

APPLICATION FORM

(To be Used / Distributed along with Key Information Memorandum)

Investors must read the Key Information Memorandum, Instructions and Product Labeling before completing this Form. Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN -	RIA -		ARN -		

*Employee Unique Identification Number **As allotted by ARN holder.
 Upfront commission 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.
 Declaration for "execution-only" transaction (only where EUIN box is left blank).
 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. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

Signature of 1st Applicant/Guardian/POA	Signature of 2nd Applicant	Signature of 3rd Applicant
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2. MODE OF HOLDING (For demat mode & sequence should be same as in demat account)	GO GREEN INITIATIVE
<input type="checkbox"/> Single OR <input type="checkbox"/> Anyone or Survivor OR <input type="checkbox"/> Joint# #Default option for more than one holder	<input type="checkbox"/> Opt-in – Physical <input type="checkbox"/> Opt-out – Email Refer instruction no. 12

3. DEMAT ACCOUNT DETAILS				Kindly fill the below details for allotment of units in demat mode			
National Securities Depository Limited				Central Depository Services (India) Limited			
Depository Participant Name				Depository Participant Name			
DP ID	IN	Beneficiary A/c No.		DP ID		Beneficiary A/c No.	

4. SOLE / FIRST APPLICANT'S DETAILS		# Mandatory
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> M/S (Please ✓)		
Name #		Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
(Name as per PAN / ITD Records)		
Date of Birth/Incorporation #		Proof of DOB of Minor enclosed (Please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <small>please specify</small>
Father's name		
Mother's name		
PAN #		NOTE- PAN copy mandatory CKYC / KIN
Legal Entity Identification (Applicable for Non-Individuals only)		
Guardian Name (in case of Minor) / POA (Contact Person For Non Individuals / POA Holder Name) (Name as per PAN)		Refer instruction no. 5
Father's name		
Mother's name		
PAN #		NOTE- PAN copy mandatory DOB #
CKYC / KIN		
<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Legal Guardian [§] <small>§ Enclose supporting documents</small>		
Mailing Address (as per KYC records)		
Pincode		State
City		Country
I/ we confirm, below contact details are of (Please select (✓) any) <input type="checkbox"/> Primary holder <input type="checkbox"/> ^ Family <small>Specify relationship</small>		
Mobile No.		Email ID
^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.		
Phone (Off)		Fax No.
Phone (Res)		
Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)		
Pincode		State
City		Country

ADDITIONAL KYC DETAILS	
Tax Status: (Please ✓)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Company	
<input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Financial Institution <input type="checkbox"/> NBFC <input type="checkbox"/> Others <small>please specify</small>	

ACKNOWLEDGMENT SLIP (To be filled in by the investor)		AngelOne Mutual Fund
Name	PAN	Signature, Stamp & Date
An Application for scheme		
Along with Cheque / DD No. / UTR No.	Dated	
Drawn on (Bank)	Amount ₹	

Non-Profit Organization (NPO):

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) Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog Enclosed relevant documentary proof evidencing the above definition.

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.

Occupation:

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others please specify

Gross Annual Income:

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 crore
 OR Net worth (Mandatory for Non-Individuals) ₹ as on DD MM YYY YYY (Not older than 1 year)

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable
For Non-Individuals [Please ✓] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form
 (i) Foreign Exchange / Money Changer Services Yes No (ii) Gaming / Gambling / Lottery / Casino Services Yes No (iii) Money Lending / Pawning Yes No
 ^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

Are you a Tax Resident of any Country other than India? Yes No **FATCA & CRS Details:** For Individuals (Mandatory).

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory].
 * Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.

Country of tax resident	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Tax Payer Ref ID No.	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Identification Type	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

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.
 Country of Birth: City of Birth: Country of Nationality:
 If TIN is not available, Please ✓ the reason A, B or C: Reason A B C Refer: "Instructions for Application Form" down below for details.

