Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN



Please read the Terms and Conditions carefully and strike off any sections that are not relevant or not applicable.

Application No.:

1. DISTRIBUTION INFO	ORMATION*					
ARN code	RIA /PMRN code**	ARN / RIA / PM Name		Sub broker ARN code	Sub broker code	EUIN*
ARN-106392 BLUECHIP STOCKS						E-107715
By mentioning RIA /PMRN code, I/We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please • if applicable) "Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.						
2. EXISTING UNIT HOLDER INFORMATION						
Z. EXISTING UNIT HOL						
Investor Name Mr. Ms. Folio No.	M/s					
PAN/PEKRN*					Enclosed:	KYC Compliance
3. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 3 business days before the 1st due date for transfer) (Refer STP						
From Scheme		Plan	To Scheme		Plan	
Option (Please • any one) IDCW Frequency (In case of IDCW Option)	Growth IDCW P		Option (Please • any or IDCW Frequency (In case of IDCW Option)	ne) Growth	IDCW Payout [IDCW Reinvestment
FIXED SYSTEMATIC TRANSFER PLAN (FSTP) Please • if applicable CAPITAL APPRECIATION SYSTEMATIC TRANSFER PLAN (CASTP) Please • if applicable						
FSTP Frequency: Daily Weekly (Any day from Monday to Friday) Monthly* Quarterly ('Default) CASTP Frequency: Monthly Quarterly						
FSTP Amount: Rs No. of Installments :						
		FSTP End M M Y Y Y	CASTP Date: D D CASTP Start M M Y Y Y Y CASTP End M M Y Y Y Y Y Y CASTP End M M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
(You may select any date from 1st to 28th of the month) (You may select any date from 1st to 28th of the month) 4. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 5 business days before the due date for transfer) Refer SWP						
Scheme Plan						
Option (Please • any one) Growth DCW Payout DCW Reinvestment			*IDCW Frequency_ (In case of IDCW Option)			
SWP Instalment `				onthly Quarterly	Half Yearly	Yearly
No. of Instalments			SWP Date: DD SWP Start: MMYYYYY SWP End: MMYYYYY			
		(You may select any date from 1st to 28th of the month)				
Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction o						
V						
0 11			Applicant / Sign of 3rd Applicant / Signatory / POA Authorised Signatory / POA			
&						≫ 8
ACKNOWLEDGMENT SLIP (To be fille				e investor)	pplication No.:	
Folio No.	lio No.					
From						
Scheme			Plan			
Amount	Cheq	ue No.	Date D D M	M Y Y Y	Signature, Sta	ımp & Date