



APPLICATION NO.

Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

COMMON APPLICATION FORM

FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.

ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	RIA CODE^
<input type="text"/>	<input type="text"/>	<input type="text"/>	E -	<input type="text"/>
Employee Code	PMR (Portfolio Manager's Registration) Number^^		Serial No., Date & Time Stamp	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors, including the service rendered by the distributor. ^1/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

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.

<input type="checkbox"/> Sole Holder / Guardian	<input type="checkbox"/> Second Holder	<input type="checkbox"/> Third Holder	<input type="checkbox"/> Power of Attorney Holder
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TRANSACTION CHARGES (Please tick any one of the below. For details refer KIM)

I am a first time investor in Mutual Funds OR I am an existing investor in Mutual Funds (Default)

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

UNIT HOLDING OPTION

Physical Mode Demat Mode
(in case of Demat, please fill sec 8)

1 APPLICATION INFORMATION (Mandatory, To be filled in BLOCK Letters)

(In case of investment "On behalf of minor", Please refer instruction No. 11)

Existing folio number I/ We want to create new Folio (Instruction No. 24)

Mode of Operation Single Joint Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

1st Holder Name (Should match with PAN Card)

Aadhaar No. PAN/PEKRN (1st Holder) KYC

My Guardian's Name (if minor)/POA/ Contact Person (For Non-individuals) PAN/PEKRN (Guardian/POA Holder) KYC

Date of Birth Minor's Attach Mandatory Documents as per instructions

Guardian named is Father Mother Court Appointed Other Nationality Date of Birth Proof attached*

2 JOINT APPLICANTS (IF ANY) DETAILS

2nd Holder Name (Should match with PAN Card)

Aadhaar No. PAN/PEKRN (Second Holder) KYC

3rd Holder Name (Should match with PAN Card)

Aadhaar No. PAN/PEKRN (Third Holder) KYC

3 MY CONTACT DETAILS (As per KYC records, To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 16)

Address Type (Mandatory) Residential & Business Residential Business Registered Office

Address

City State Pin Code

Add overseas address (Mandatory for NRI / FII Applicants)

City State Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No. Tel No. Email ID (CAPITAL letters only)

Mobile No. / Email ID* provided pertains to (Please tick(✓)) * if none of the below options is ticked (✓) or selected then (Self) option is considered as a default.

Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS

I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

I declare that Email address and Mobile Number provided in this form belongs to (✓ any one): Self OR Family Member, and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.

8 DEPOSITORY ACCOUNT DETAILS

(Optional. To be filled if investor wishes to hold the units in Demat mode).

(For DEMAT details Please refer instruction No. 18)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 18.

NSDL:	Depository Participant Name	<input type="text"/>	DP ID:	I	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary Ac No.	<input type="text"/>									
CDSL:	Depository Participant Name	<input type="text"/>									
	Beneficiary Ac No.	<input type="text"/>									
Enclosed <input type="checkbox"/> Client Master <input type="checkbox"/> Transaction / Statement Copy / DIS Copy											

9 OCCUPATION

Status*	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others
1st Holder	<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"/>	Specify
2nd Holder	<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"/>	Specify
3rd Holder	<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"/>	Specify
Guardian/POA Holder	<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"/>	Specify

10 GROSS ANNUAL INCOME (INR)

Status*	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	>25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals)	As on Date
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guardian/POA Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

11 PEP Details*

(Please refer instruction No. 8 & 9)

Status*	I am politically exposed person	1st Holder		2nd Holder		3rd Holder		Guardian/POA Holder	
		<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"/> Yes	<input type="checkbox"/> No

12 UBO Details*

(Please refer instruction No. 8 & 9)

Details of Beneficial Ownership (Please tick applicable category).Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non Individual)

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor. \$\$\$In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI. In case of any change in the beneficial ownership, the investor will be responsible to intimate OBAMC/its Registrar/KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr	Name	Address	Details of Identity such as PAN/Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

13 ADDITIONAL INFORMATION

Applicant	KIN (If KYC done via CKYC)	Date of Birth*							Gender			
1st Holder		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
2nd Holder		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
3rd Holder		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Guardian/POA Holder		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender

*Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; POA: Power Of Attorney

Details	2nd Holder	3rd Holder	Guardian/POA Holder
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile No. / Email ID* provided pertains to (Please tick(✓)) *if above any option is not ticked (✓) or selected then (Self) option is considered as a default.

Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS

ACKNOWLEDGEMENT

APPLICATION NO.

Received from

Scheme Name Plan Option Amount

Cheque/DD No. Date Bank & Branch details

Stamp & Signature



14 FATCA AND CRS DETAILS

For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

(Including Sole Proprietor. Refer Instruction No. 21)

Details	1st Holder		2nd Holder		3rd Holder		Guardian/POA Holder	
Place & Country of Birth								
Nationality								
TIN No.								
Are you a tax resident of any country other than India?	<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"/> Yes	<input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure								

For all the NRI Tax Categories – TIN is mandatory, where ever investor had declared his country of tax residency other than India, in their FATCA Declaration. – can be Put out under FATCA Block.

- Tax Identification Number or Reason for not providing - In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately
- TIN Identification Type (TIN or Other, please specify)

15 DECLARATION AND SIGNATURE

(For declaration and signature, please refer point number 4)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Old Bridge Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions, I/We, hereby apply to the Trustee of Old Bridge Mutual Fund for allotment of units of the respective Scheme(s) of Old Bridge Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Old Bridge Mutual Fund, I/We hereby authorise the AMC/Old Bridge Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Old Bridge Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Old Bridge Asset Management Private Limited immediately in the event the information in the self-certification changes. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/Stock Broker registered in the concerned folio, if applicable. I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by AMC/Fund/ RTA/SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless AMC/Fund/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by AMC/Fund in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. 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. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account(s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised 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 and other investigation agencies without any obligation of advising me/us of the same.

Consent for Telemarketing

I/We hereby accord my/our consent to Old Bridge AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form.

Consent for disclosure of Personal Information in terms of Privacy Policy

I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.oldbridgemf.com>) ("Policy") of Old Bridge AMC/ Fund. I/We hereby accord my/our consent to Old Bridge AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with Old Bridge AMC, in accordance with the Privacy Policy.

1st Holder / Guardian

2nd Holder

3rd Holder

Power of Attorney Holder

Date Place

QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card copy
- Plan/ Option/ Sub Option name mentioned in addition to scheme name
- Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts)
- Email id and mobile number provided for online transaction facility
- SIP Registration Form for SIP investments
- Relationship proof between guardian and minor
- (if application is in the name of a minor)
- FATCA Declaration
- Additional documents attached for Third Party payments. Refer instruction No. 7.

POINTS TO REMEMBER

Please ensure that

1. Your Application Form is complete in all respects & signed by all applicants.
2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family member.
3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.
4. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.
5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)
6. Your Investment Cheque / DD is drawn in favour of < Scheme Name > dated and signed. For e.g "Old Bridge Focused Equity Fund"
7. Application Number is mentioned on the reverse of the cheque.
8. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.
9. Documents as listed are submitted along with the Application form (as applicable to your specific case)

Documents	Individuals	Companies	Societies	Partnership Firms	Investments HUF through PoA	Trust	NRI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓		✓		✓			✓
HUF / Trust Deed						✓					
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1. Self attestation is mandatory.
2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided.