

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 (EUIIN)
ARN-106392 BLUECHIP STOCKS			E-107715

* EUIIN Declaration (Only where EUIIN box is left blank) - EUIIN Declaration: I/We hereby confirm that the EUIIN 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.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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1. INVESTOR'S FOLIO NUMBER	2. MODE OF HOLDING [Please tick (✓)]	3. TRANSACTION CHARGES [Please tick (✓)] (Please refer Instruxction No.V)
<input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Any one or Survivor <input type="checkbox"/> Joint (Default)	<input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> I am an existing investor in Mutual Funds

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 <input type="checkbox"/> DP Name _____	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL <input type="checkbox"/> DP Name _____	Beneficiary Account No. <input type="text"/>	

5. APPLICANT DETAILS

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

Name of Guardian if first applicant is minor/
Contact Person for non individuals Mr. Ms. M/s.

Guardian's Relationship with Minor Father Mother Court Appointed Guardian

Date of Birth/Incorporation of 1st Applicant (Mandatory in case of Minor)

Proof of Date of Birth and Guardian's Relationship with Minor Birth Certificate Passport Others (Please specify)

PAN / PEKRN CKYC ID

LEI No.: _____ Valid upto: _____ Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual.

STATUS: Resident Individual Sole Proprietor Public Limited Company FPI Category I Banks Body Corporate Trust/Society/ NGOs* (Enter Registration No. of Darpan Portal)
 NRI HUF Private Limited Company FPI Category II Defence Establishment AOP/BOI Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal)
 On Behalf of Minor Financial Institutions Partnership Firm/LLP FPI Category III Government Body Mutual Fund FOF Schemes Others (Please specify) _____ * Mandatory to fill Declaration form for Non-Profit Organization.

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals) Foreign Exchange/ Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Correspondence Address (Address details will be updated as per your KYC records with CKYC / KRA)	Overseas Address (Mandatory for NRI / FPI Applicants & PIO's)
House/Flat No. <input type="text"/>	House/Flat No. <input type="text"/>
Street Address <input type="text"/>	Street Address <input type="text"/>
City/Town <input type="text"/> State <input type="text"/>	City/Town <input type="text"/> State <input type="text"/>
Country <input type="text"/> Pin Code <input type="text"/>	Country <input type="text"/> ZIP Code <input type="text"/>
Tel. (Res.) <input type="text"/> (STD Code) <input type="text"/>	Tel. (Off.) <input type="text"/> (Country Code) <input type="text"/>
Mobile No. <input type="text"/>	Fax <input type="text"/> (Country Code) <input type="text"/>
Email ID (CAPITAL Letters Only) <input type="text"/>	

Email ID belongs to Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian in case of minor Others _____

Mobile No. belongs to Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian in case of minor 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.

Second Applicant Mr. Ms. M/s. DOB

PAN / PEKRN CKYC ID STATUS : Resident Individual NRI

Third Applicant Mr. Ms. M/s. DOB

PAN / PEKRN CKYC ID STATUS : Resident Individual NRI

6. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any

Account No. M a n d a t o r y A/c. Type (✓) SB Current NRO NRE FCNR

Name of Bank M a n d a t o r y Bank Branch

Branch City PIN IFSC Code F b r C r e d i t v i a R T G S 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.

HELIOS MUTUAL FUND - ACKNOWLEDGEMENT SLIP

Name of the Investor Mr/Ms/M/s : _____ FOLIO NO.

Scheme Name, Plan & Option: _____ Plan: _____ Option: _____ PAN NO.

Amount (₹) : _____ APPLICATION NO.

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.

7. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with Single Application Form)

Scheme: Helios 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
				DDMMYYYY			

8. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and its 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

OCCUPATION	Government Service/ Public Sector	Private Sector Service	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (please specify) _____
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (please specify) _____
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (please specify) _____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (please specify) _____

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
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	DDMMYYYY
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	DDMMYYYY
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	DDMMYYYY
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYYYY

PEP DETAILS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to a Politically Exposed Person (PEP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Mr./Ms./M/s 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. NOMINATION I wish to Nominate A. As per the details provided below. B. Replicate from my folio number mentioned point No 1 (Please tick as appropriate)

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation with Investor	Guardian Name (In case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Signature of Guardian (In case Nominee is Minor)
		DD MM YYYY					
		DD MM YYYY					
		DD MM YYYY					

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) 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).

12. 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 authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates 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 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.

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Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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Helios Capital Asset Management (India) Private Limited
 515 A, 5th 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.