

## 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 (EUN)
<b>ARN-181211</b>			<b>E528682</b>

\* EUN Declaration (Only where EUN box is left blank) - 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. (Refer Instruction No XII)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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<b>1. EXISTING INVESTOR FOLIO NUMBER</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>2. MODE OF HOLDING</b> [Please tick (✓)] <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Any one or Survivor
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**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 (Mention name as per your PAN / Income Tax Department (ITD)) (Mandatory to mention Date of Birth for all holders)

<b>Sole/First Applicant</b>	Mr. /Ms./M/s	<b>DOB</b>	D	D	M	M	Y	Y	Y	Y
<b>Name of Guardian</b> if first applicant is minor/ <b>Contact Person</b> for non individuals Mr. /Ms./M/s										
<b>Date of Birth of Guardian</b>	D	D	M	M	Y	Y	Y	Y	<b>Guardian's Relationship with Minor</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	
									<b>Proof of Date of Birth and Guardian's Relationship with Minor</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify)	
<b>PAN / PEKRN</b>		<b>CKYC ID (CKIN)</b>								
<b>LEI No.:</b>			<b>Valid upto:</b>			Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual. (Refer instruction No.XV)				
<b>STATUS</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Limited Company <input type="checkbox"/> FPI Category I <input type="checkbox"/> Banks <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust /Society/ NGOs* (Enter Registration No. of Darpan Portal)									
	<input type="checkbox"/> NRI <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> FPI Category II <input type="checkbox"/> Defence Establishment <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Non Profit Organization/Charities* (Enter Registration No. of Darpan Portal)									
	<input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Partnership Firm/LLP <input type="checkbox"/> FPI Category III <input type="checkbox"/> Government Body <input type="checkbox"/> Mutual Fund FOF Schemes <input type="checkbox"/> Others (Please specify)									
	* Mandatory to fill Point No. 11 of this Application Form.									
<b>Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)</b> <input type="checkbox"/> Foreign Exchange/ Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above										

<b>Correspondence Address</b> (Address details will be updated as per your KYC records with CKYC / KRA)					<b>Overseas Address</b> (Mandatory for NRI / FPI Applicants & PIO's)				
House/Flat No.					House/Flat No.				
Street Address					Street Address				
<b>City/Town</b>		<b>State</b>		<b>City/Town</b>		<b>State</b>		<b>City/Town</b>	
<b>Country</b>		<b>Pin Code</b>		<b>Country</b>		<b>ZIP Code</b>		<b>Country</b>	
<b>Tel. (Res.)</b>	(STD Code)			<b>Tel. (Off.)</b>	(Country Code)			<b>Fax</b>	(Country Code)
<b>Mobile No.</b>				<b>Email ID (CAPITAL Letters Only)</b>					
<b>Email ID belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others									
<b>Mobile No. belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> 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. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the Email ID).

<b>Second Applicant</b>	Mr. /Ms./M/s	<b>DOB</b>	D	D	M	M	Y	Y	Y	Y
<b>PAN / PEKRN</b>		<b>CKYC ID (CKIN)</b>								
<b>Mobile No.</b>		<b>Email ID (CAPITAL Letters Only)</b>								
<b>Email ID belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others										
<b>Mobile No. belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others										
<b>Third Applicant</b>	Mr. /Ms./M/s	<b>DOB</b>	D	D	M	M	Y	Y	Y	Y
<b>PAN / PEKRN</b>		<b>CKYC ID (CKIN)</b>								
<b>Mobile No.</b>		<b>Email ID (CAPITAL Letters Only)</b>								
<b>Email ID belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> Others										
<b>Mobile No. belongs to</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian in case of minor <input type="checkbox"/> 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.**



12. NOMINATION FOR UNITS IN NON-DEMAT MODE (Nomination shall be optional for jointly held Mutual Fund Folios) (Refer instruction No.VI for details)

☐ 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 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 that 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 / 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 / DND, as the case may be.

Signature of Sole/First Applicant/Guardian

Signature of Second Applicant

Signature of Third Applicant

CHECKLIST FOR APPLICATION FORM

IMPORTANT POINTS TO BE NOTED:

\* Effective from April 1, 2024, KYC status for the investors new to Helios Mutual Fund should be Validated or the application should be submitted along with the duly completed Re-KYC form with valid proofs. For more information refer following link: <https://www.heliosmf.in/kyc-norms/>

\* As per the New PAN validation process effective from April 30, 2024, name & date of birth on the application should be mentioned as per Income Tax Department (ITD) / PAN Card.

\* Effective from May 15, 2024, Non-Resident Indian (NRI) Investors, can transact in Mutual Fund till April 30, 2025, if their KYC status is "Registered.

\* It is mandatory to provide nomination details or opt out declaration for folios opened by individuals with single mode of holding. Nomination shall be optional for jointly held Mutual Fund folios.

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 / LLP	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.