income Distribution cum capital withdrawal option, Reinvestment of Income Distribution cum capital withdrawal option, systematic investment plan, systematic withdrawal plan and systematic transfer plan transactions. CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by Helios Mutual Fund for each calendar month on or before 10th of the immediately succeeding month.

In case of a specific request received from the Unit holders, Helios Mutual Fund will provide the account statement to the investors within 5 Business Days of the receipt of such request.

#### **VIII. SEBI circular of June 30, 2009 on removal of entry load:**

In terms of SEBI circular no. SEBI/IMD/CIR No.4/ 168230/09 dated June 30, 2009, no entry load will be charged by the Scheme to the investor effective August 1, 2009. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

#### **IX. Benefits:**

1. Mobile No.: Get alerts on the move for Purchase, IDCW or Redemption, SIP Debit alert after it reflects in your account or two days prior to SIP debit.
2. E-Mail ID: The Account Statement will be e-mailed instantly to your registered email address as and when you transact with Helios Mutual Fund.
3. IFSC/MICR Code: With Helio E-IDCW you can have your IDCW credited in your account through the Electronic Clearing Service (ECS)/ National Electronic Fund Transfer (NEFT).

#### **X. MICRO investment (including lumpsum & Micro SIP):**

1. In line with SEBI letter no. OW/16541/2012 dated July 24, 2012 addressed to AMFI, Investments in the mutual fund schemes (including investments through Systematic Investment Plans (SIPs)) up to Rs. 50,000/- per investor per year shall be exempted from the requirement of PAN.

Accordingly, for considering the investments made by an investor up to Rs. 50,000/-, an aggregate of all investments including SIPs made by an investor in a Financial Year i.e. from April to March, shall be considered and such investors shall be exempted from the requirement of PAN. However, requirements of Know Your Customer (KYC) shall be mandatory and investors seeking the above exemption of PAN will need to submit the PAN Exempt KYC Reference No (PEKRN) acknowledgement issued by KRA along with the application form. This exemption is applicable only for individuals including NRIs, minors acting through guardian, Sole proprietorship firms and joint holders\*. Other categories of investors, e.g. PIOs, HUFs, QFIs, non - individuals, etc. are not eligible for such exemption. In the case of joint holders, first holder must not possess a PAN. Investors are requested to note that, in case where a lump sum investment is made during the financial year and subsequently a fresh SIP mandate request is given where the total investment for that financial year exceeds Rs. 50,000/-, such SIP application shall be rejected. In the case where a SIP mandate is submitted during the financial year and subsequently a fresh lumpsum investment is being made provided where the total investment for that financial year exceeds Rs. 50,000, such lump sum application will be rejected. Redemptions if any, in the Micro Investment folio, shall not be considered for calculating the exemption limit for such financial year. Consolidation of folio shall be allowed only if the PEKRN in all folios is same along with other investor details.

2. In case the first Micro SIP installment is processed, and the application is found to be defective, the Micro SIP registration will be ceased for future installments. No refunds to be made for the units already allotted. Investors will be sent a communication to this effect. However, redemptions shall be allowed.

#### **XI. Units held in the dematerialised form:**

1. With effect from October 1, 2011, in accordance with SEBI Circular No. IMD/ DF/9/2011 dated May 19, 2011, an option to subscribe/hold the units of the Scheme(s)/ Plan(s) of Helios in dematerialized (demat) form is being provided to the investors in terms of the guidelines/ procedural requirements as laid by the Depositories (NSDL/ CDSL) / Stock Exchanges (NSE / BSE) from time to time.
2. The Unit holders are given an Option to hold the units by way of an Account Statement (Physical form) or in Dematerialized ('Demat') form. Unit holders opting to hold the units in demat form must provide their Demat Account details in the specified section of the application form. The Unit holder intending to hold the units in Demat form are required to have a beneficiary account with the Depository Participant (DP) (registered with NSDL / CDSL as may be indicated by Helios) and will be required to indicate in the application the DP's name, DP ID Number and the beneficiary account number

of the applicant with the DP. Applicants must ensure that the sequence of names and other details like Client ID, Address and PAN details as mentioned in the application form matches that of the account held with the Depository Participant. Only those applications where the details are matched with the depository data will be treated as valid applications. If the details mentioned in the application are incomplete/incorrect, not matched with the depository data, then units will be allotted in the physical mode and an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange till the holdings are converted into demat form.

3. Unit Holders opting the units in the demat mode, can submit redemption/switch only through DP or through stock exchange platform.
4. Unit holders opting for investment in demat mode cannot opt for facilities like STP, SWP & Top Up.
5. In case, the Unit holder desires to hold the Units in a Dematerialized / Rematerialized form at a later date, the request for conversion of units held in non-demat form into Demat (electronic) form or vice-versa should be submitted along with a Demat/Remat Request Form to their Depository Participants.
6. Units held in demat form will be transferable.

**XII. Employee Unique Identification Number (EUIIN)** would assist in tackling the problem of misselling even if the employee/relationship manager/ salesperson leave the employment of the distributor.

Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIIN of the Sales Person (if any) in the EUIIN space. Investors are requested to note that EUIIN is applicable for transactions such as Purchases, Switches, Registrations of SIP/STP/Trigger/Transfer of Income Distribution cum Capital Withdrawal Plan and EUIIN is not applicable for transactions such as Installments under SIP/STP/SWP, Income Distribution cum Capital Withdrawal option Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Income Distribution cum Capital Withdrawal option Transfer Plans. Investors are requested to note that EUIIN is largely applicable to sales persons of non individual ARN holders (whether acting in the capacity of the main distributor or sub broker). Further, EUIIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ARN-14/12-13 dated July 13, 2012.

**XIII. Ultimate Beneficial Owners(s):** Pursuant to SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 on Anti Money Laundering Standards and Guidelines on Identification of Beneficial Ownership issued by SEBI vide its Circular No. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of 'Ultimate Beneficial Owner(s) (UBO(s))' and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s). Further, the Prevention of Money Laundering Rules, 2005 also require that every banking company, financial institution (including Mutual Funds) and intermediary shall identify the beneficial owner. In case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company, the details of shareholders or beneficial owners are not required to be provided. Non-individual applicants/investors are mandated to provide the details on 'Ultimate Beneficial Owner(s) (UBO(s))' by filling in the declaration form for 'Ultimate Beneficial Ownership'.

Providing information about beneficial ownership will be applicable to the subscriptions received from all categories of investors except Individuals and a Company listed on a stock exchange or is a majority owned subsidiary of such a Company. Proof of Identity of the UBO such as Name/s, Address & PAN/Passport together with self-attested copy\* along with the declaration form for 'Ultimate Beneficial Ownership' are required submitted to Helios AMC/its RTA. (\*Original to be shown for verification and immediate return). In case of any change in the beneficial ownership, the investor should immediately inform Helios MF / its Registrar / KRA, as may be applicable, about such changes. Please contact the nearest Investor Service Centre (ISC) of Helios Mutual Fund or log on to our website [www.heliosmf.in](http://www.heliosmf.in) for the Declaration Form.

**XIV. Foreign Account Tax Compliance Act ("FATCA"):**

- a) The Central Board of Direct Taxes (CBDT) has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all account holders and/or applicants.
- b) Applicants/Unit holders are required to mandatorily provide the relevant information for FATCA and CRS, including Ultimate Beneficial Ownership (UBO) details. In case of any change in any information provided, Unit holders should ensure to advise the Fund/RTA promptly i.e within a period of 30 days.
- c) All Applicants/Unit holders, individuals and non-individuals, must be aware that the failure to providing all relevant details in relevant section and/or relevant forms will result in rejection of their investment application form, refund of application money, reversal of units allotted and the Fund will not be liable for any consequent loss to the Applicants/ Unit holders.

- d) Applicants like Individuals (including in the name of sole proprietorship firm), joint applicants, HUF, are required to provide details, as mentioned in this section, like Place and Country of birth, Country of Citizenship/Nationality mandatorily. If the applicant/s have any countries of tax residency other than India, details of all such countries and relevant tax identification number needs to be provided. If the space in the form is not adequate, applicants are required to attach additional sheets with information duly signed.
- e) If you have any questions about your tax residency or other definitions or terms used, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.
- f) It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation, and attach to the form.
- g) Applicant/unit holder should note that they also specifically authorize to disclose, share, remit in any form, mode or manner, all or any of the information provided by, including all changes, updates to such information as and when provided, to the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities
- h) Agencies including but not limited to the Financial Intelligence Unit- India (FIU- IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, applicant/ unit holder also authorizes to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation and for other relevant purposes.
- i) Applicant/unit holder also undertakes to keep the Mutual Fund informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information/ documentary proof as may be required.
- j) Please note that applicants/unit holders may receive more than one request for information if you have multiple relationships/accounts/ folios with us. Therefore, it is important that you respond to each of our request, even if you believe you have already supplied any previously requested information.
- k) In case any of the specified information provided by the applicant/unit holder is found to be false or untrue or misleading or misrepresenting, applicant/unit holder will be solely liable and will indemnify the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / associated parties and the RTAs.
- l) In case applicant/unit holder has any of the Indicia, pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant details as may be asked for.

**XV. Legal Entity Identifier:** As per the RBI circular "Introduction of Legal Entity Identifier for Large Value Transactions in Centralised Payment Systems" vide notification RBI/2020-21/82 DPSS.CO.ODNo.901/06.24.001/2020-21 dated 5th January 2021. RBI vide this notification has decided to introduce the LEI system for all payment transactions of value INR 50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). From April 1, 2021, 20-digit Legal Entity Identifier (LEI) information included while initiating any transaction of value INR 50 crore and above by entities (non-Individual).

**XVI. Non-Profit Organization (NPO):** As per Prevention of Money-laundering (Maintenance of Records) Amendment Rules, 2023 dated 7th March 2023, definition of Non-Profit Organization (NPO) has been revised. "Nonprofit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)".

All NPOs should register themselves in DARPAN portal of NITI Aayog <https://ngodarpan.gov.in/>. In case of non-registration, the AMC shall register the details of such NPO investors on the DARPAN Portal of NITI Aayog and maintain such registration records for a period of five years after the business relationship between the AMC and the investor has ended or the account has been closed, whichever is later.

**XVII. ONLINE DISPUTE REDRESSAL MECHANISM:**

In accordance with SEBI Circular No. SEBI/HO/OIAE/OIAE\_IAD-1/P/CIR/2023/145 dated July 31, 2023 (updated on August 4, 2023) ("the Circular"), all disputes between institutional or corporate clients and AMC can be resolved, at the option of the institutional or corporate clients:

- a. in accordance with the circular and by harnessing online conciliation and/or online arbitration as specified in this circular, OR
- b. by harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

Thus, institutional/corporate clients have to exercise their option under Section 13.

## POINTS TO REMEMBER

**Please ensure that:**

1. Your Application Form is complete in all respect, Name, Address & contact details are mentioned in full, signed by all applicants.
2. Bank Account Details are entered completely and correctly. Permanent Account Number (PAN) of all the applicants are mandatory. (Refer instruction no. II-6)
3. For KYC please Refer instruction no. II-7 & for PAN Exempt KYC Refer instruction no. X
4. Appropriate Scheme Name, Plan & Option is mentioned clearly.
5. The Cheque / DD is drawn in favor of "Helios Mutual Fund Scheme name", dated and duly signed.
6. Application Number is mentioned on the reverse of the Cheque / DD.
7. Documents as listed alongside are submitted along with the Application (as applicable to your specific case).
8. Your email id or mobile number is updated.
9. Your IFSC code / MICR code is updated in order to get electronic payouts in to your bank account.

## FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Entities

*Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS guidance*

| Part – A                                                             |                                                                                                                                                                                                                               |  |  |  |  |  |  |  |                                       |                  |   |   |   |   |   |   |   |   |   |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|---------------------------------------|------------------|---|---|---|---|---|---|---|---|---|
| PAN                                                                  |                                                                                                                                                                                                                               |  |  |  |  |  |  |  | Date of Incorporation                 | D                | D | / | M | M | / | Y | Y | Y | Y |
| Name                                                                 |                                                                                                                                                                                                                               |  |  |  |  |  |  |  |                                       |                  |   |   |   |   |   |   |   |   |   |
| Address Type<br>[for KYC address]                                    | <input type="checkbox"/> Residential <input type="checkbox"/> Residential / Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office                                                             |  |  |  |  |  |  |  |                                       |                  |   |   |   |   |   |   |   |   |   |
| Place of Incorporation                                               |                                                                                                                                                                                                                               |  |  |  |  |  |  |  | Country of Incorporation              |                  |   |   |   |   |   |   |   |   |   |
| Gross Annual Income Details in INR                                   | <input type="checkbox"/> < 1 Lakh <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25 Lacs-1 Cr <input type="checkbox"/> > 1 Cr        |  |  |  |  |  |  |  | Net Worth in INR in Lacs              |                  |   |   |   |   |   |   |   |   |   |
|                                                                      |                                                                                                                                                                                                                               |  |  |  |  |  |  |  | Net Worth as of                       | dd/mm/yyyy       |   |   |   |   |   |   |   |   |   |
| Is the entity involved in / providing any of the following services: | <input type="checkbox"/> Foreign Exchange / Money Changer Services<br><input type="checkbox"/> Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]<br><input type="checkbox"/> Money Laundering / Pawning |  |  |  |  |  |  |  | Any other information [if applicable] | [Please specify] |   |   |   |   |   |   |   |   |   |

Is "Entity" a tax resident of any country other than India –

☐ Yes    ☐ No

(If „Yes“, please provide country/ies in which the entity is a resident for tax purpose and the associated TIN)

| Sr. No. | Country of Tax Residency | Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number | Identification Type<br>[TIN or other, please specify] |
|---------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1       |                          |                                                                                                                               |                                                       |
| 2       |                          |                                                                                                                               |                                                       |
| 3       |                          |                                                                                                                               |                                                       |

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instructions o)

### Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]

|                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                                         |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>GIIN</b> (Global Intermediary Identification Number):<br>We are a        |                                                                                                                                                                                                                                                                                                                                                  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input type="checkbox"/> Financial Institution/ FFI [refer instructions a.] | <p><b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p><b>Name of the sponsoring entity</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                       |                                                                         |
| <input type="checkbox"/> Direct Reporting NFFE [refer instructions b.]      | <p><b>GIIN not available [tick any one]:</b></p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for – specify sub-category code <span style="border: 1px solid black; padding: 0 5px;">  </span> [refer instructions c.]</p> <p><input type="checkbox"/> Not obtained - Non-participating FFI</p> |                                                                         |

### Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

|   |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]                    | <input type="checkbox"/> No<br><input type="checkbox"/> Yes (If Yes, Please specify any one Stock Exchange on which the stock is traded regularly)<br>Name of the Stock Exchange _____                                                                                                                                                         |
| 2 | Is the entity a "Related Entity" of a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions e.] | <input type="checkbox"/> No<br><input type="checkbox"/> Yes (Please specify the name of the listed company and one stock exchange on which stock is traded regularly)<br>Name of the listed company: _____<br>Nature of Relation: <input type="checkbox"/> Subsidiary <input type="checkbox"/> Controlled<br>Name of the Stock Exchange: _____ |

|   |                                                         |                                                                                                                                                                                                               |
|---|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Is the entity an Active NFE?                            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes - Nature of business _____<br>Please specify sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> [refer instructions g.] |
| 4 | If the entity a Passive NFE:<br>[refer instructions h.] | <input type="checkbox"/> No<br><input type="checkbox"/> Yes - Nature of business _____<br>If Yes, fill UBO declaration in the next section                                                                    |

# if Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

| Sr. No. | Name of UBO | Taxpayer Identification Number / PAN / Equivalent ID Number~ | Place & Country of Birth | Country of Tax Residency* | Occupation Type [Service, Business, Others.] | Nationality | Father's Name | Date of Birth [dd/mm/yyyy] | Gender [Male, Female, others] |
|---------|-------------|--------------------------------------------------------------|--------------------------|---------------------------|----------------------------------------------|-------------|---------------|----------------------------|-------------------------------|
| 1       |             |                                                              |                          |                           |                                              |             |               |                            |                               |
| 2       |             |                                                              |                          |                           |                                              |             |               |                            |                               |
| 3       |             |                                                              |                          |                           |                                              |             |               |                            |                               |
| 4       |             |                                                              |                          |                           |                                              |             |               |                            |                               |

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

~ In case TIN is not available, kindly provided functional equivalent.

\* If UBO has more than one tax residency outside India, details to be provided in separate rows for each of the tax residency countries.

#### Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. We also confirm that we have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

#### Signature with relevant seal:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Authorized Signatory | Authorized Signatory | Authorized Signatory |
|----------------------|----------------------|----------------------|

Date: \_\_\_\_\_

Place: \_\_\_\_\_

#### FATCA & CRS Terms & Conditions:

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please note that you may receive more than one request for information if you have multiple relationships with MFs or its group entities / related parties. Therefore, it is important that you respond to such request, even if you believe you have already supplied any previously requested information.

#### Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mm-yyyy

Date: \_\_\_\_\_

Signature with Name, Emp. ID & Seal

## Instructions for FATCA & CRS Declaration

- A. Financial Institution / Foreign Financial Institution [FFI] – Means any non-US financial institutions that is a – (1) Depository institution – accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution - as a substantial portion of its business, hold financial assets for the accounts of others; (3) Investment entity – conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or (4) Insurance company – entity issuing insurance products i.e. life insurance; (5) Holding or Treasury company – entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity
- B. Direct Reporting NFFE – a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS
- C. GIIN not required category:

| Code | Sub-Category                                                                                                                                                                                            |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01   | Governmental Entity, International Organization or Central Bank                                                                                                                                         |
| 02   | Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank |
| 03   | Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund                                                                                            |
| 04   | Entity is an Indian FI solely because it is an investment entity                                                                                                                                        |
| 05   | Qualified credit card issuer                                                                                                                                                                            |
| 06   | Investment Advisors and Investment Managers                                                                                                                                                             |
| 07   | Exempt collective investment vehicle                                                                                                                                                                    |
| 08   | Trustee of an Indian Trust                                                                                                                                                                              |
| 09   | FI with a local client base                                                                                                                                                                             |
| 10   | Non-registering local banks                                                                                                                                                                             |
| 11   | FFI with only Low-Value Accounts                                                                                                                                                                        |
| 12   | Sponsored investment entity and controlled foreign corporation                                                                                                                                          |
| 13   | Sponsored, Closely Held Investment Vehicle                                                                                                                                                              |
| 14   | Owner Documented FFI                                                                                                                                                                                    |

- D. Listed Company - A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
- E. Related Entity - an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)
- F. Non-financial foreign entity [NFFE] – Non-US entity that is not a financial institution [including a territory NFFE]. Following NFFEs are excluded from FATCA reporting – (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFFE
- G. Active NFFE – Any one of the following –

| Code | Sub-Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01   | Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFE are assets that produce or are held for the production of passive income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 02   | The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 03   | Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 04   | The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 05   | The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 06   | The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 07   | Any NFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> <li>It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>It is exempt from income tax in India;</li> <li>It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> <li>The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.</li> </ul> |

- H. Passive NFE - means any NFE that is not (i) an Active NFFE or listed / publicly traded entity or entity related to the listed / publicly traded entity, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations or (iii) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity - (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- I. Passive Income – portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts
- J. Controlling Persons means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.
- K. Non-Participating FFIs [NPFFIs] – an FFI other than participating FFI, a deemed-complaint FFI, or an exempt beneficial owner
- L. Specified US Persons – Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- M. Expanded affiliated group – One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in atleast one of the other members
- N. Owner documented FFI – AN FFI meeting the following requirements – (a) FFI is an FFI solely because it is an investment entity; (b) FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company; (c) FFI does not maintain a financial account for any non-participating FFI; (d) FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in the circumstances, and (e) The designated withholding agent agrees to report to the IRS (or, in case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any US specified persons and (2) Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a US person, an exempt beneficial owner, or an exempted NFE
- O. Exemption Code for US persons

| Code | Sub-Category                                                                                                                                                                                                                  |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A    | An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)                                                                                                      |
| B    | The United States or any of its agencies or instrumentalities                                                                                                                                                                 |
| C    | A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities                                                                                             |
| D    | A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)                                                                            |
| E    | A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)                                                                                             |
| F    | A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state |
| G    | A real estate investment trust                                                                                                                                                                                                |
| H    | A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940                                                                    |
| I    | A common trust fund as defined in section 584(a)                                                                                                                                                                              |
| J    | A bank as defined in section 581                                                                                                                                                                                              |
| K    | A broker                                                                                                                                                                                                                      |
| L    | A trust exempt from tax under section 664 or described in section 4947(a)(1)                                                                                                                                                  |
| M    | A tax exempt trust under a section 403(b) plan or section 457(g) plan                                                                                                                                                         |
| N    | Not Applicable                                                                                                                                                                                                                |

## Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons

I: Investor details:

|                 |  |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|--|
| Investor Name   |  |  |  |  |  |  |  |  |  |  |
| PAN (Mandatory) |  |  |  |  |  |  |  |  |  |  |

### II: Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*

Name of the Stock Exchange where it is listed: \_\_\_\_\_

Security ISIN: \_\_\_\_\_

Name of the Listed Company (applicable if the investor is subsidiary/associate): \_\_\_\_\_

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals

☐ Public Charitable Trust ☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will.