SECOND APPLICANT'S DETAILS

Mr Ms Mrs (Please ✓)
Name # Gender (Please ✓) Male Female
 (Name as per PAN / ITD Records)
 Father's name
 Mother's name
 PAN # NOTE- PAN copy mandatory DOB # CKYC / KIN
 I/we confirm, below contact details are of (Please select (✓) any) Primary holder ^ Family Specify relationship
 Mobile No. Email ID
 ^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.
 Phone (Off) Phone (Res)

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)
 Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership HUF AOP Minor through guardian FIs PIO Others please specify

Occupation:
 Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others please specify

Gross Annual Income:
 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 crore

For Individuals [Please ✓]: I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable
 ^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

Are you a Tax Resident of any Country other than India? Yes No **FATCA & CRS Details:** For Individuals (Mandatory).

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No
 If Yes, please provide the following information [mandatory].
 * Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.

Country of tax resident	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Tax Payer Ref ID No.	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Identification Type	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

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.
 Country of Birth: City of Birth: Country of Nationality:
 If TIN is not available, Please ✓ the reason A, B or C: Reason A B C Refer: "Instructions for Application Form" down below for details.

THIRD APPLICANT'S DETAILS

Mr Ms Mrs (Please ✓)

Name # _____ Gender (Please ✓) Male Female

(Name as per PAN / ITD Records)

Father's name _____

Mother's name _____

PAN # _____ NOTE- PAN copy mandatory DOB # _____ CKYC / KIN _____

I/ we confirm, below contact details are of (Please select (✓) any) Primary holder ^ Family _____ Specify relationship _____

Mobile No. _____ Email ID _____

^ "Family" for this purpose shall mean self, spouse, dependent children and dependent parents.

Phone (Off) _____ Phone (Res) _____

ADDITIONAL KYC DETAILS

Tax Status: (Please ✓)

Resident Individual NRI-Repatriation NRI-Non Repatriation Partnership HUF AOP Minor through guardian FIs PIO Others _____ please specify _____

Occupation:

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired

Housewife Student Forex Dealer Others _____ please specify _____

Gross Annual Income:

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 crore

For Individuals (Please ✓): I am Politically Exposed Person (PEP)^ I am Related to Politically Exposed Person (RPEP) Not applicable

^ PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

FATCA DETAILS

Are you a Tax Resident of any Country other than India? Yes No **FATCA & CRS Details:** For Individuals (Mandatory).

The below information is required for all applicant(s)/ guardian. Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory].

* Please indicate all countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and Identification type e.g. TIN etc.

Country of tax resident	1.	2.	3.
Tax Payer Ref ID No.	1.	2.	3.
Identification Type	1.	2.	3.

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.

Country of Birth: _____ City of Birth: _____ Country of Nationality: _____

If TIN is not available, Please ✓ the reason A, B or C: Reason A B C Refer: "Instructions for Application Form" down below for details.

5. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof)

Bank Name _____ Branch _____

Bank A/c No. _____ Account Type (Please ✓) Savings Current NRE NRO Others _____ (please specify)

Bank Address _____

City _____

Pincode _____ State _____ Country _____

IFSC (11 digits)* _____ MICR (9 digits) _____ * This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

6. INVESTMENT DETAILS

Mode of Investment Lumpsum Lumpsum with SIP SIP (First installment through cheque) Micro Investment

Scheme / Plan	Growth	Amount
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	_____

(For Plans & Sub-options please see key scheme features).

7. SIP INVESTMENT DETAILS

Scheme / Plan	Growth	Amount
Angel One Nifty Total Market Index Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/>	₹ _____

SIP Amount (figure) _____ (words) _____

SIP Frequency (Please ✓ any one): Daily Weekly Fortnightly Monthly Quarterly SIP Date:

Start Date End Date* *Maximum duration of 40 years.

