

SIP REGISTRATION & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES



Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.

** 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) In case 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.
Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number	Existing UMRN
Name	FIRST NAME MIDDLE NAME LAST NAME

2. SIP INVESTMENT & PAYMENT DETAILS [Refer Terms and Conditions as part of Instructions]

Scheme Name/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Frequency	SIP Day & Date	SIP Start Month & Year and SIP End Month & Year	Top-Up (Minimum ₹ 500 or in Multiples of 5%, 10%, 15%, 20%) Amount (₹) or Percentage (%)	Frequency*
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly D D Weekly**	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly D D Weekly**	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly D D Weekly**	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly
Scheme Name	₹ _____ No. of Installment _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Monthly & Quarterly D D Weekly**	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR % _____ TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	<input type="checkbox"/> Yearly <input type="checkbox"/> Half Yearly

Total ₹ _____

<input type="checkbox"/> First Installment Details	First SIP Transaction via Cheque No. _____	Cheque Dated	D D M M Y Y Y Y	Amount (₹)	_____ In Figures
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Mandatory Enclosure (if 1st Installment is not by cheque) Blank cancelled cheque Copy of cheque (The name of the first/ sole applicant must be pre-printed on the cheque.)

In case of a single scheme, the Cheque/DD should be drawn in favor of Scheme name for e.g. "WhiteOak Capital Flexi Cap Fund". In case of multiple schemes, Cheque/DD should be drawn in favour of "WhiteOak Capital MF Multi Collection A/c" and the cheque amount should match with the Total Investment amount mentioned here.

3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information.
 For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA
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4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN _____ Bank use _____ Date D D M M Y Y Y Y

Sponsor Bank Code _____ Bank use _____ CREATE MODIFY CANCEL

Utility Code _____ Bank use _____ I/We hereby authorize WhiteOak Capital Mutual Fund

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c _____

With Bank _____ Name of customers bank _____ IFSC / MICR _____

An Amount Of Rupees _____ ₹ _____

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

Reference 1 _____ Folio No. _____ Reference 2 _____ Scheme Name _____

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or 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

Or Until Cancelled

Phone No. _____

1. Name Of Primary Account Holder _____ 2. Name Of Joint Account Holder _____ 3. Name Of Joint Account Holder _____

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

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: mf.whiteoakamc.com

Version : 08.12.2022