☐ Others *[please specify]*: \_\_\_\_\_

|                                                                   | UBO-1 / Senior Managing Official (SMO)                                                                                                                      | UBO-2                                                                                                                                                       | UBO-3                                                                                                                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of the UBO / SMO#.                                           |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO PAN#.<br>For Foreign National, TIN to be provided.      |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO Country of Tax Residency#.                              |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number#. |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO Identity Type                                           |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO Place & Country of Birth#                               | Place of Birth _____<br>Country of Birth _____                                                                                                              | Place of Birth _____<br>Country of Birth _____                                                                                                              | Place of Birth _____<br>Country of Birth _____                                                                                                              |
| UBO / SMO Nationality                                             |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO Date of Birth [dd-mm-yyyy]#                             |                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                             |
| UBO / SMO PEP #                                                   | PEP. <input type="checkbox"/><br>Related to PEP. <input type="checkbox"/><br>Not a PEP. <input type="checkbox"/>                                            | PEP. <input type="checkbox"/><br>Related to PEP. <input type="checkbox"/><br>Not a PEP. <input type="checkbox"/>                                            | PEP. <input type="checkbox"/><br>Related to PEP. <input type="checkbox"/><br>Not a PEP. <input type="checkbox"/>                                            |
| UBO / SMO Address Type                                            | Residence <input type="checkbox"/><br>Business <input type="checkbox"/><br>Registered Office <input type="checkbox"/>                                       | Residence <input type="checkbox"/><br>Business <input type="checkbox"/><br>Registered Office <input type="checkbox"/>                                       | Residence <input type="checkbox"/><br>Business <input type="checkbox"/><br>Registered Office <input type="checkbox"/>                                       |
| UBO / SMO Occupation                                              | Public Service <input type="checkbox"/><br>Private Service <input type="checkbox"/><br>Business <input type="checkbox"/><br>Others <input type="checkbox"/> | Public Service <input type="checkbox"/><br>Private Service <input type="checkbox"/><br>Business <input type="checkbox"/><br>Others <input type="checkbox"/> | Public Service <input type="checkbox"/><br>Private Service <input type="checkbox"/><br>Business <input type="checkbox"/><br>Others <input type="checkbox"/> |

|                                                                                                                 |                                                                            |                                                                            |                                                                            |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| SMO Designation#                                                                                                |                                                                            |                                                                            |                                                                            |
| UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof. | Please attach the KYC acknowledgement.<br>(KYC status should be Validated) | Please attach the KYC acknowledgement.<br>(KYC status should be Validated) | Please attach the KYC acknowledgement.<br>(KYC status should be Validated) |

#### **Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.**

**Does your company/entity have any individual person(s) who holds direct / indirect**

**controlling ownership above the prescribed threshold limit?**

# ☐ Yes

☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

# Mandatory column.

\*\* In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

#### **Declaration**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory

Name:

Designation:

Authorized Signatory

Name:

Designation:

Authorized Signatory

Name:

Designation:

Place: \_\_\_\_\_

Date: \_\_/ \_\_/ \_\_

## **Instructions on Controlling Persons / Ultimate Beneficial Owner**

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement

### **A. For Investors other than individuals or trusts:**

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

### **B. For Investors which is a trust:**

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Provided that in case of a trust, the reporting entity shall ensure that trustees disclose their status at the time of commencement of an account-based relationship or when carrying out transactions as specified in clause (b) of sub-rule (1) rule 9.

### **C. Exemption in case of listed companies / foreign investors:**

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

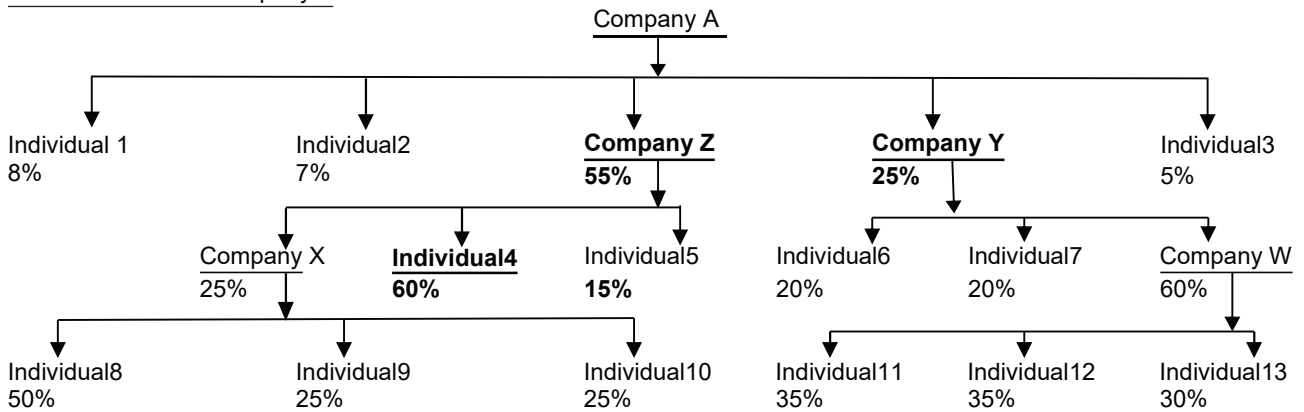
### **D. KYC requirements:**

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

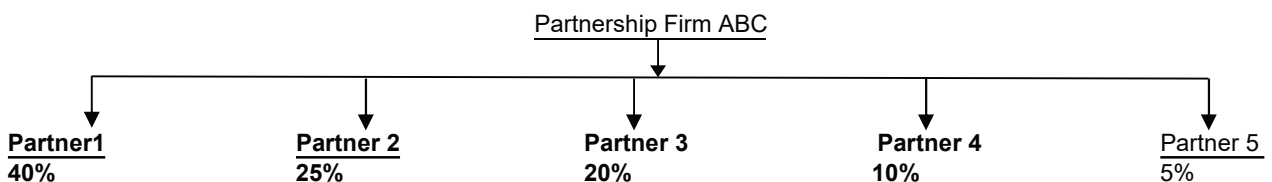
Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 – Company A



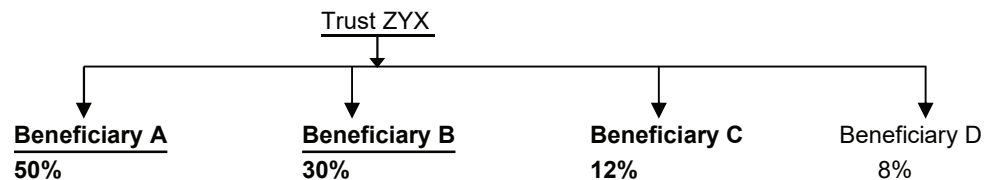
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC



For Partnership Firm ABC, Partners 1, 2, 3 and 4 are considered as UBO as each of them holds  $\geq 10\%$  of capital. KYC proof of these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for  $\geq 10\%$  of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

**INVESTOR'S DETAILS**

Investor Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

PAN          Mobile No.  +  9  1

☐ I / We hereby confirm that above stated entity / organization is falling under "Non-profit organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal \_\_\_\_\_

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC / RTA will be required to register your entity on the said portal and / or report to the relevant authorities as applicable.

☐ I / We hereby confirm that the above stated entity / organization is NOT falling under Non-profit organization as defined above or in PMLA Act / Rules thereof.

I / We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We am / are aware that I / We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines / charges under intimation to me / us or collect such fines / charges in any other manner as might be applicable. I / We hereby authorize you [CAMS / The Fund / The AMC / Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me / us of the same. Further, I / We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission/ update & for regulatory purposes. I / We also undertake to keep you informed in writing about any changes/ modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your/ Fund's end or by domestic or overseas regulators / tax authorities.

**SIGNATURE WITH RELEVANT SEAL:**

|                                               |                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <b>X</b><br><br>_____<br>Authorized Signatory | <b>X</b><br><br>_____<br>Authorized Signatory | <b>X</b><br><br>_____<br>Authorized Signatory |
| Date: ____ / ____ / ____                      |                                               | Place: _____                                  |

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# TERMS AND CONDITIONS

- Please refer Scheme Information Document (SID) and Key Information Memorandum (KIM) for applicable NAV, Risk Factors, Load (exit/entry) and other information before investing.
- Completed Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC Branches/CAMS ISCS
- Investors can either submit a cheque for the first Installment or can submit a photocopy of a cancelled cheque of the bank/branch for which NACH is to be registered.
- SIP will be auto cancelled by the AMC in case of 3 consecutive failed debit attempts for SIPs with weekly, fortnightly & monthly frequencies/intervals. In case of quarterly frequency, the same shall stand cancelled upon 2 consecutive failed debit attempts.
- NACH/eNACH mode of payments will be available for investments in SIP.
- Investors can avail NACH facility by duly filling up and submitting the SIP Enrolment cum NACH Mandate Form. The cheques should be in favor of "Helios Mid Cap Fund" and crossed "Account Payee Only", and the cheques must be payable at par.
- In case of fresh/additional purchases, if the name of the Scheme on the application form/ transaction slip differs with the name on the Cheque/Demand Draft, then the AMC will allot units under the Scheme mentioned on the application form/ transaction slip.
- In case of fresh/additional purchases, if the Scheme name is not mentioned on the application form/transaction slip, then the units will be allotted under the Scheme mentioned on the Cheque/Demand Draft. The Option that will be considered in such cases if not specified by the customer will be the default option of the Scheme as per the SID. However, in case additional purchase is under the same scheme as fresh purchase, then the AMC reserves the right to allot units in the option under which units were allotted at the time of fresh purchase.
- Further, Investors/ unitholders subscribing for SIP are required to submit SIP request at least 30 days prior to the date of first debit date. SIP start date shall not be beyond 100 days from the date of submission of request.
- All terms and conditions for SIP/STP, including Exit Load, if any, prevailing in the date of SIP/ STP enrolment/ registration by the fund shall be applicable.
- Units will be allotted for the amount net of the bank charges, if any. On receipt of the post-dated cheques, the Registrar/AMC will send a letter to the Unitholder confirming that his/her name has been included in the Systematic Investment Plan. The cheques will be presented on the dates mentioned on the cheque and Units will be allotted accordingly. A fresh Account Statement / Transaction Confirmation will be mailed to the Unitholder, indicating the new balance to his/her credit in the Account. An investor will have the right to discontinue the Systematic Investment Plan, subject to submitting the request 2 business days prior to the next due date of SIP.

Please note: If debit instructions have already been sent prior to the effective date of cancellation, units will be allotted upon the realization of funds. The cancellation will be done before the subsequent SIP date.

Minimum number of instalments and amounts under various frequencies are as below:

| Frequency                   | Specified date*                                                                                     | Minimum amounts per instalments                 | Minimum number of instalments |
|-----------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|
| Weekly                      | Any day (Monday to Friday) (If no day is selected Monday will be the default day)                   | Rs. 1000/- and in multiples of Re. 1 thereafter | 12                            |
| Fortnightly                 | 1st and 16th day of each month, as applicable (1st and 16th of the month will be the default date). | Rs. 1000/- and in multiples of Re. 1 thereafter | 12                            |
| Monthly (Default Frequency) | Any date (10th will be the default date)                                                            | Rs. 1000/- and in multiples of Re. 1 thereafter | 12                            |
| Quarterly                   | Any date (10th will be the default date)                                                            | Rs. 1000/- and in multiples of Re. 1 thereafter | 6                             |

\*In case the date chosen for SIP falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next Business Day.

- New Investor - If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application. In case multiple schemes are mentioned in the main application form, Fund reserves the right to reject the SIP request.
- Existing Investor - If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP in the existing scheme (Eligible for SIP) available in the investor's Folio. In case Multiple Schemes or Equity Linked Savings Scheme (ELSS) are available in the folio then Fund reserves the right to reject the SIP request.
- In case SIP date is not selected, if multiple SIP dates are opted for or if the selection is not clear then the SIP will be registered on 10th (default date) of each Month/Quarter, as applicable.
- If the investor has not mentioned the SIP start Month, SIP will start from the next applicable month, subject to completion of 30 days lead time from the receipt of SIP request.
- In case the end date mentioned on SIP form falls beyond the end date mentioned in the fresh / new One Time Mandate (OTM) form or beyond the end date mentioned in the registered existing OTM, then SIP shall be registered as per the end date of the OTM mandate.
- In case SIP "end Month/Year" is incorrect or not mentioned by the investor in the SIP form, then the AMC reserves the right to consider the SIP end date as five years from the start date by default.
- For SIP applications received during NFO Period, the SIP start date shall be at least 30 days after the NFO allotment date.

