

### 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)
<b>ARN-153155</b>			<b>E-271894</b>
* 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	

<b>1. EXISTING INVESTOR FOLIO NUMBER</b>	<b>2. MODE OF HOLDING</b> [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	State	City/Town	State
Country	Pin Code	Country	ZIP Code
Tel. (Res.) (STD Code)	Tel. (Off.) (Country Code)	Fax	(Country Code)

**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

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 :

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.**

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.

[illegible]

Account No.	<div></div>	A/c Type / <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NBO <input type="checkbox"/> NRE <input type="checkbox"/> ECNR
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<b>Account No.</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	M	a	n	d	a	t	o	r	y	<b>A/c. Type (✓)</b>	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
<b>Name of Bank</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>									<b>Bank Branch</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					
<b>Branch City</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>PIN</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<b>IFSC Code</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>						<b>MICR Code</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			

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.

Scheme: Helios
 Plan (Select any one)
 ☐ Direct
 ☐ Regular

Option	<input type="checkbox"/> Growth (default)		<input type="checkbox"/> Income Distribution Cum Capital Withdrawal option (IDCW)		Frequency (if any) _____ (Wherever applicable)		
	<input type="checkbox"/> IDCW Payout		<input type="checkbox"/> IDCW Reinvestment				
<b>Mode of Payment</b> <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTBM Facility (One Time Bank Mandate) <input type="checkbox"/> RTGS / NEFT							
Investment Amount (₹)	DD Charges (₹)	Net Amount (₹)	Instrument No/TR No.	Date	Drawn on Bank	Bank Branch	City
				DDMMYYYY			

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.

OCCUPATION	Government Service/	Private Sector	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
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OCCUPATION	Government Service/ Public Sector	Private Sector Service	Professional	Business	Housewife	Retired	Student	Agriculturist	Forex Dealer	Others
1 <sup>st</sup> 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)
2 <sup>nd</sup> 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)
3 <sup>rd</sup> 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
1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	D D M M Y Y Y Y
2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	D D M M Y Y Y Y
3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D D M M Y Y Y Y

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"/>

First Applicant POA Name  Mr /Ms /M/s[illegible]

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.

[illegible]

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).

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.

**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

**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 thaWVVUUUUTTT&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

**CHECKLIST FOR DOCUMENTATION - Please submit the following documents with your application (where applicable)**

SR.No.	Documents	Individuals	NRIs/ 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.

# SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-153155			E-271894

EUN Declaration: I/We hereby confirm that the EUN 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. If no ARN is mentioned investment will be treated as Direct.

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. For Transaction Charges refer SID/KIM.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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<b>FOLIO No.</b>							
<b>Sole/First Applicant (Mr./Ms.):</b> <span style="float: right; margin-right: 20px;">FIRST NAME      MIDDLE NAME      LAST NAME</span>							

### DETAILS OF SIP INVESTMENT

Scheme:

Cheque No: \_\_\_\_\_ Date: \_\_\_\_\_ Drawn on Bank: \_\_\_\_\_

Each SIP amount: ₹ \_\_\_\_\_ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date:   SIP Start Month/Year:       SIP End Month/Year:

## SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☒ Half Yearly ☐ Yearly (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)

(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Fixed SIP TOP-UP Amount (Rs.): \_\_\_\_\_ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other \_\_\_\_\_ (multiples of 5% only)

Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year:       SIP Top Up End Month/Year

**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 that you may have received from your Depository.

NSDL ☐ DP Name \_\_\_\_\_ DP ID I N \_\_\_\_\_ Beneficiary Account No. \_\_\_\_\_

CDSL	<input type="checkbox"/>	DP Name	Beneficiary Account No.											
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**Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)**

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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# ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

UMRN	F	O	R	O	F	F	I	C	E	U	S	E	O	N	L	Y							Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	------	---	---	---	---	---	---	---	---

Tick (✓)	Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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**CREATE** ✓ I/We hereby authorize **HELIOS MUTUAL FUND** to debit (tick ☐ ) ☐ SP ☐ SA ☐ SC ☐ SP-NRE ☐ SP-NRO ☐ Other

MODIFY X																									
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[illegible][illegible]

an amount of Rupees	Amount in words	₹
---------------------	-----------------	---

FREQUENCY ☐ Mthlv ☐ Qtlv ☐ H-Yrlv ☐ Yrlv ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

PAN  Phone No  +91

[illegible]

Reference		Email ID	
<p>Learn for the ability of people to understand themselves, the body, the home, the life, the ability to see, to see and to understand the behavior of the body.</p>			

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD									
From	D	D	M	M	Y	Y	Y	Y	
To	D	D	M	M	Y	Y	Y	Y	

Signature of Primary Account Holder

1. Name as in Bank records

Signature of Account Holder

2. Name as in Bank records

Signature of Account Holder

3. Name as in Bank records

As per the NPCI circular dated October 31, 2023, effective April 1, 2024, the mandate can be for a maximum duration of 40 years from the date of application.

**ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM**

Name of the Investor: \_\_\_\_\_

Scheme Name, Plan & Option: \_\_\_\_\_ SIP Amount: ₹ \_\_\_\_\_

Fixed SIP Top-Up Amount: ₹ \_\_\_\_\_ Top-Up Frequency (✓): \_\_\_\_\_

Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only)

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
<b>ARN-153155</b>			<b>E-271894</b>

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. If no ARN is mentioned investment will be treated as Direct.

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Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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<b>FOLIO No.</b>		<b>Sole/First Applicant (Mr./Ms.):</b>	FIRST NAME	MIDDLE NAME	LAST NAME
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**DETAILS OF SIP INVESTMENT** Scheme: \_\_\_\_\_

Cheque No: \_\_\_\_\_ Date: \_\_\_\_\_ Drawn on Bank: \_\_\_\_\_

Each SIP amount: ₹ \_\_\_\_\_ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date:  SIP Start Month/Year:  SIP End Month/Year:

**SIP TOP-UP DETAILS** TOP-UP Frequency (✓): ☐ Half Yearly ☐ Yearly (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)

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Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year:  SIP Top Up End Month/Year:

**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 that you may have received from your Depository.

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"/>	

**Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)**

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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## ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN  Date

Tick (✓) ☐ CREATE ☒ MODIFY ☐ CANCEL ☐

Sponsor Bank Code  Utility Code

I/We hereby authorize **HELIOS MUTUAL FUND** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank  Name of customers Bank  IFSC  or MICR

an amount of Rupees  Amount in words  ₹

FREQUENCY ☒ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN  Phone No.

Reference  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

### PERIOD

From  To

Signature of Primary Account Holder  Signature of Account Holder  Signature of Account Holder

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

As per the NPCI circular dated October 31, 2023, effective April 1, 2024, the mandate can be for a maximum duration of 40 years from the date of application.

### ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM

Name of the Investor: _____	<b>FOLIO No.</b>	
Scheme Name, Plan & Option: _____	SIP Amount: ₹ _____	
Fixed SIP Top-Up Amount: ₹ _____	Top-Up Frequency (✓): _____	
Variable SIP TOP-UP: <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> other _____ (multiples of 5% only)		

(Please fill the form in English and in BLOCK Letters) Fields marked with \*\* are mandatory fields.

### For office use only

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

### 1. PERSONAL DETAILS (Please refer instruction A at the end)

Name* (Same as ID proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male	<input type="checkbox"/> F-Female	<input type="checkbox"/> T-Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN-Indian	<input type="checkbox"/> Others - Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

### 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number  Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence  Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

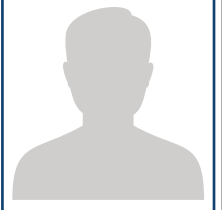
II ☐ E-KYC Authentication

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

III ☐ Offline verification of Aadhaar

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

PHOTO\*



Signature /Thumb Impression  
across photo without covering  
the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

### 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

II ☐ E-KYC Authentication

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

III ☐ Offline verification of Aadhaar

No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer

IV ☐ Deemed Proof of Address - Document Type code

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>



[illegible]

*\*mandatory and subject to validation, hence provide the valid information in legible manner*

[illegible]

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with CKYCR, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date:   -   -

Place:

Signature/Thumb Impression of Applicant

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date:  -  -

[illegible][illegible][illegible][illegible]

[Employee Signature]

Institution details

Name \_\_\_\_\_

[illegible]

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: 

D	D
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 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

[Employee Signature]


Institution details

Name \_\_\_\_\_

[illegible]

[Institution Stamp]

- A. Fields marked with '\*' are mandatory fields.
- B. Tick " wherever applicable.
- C. Please fill the form in English and BLOCK letters..
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide.
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two-character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

		<b>FATCA-CRS Declaration &amp; Supplementary KYC Information</b> <b>Declaration Form for Individuals</b> <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA &amp; CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<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 [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		[Please specify]			

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 [TIN or other, please specify]	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:

#### 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