SIP THROUGH AUTO DEBIT (OTM) (Please also fill and attach the SIP OTM Form available on page no. 4)

SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details Cheque Nos. _____ From To _____

If Start Date is not mentioned, next applicable SIP cycle date would be applied for processing. Cheque Dates From To

Note : Please refer to Scheme SID for SIP features.

8. PAYMENT DETAILS

Payment Type (Please ✓) Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Please refer instruction 7)

Investment Amount _____ A _____ Total Amount _____

Mode of Payment Cheque Electronic Fund Transfer Cheque Number _____ Date

Drawn on Bank / Branch _____

UTR _____ dated

9. SIP TOP-UP SIP Top Up (Optional) - Available only for investments effected through OTM.

Top Up Amount ₹ Top Up Frequency (✓) : Half Yearly Yearly* Top Up Count * Default option if not selected.

10. NOMINATION DETAILS (To be filled in by individuals singly or jointly.)

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees currently in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee																								
Mandatory Details																												
1.	Name of the nominee(s) (Mr./Ms.)																											
2.	Share of each Nominee Equally [If not equally, please specify percentage]	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33⅓% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33⅓% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 33⅓% <input type="checkbox"/> 25% <input type="checkbox"/> Others (Please specify) _____																								
Any odd lot after division shall be transferred to the first nominee mentioned in the form.																												
3.	Relationship with the Applicant (If any)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others (Please specify) _____																								
4.	Date of Birth of minor and Name of Guardian to be provided in case of minor nominee(s)	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
5.	Address of Nominee(s)/ Guardian in case of Minor																											
5.	Mobile number of nominees/ Guardian in case of minor																											
6.	Email Id of nominees/guardian in case of minor																											
7.	Identity Number**																											

* Proof of Date of Birth of the minor to be attached ** PAN or Driving License or Last 4 digits of Aadhar+
 Note: ¹ Nomination details provided would overwrite any previous nomination registered in the folio. ² Please ensure that sum of allocation% across all nominees in the folio adds up to exactly 100%.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)
 Name of nominee(s) with % Nomination: Yes / No

I/ We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Name of Holder(s)			
Signature of Holder(s)	Signature of 1 st holder	Signature of 2 nd holder	Signature of 3 rd holder

(To be signed by all unit holders in the folio) **Note:** Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

11. RESOLUTION OF DISPUTES (For Institutional & Corporate Investors) (Refer instruction no. 10)

_____ Smart ODR or _____ By harnessing any independent institutional mediation, conciliation and/or online arbitration institution in India.

12. DECLARATION AND SIGNATURES

I/We hereby confirm and declare as under: - I/We have read and understood the contents of the Statement of Additional Information of Angel One Mutual Fund and the Scheme Information Document/Key Information memorandum of Angel One Nifty Total Market Index Fund ("Scheme") and the instructions. I/We, hereby apply to the Trustee of Angel One Mutual Fund for allotment of units of the Scheme of Angel One Mutual Fund, as indicated above, agree to abide by the terms, conditions, rules and regulations of the Scheme. 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/her/it for the different competing schemes of various mutual funds from amongst which the Scheme is 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/Angel One Mutual Fund, I/We hereby authorize the AMC/ Angel One Mutual Fund to refund the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Angel One Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify Angel One Asset Management Company Limited immediately in the event of any information in the self-certification changes.

I/We hereby authorize Angel One Mutual Fund, the AMC and its agents to disclose my/our details including investments details to my/our bank(s)/Angel One Mutual Fund's Bank'(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us, or to disclose to such other service providers as deemed necessary for conduct of business. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service providers or representatives responsible. I/ We will also inform the AMC about any changes in my/our bank account.

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 hereby acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non- submission of documentation.

SIGNATURE(S)

1 st Applicant / Guardian / POA Signature	2 nd Applicant / POA Signature	3 rd Applicant / POA Signature
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Date Place _____

Important points to note :-
 - As per new PAN validation process, name and date of birth on the application should be mentioned as per Income Tax Department (ITD)/PAN Card.