

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-153155			E-271894

* 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. (Refer Instruction No XII)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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1. EXISTING INVESTOR FOLIO NUMBER	2. MODE OF HOLDING [Please tick (✓)]
<input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> 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

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 (CKIN)**

LEI No.: _____ **Valid upto:** _____ Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual. (Refer instruction No.XV)

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 Point No. 11 of this Application Form.

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.	House/Flat No.
Street Address	Street Address
City/Town	City/Town
State	State
Country	Country
Pin Code	ZIP Code
Tel. (Res.) (STD Code) <input type="text"/>	Tel. (Off.) (Country Code) <input type="text"/>
Mobile No. <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 (CKIN)** **STATUS :** Resident Individual NRI

Mobile No. **Email ID** (CAPITAL Letters Only)

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 _____

Third Applicant Mr. Ms. M/s. **DOB**

PAN / PEKRN **CKYC ID (CKIN)** **STATUS :** Resident Individual NRI

Mobile No. **Email ID** (CAPITAL Letters Only)

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 _____

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.

12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Mandatory for new folios) (Refer instruction No.VI)

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.

Name and Address of Nominee(s) (IN CAPITALS) (Mandatory)	PAN	Nominee Relationship (Mandatory)* (Proof to be attached)	Date of Birth	Name of the Guardian (Mandatory) PAN and Address of Guardian (Optional)	Guardian's Relationship with Nominee (Mandatory)	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Allocation % to each Nominee (should aggregate to 100%) (Mandatory)
			(Mandatory to be furnished in case the Nominee is a minor)				
Nominee 1			DD MM YYYY	NAME PAN	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Gaurdian		
Nominee 2			DD MM YYYY	NAME PAN	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Gaurdian		
Nominee 3			DD MM YYYY	NAME PAN	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Gaurdian		

I/We have read and understood the instructions on nomination and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

To be signed by ALL holders, irrespective of Mode of Holding or Mode of Operation

POA holder cannot nominate.	Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
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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 thaWWUUJUTTT&SRRRor 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
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CHECKLIST FOR DOCUMENTATION - Please submit the following documents with your application (where applicable)

SR.No.	Documents	Individuals	NRI/s/ PIO/ OCI	Minors	Companies / Body Corporates	Trusts	Societies	HUF	Partnership Firms	FPIs	Investments through Constituted 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.



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

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

PAN / PEKRN*									
Name									
Address Type <i>[for KYC address]</i>		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date <i>[Optional]</i>		_____ <u>dd-mmm-yyyy</u>							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information <i>[if applicable]</i>		<i>[Please specify]</i>			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]
- Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] 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 of the same. Further, I 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 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. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

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Acknowledgement

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

Date:

Signature with Name, Emp. ID & Seal