**SIP TOP UP Facility:** Investors can opt for SIP TOP UP facility with Fixed Top Up option or Variable Top Up option, wherein the amount of the SIP can be increased at fixed intervals. In case the investor opts for both options, the Variable Top Up option shall be triggered.

The Fixed TOP up amount shall be in multiple of Rs 1000/- and in multiple of Rs 100 thereafter.

Variable TOP UP will be available in at 10%, 15% and 20% and such other denominations (over and above 10%, 15% and 20%) as opted by the investor in multiples of 5%.

The frequency is fixed at Yearly and Half Yearly basis. In case the top up frequency is not specified, Default will be considered as yearly frequency.

In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.

SIP Top-Up facility shall also be available for the existing investors who have already registered for SIP facility without Top-Up option. The SIP Top-up request shall be registered within 15 days before the next trigger of the existing SIP

SIP Top-up facility can be started after minimum 6 months from the date of 1st SIP. If the end-date of the Top-up facility is not mentioned the Top-up facility will be continued up till the tenure of the SIP. For example, if the end date of the Top-up facility is not mentioned; then the Top-up will continue till the end of SIP tenure.

The top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enroll for a fresh SIP with Top up option.

In case, the SIP Top up is cancelled, the SIP will not be ceased. The existing SIP will not ceased and SIP will be continue with the last topped up amount.

All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP. The Trustee / AMC reserves the right to change / modify the terms of the SIP from time to time on a prospective basis.

**Fixed TOP-UP:** With this option, investors can increase SIP amount at regular intervals with fixed amount. The minimum TOP-UP amount has to be Rs.100 and in multiples of Rs.100 thereof. For said option SIP TOP-UP frequency is at Half Yearly and Yearly basis. In case of Quarterly SIP, only the yearly frequency is available under SIP TOP UP.

Please view the illustration below for Fixed Top-up.

| • SIP Tenure: 10 Oct 2023 to 10 Sept 2028 • Monthly SIP Installment: Rs. 5000/-<br>• TopUp Amount: Rs.1000/- • Top Up Frequency: Yearly<br>• Top-up Start Date : 10/01/2024 and End Date : 10/09/2027 |           |           |                               |                   |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-------------------------------|-------------------|------------------------|
| Instalment No(s)                                                                                                                                                                                      | From Date | To Date   | Monthly SIP Instalment Amount | SIP Top-Up Amount | SIP Amount with TOP-UP |
| 1 to 12                                                                                                                                                                                               | 10-Oct-23 | 10-Sep-24 | 5000                          | N.A               | 5000                   |
| 13 to 24                                                                                                                                                                                              | 10-Oct-24 | 10-Sep-25 | 5000                          | 1000              | 6000                   |
| 25 to 36                                                                                                                                                                                              | 10-Oct-25 | 10-Sep-26 | 6000                          | 1000              | 7000                   |
| 37 to 48                                                                                                                                                                                              | 10-Oct-26 | 10-Sep-27 | 7000                          | N.A               | 7000                   |
| 49 to 60                                                                                                                                                                                              | 10-Oct-27 | 10-Sep-28 | 7000                          | N.A               | 7000                   |

**Variable TOP-UP:** With this option, investor can increase SIP amount at regular interval. TOP-UP amount will be based on the percentage (%) opted by investor of SIP amount. For said option SIP TOP-UP frequency is at half yearly and yearly basis. The minimum TOP-UP percentage (%) should be 10% and in multiple of 5% thereof. Also, the TOP-UP amount will be rounded off to the nearest highest multiple of Rs.10.

Please view the illustration below for Variable Top-up.

| • SIP Tenure: 10 Oct 2023 to 10 Sept 2028 • Monthly SIP Installment: Rs. 5000/-<br>• Top Up % : 10 % • Top Up Frequency: Yearly<br>• Top-up Start Date : 10/01/2024 and End Date : 10/09/2027 |           |           |                               |                   |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-------------------------------|-------------------|------------------------|
| Instalment No(s)                                                                                                                                                                              | From Date | To Date   | Monthly SIP Instalment Amount | SIP Top-Up Amount | SIP Amount with TOP-UP |
| 1 to 12                                                                                                                                                                                       | 10-Oct-23 | 10-Sep-24 | 5000                          | N.A               | 5000                   |
| 13 to 24                                                                                                                                                                                      | 10-Oct-24 | 10-Sep-25 | 5000                          | 500               | 5500                   |
| 25 to 36                                                                                                                                                                                      | 10-Oct-25 | 10-Sep-26 | 5500                          | 550               | 6050                   |
| 37 to 48                                                                                                                                                                                      | 10-Oct-26 | 10-Sep-27 | 6050                          | N.A               | 6050                   |
| 49 to 60                                                                                                                                                                                      | 10-Oct-27 | 10-Sep-28 | 6050                          | N.A               | 6050                   |

**Investors** can either opt for a Fixed Top-up facility or Variable Top-up facility under SIP Top-up. In case, Investor opts for both the options, then Variable top-up feature shall be triggered. In case the TOP UP facility is not opted by ticking the appropriate box and/or frequency is not selected, the TOP UP facility may not be registered.

In a scenario where investor selects multiple % option under variable SIP Top-up plan, higher percentage will be considered and the other % will be ignored.

**Micro Systematic Investment Plan (Micro SIP):** The unit holder will have the facility of Micro SIP under the current Systematic Investment Plan facility. The Minimum Investment amount per installment will be as per applicable minimum investment amount of the respective Scheme. The total investment under Micro SIP cannot exceed Rs. 50,000/-.

**Micro Investment:** With effect from October 30, 2012, where the aggregate of the lump sum investment (fresh purchase & additional purchase) and Micro SIP installments by an investor in a financial year i.e April to March does not exceed 50,000/- it shall be exempt from the requirement of PAN. However, requirements of PEKRN ( KYC ) shall be mandatory. Accordingly, investors seeking the above exemption for PAN still need to submit the KYC Acknowledgement, irrespective of the amount of investment. This exemption will be available only to Micro investment made by the individuals being Indian citizens (including NRIs, Joint holders, minors acting through guardian and sole proprietary firms). PIOs, HUFs, QFIs and other categories of investors will not be eligible for this exemption.

## INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

- Along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate, failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- Please mention the amount in figures and words.
- Please fill all the required details in the Debit Mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
- The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

**As per the Mandate circular (NPCI/NACH/OC No. 010/2023-24) dated October 31, 2023, effective April 1, 2024, the mandate can be for maximum duration of 40 years from date of application.**

**Mutual Fund investments are subject to market risks, read all scheme-related documents carefully.**

## APPLICATIONS SUPPORTED BY BLOCKED AMOUNT (ASBA)

Application Form (to be used by investors adopting the ASBA route)

### KEY PARTNER/AGENT INFORMATION (Investors Applying under direct plan should mention "DIRECT" in ARN Column)

| Distributor/ RIA Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sub Agent ARN | Sub Agent Code/Bank Branch Code/Internal Code | *Employee Unique Identification Number (EUIN) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|-----------------------------------------------|
| ARN-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                               |                                               |
| <p>* EUIN Declaration (Only where EUIN box is left blank) - EUIN Declaration: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction.</p> |               |                                               |                                               |
| Signature of Sole/First Applicant/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | Signature of Second Applicant                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Signature of Third Applicant                  |                                               |

### TRANSACTION CHARGES

☐ I confirm that I am a First time Investor across Mutual Funds  
(₹ 150 will be deducted as transaction charges for per purchase of ₹ 10000 & above)

☐ I confirm that I am an Existing investor in Mutual Funds  
(₹ 100 will be deducted as transaction charges for per purchase of ₹ 10,000 & above)

### 1. INVESTOR'S DETAILS (Names should be in the same sequence as appearing in your Demat Account. In case of discrepancies, the Application is liable to get rejected.)

**Sole/First Applicant** Mr. Ms. M/s.

**KYC Identification Number (KIN)**  **PAN (Mandatory)**  **Proof to be enclosed (✓)** ☐ PAN card Copy

**Guardian's (If Sole / First Applicant is a Minor) OR Contact Person's (In case of Non-Individual Investors only)**

**Name** Mr. Ms. M/s.

**KYC Identification Number (KIN)**  **PAN (Mandatory)**  **Proof to be enclosed (✓)** ☐ PAN card Copy

**Are you a resident of USA/Canada? (✓) Yes** ☐ **No** ☐ Default if not ticked.

### 2. Investment DETAILS

**Scheme Name : HELIOS MID CAP FUND** **Plan (✓):** ☐ Regular ☐ Direct

**Option (✓):** ☐ Growth (default) ☐ IDCW **Sub-option: (✓)** ☐ Reinvestment of IDCW ☐ Payout of IDCW

**Total Amount to be blocked (in Figures)** ₹  **(in words)**

### 3. SCSB ACCOUNT DETAILS (please refer websites of NSE, BSE and SEBI for list of SCSBs)

(MANDATORY)

**Bank Name**

**Branch Address**

**Bank A/c No.**  **Bank City**

**Bank A/c No.**  **A/c. Type (✓)** ☐ Current ☐ Savings ☐ NRO ☐ NRE\* ☐ \* For NRI Investors

### 4. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip.

**NSDL** ☐ **DP Name**  **DP ID**  **Beneficiary Account No.**

**CDSL** ☐ **DP Name**  **Beneficiary Account No.**

### 5. UNDERTAKING BY ASBA INVESTOR / ACCOUNT HOLDER

1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009.

2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application for purchase of units in the NFO blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA Form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to Helios Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose.

3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application.

4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision.

Having read and understood the contents of the SID and SAI, I/We hereby apply under Direct / AMFI Certified empaneled distributors to the Trustees of Helios Mutual Fund for units of the Scheme / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby authorise Helios Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Helios Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us. I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Helios Mutual Fund, their appointed service providers or representatives responsible. I/We will also inform Helios Mutual Fund, about any changes in my / our bank account. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us.

\*I/We confirm that I am / We are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I/We confirm that the details provided by me / us are true and correct. I/We hereby declare that the amount being invested by me / us in the Scheme of Helios Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, 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. \*Applicable to NRI I/We confirm that the ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the scheme. I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

|                                                |                                                   |                                  |                                 |                                                                              |
|------------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------|------------------------------------------------------------------------------|
| <b>Signature of the Applicant(s)</b>           | <b>1. Sole / First Applicant / Guardian / POA</b> | <b>2. Second applicant / POA</b> | <b>3. Third Applicant / POA</b> | <b>Attn: NRI investors; payment must be made through NRE/ FCNR Accounts)</b> |
| <b>Signature of the Bank Account Holder(s)</b> | <b>1. Sole / First Applicant / Guardian / POA</b> | <b>2. Second applicant / POA</b> | <b>3. Third Applicant / POA</b> |                                                                              |

### Acknowledgement Slip

Scheme Name **Helios Mid Cap Fund** Option  Application No.

Received from Mr./Ms.  Folio No.

SCSB Account details: Account No.  PAN NO.

Bank Name  Branch

Total Amount to be blocked