

SIP REGISTRATION & OTM DEBIT MANDATE FORM



ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA/PMRN -		ARN -		

**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) Incase 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. SYSTEMATIC INVESTMENT PLAN [Refer Instruction 7 (e)]

Scheme Name	WhiteOak Capital	<input type="checkbox"/> Plan: Direct Regular	Option : <input checked="" type="checkbox"/> Grwth# <input type="checkbox"/> IDCW <input type="checkbox"/> Default Option
SIP Frequency	<input type="checkbox"/> Weekly (Any day from Monday to Friday) <input type="checkbox"/> Fortnightly (1st - 16th of each month) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	IDCW Frequency	(Please refer to SID for the IDCW Frequency & Option)
SIP Date*	DD SIP Start MMYY	SIP End (in MMYY) OR <input type="checkbox"/> Perpetual SIP	(*You may select any date from 1st to 28th of the month. Incase if no date is selected, 10th would be the default SIP Date)
SIP Amount (` ` in figures)		words)	
<input type="checkbox"/> Top Up Facility (Optional) (to avail facility) Fixed# OR Variable\$		(Pls fill the applicable section below)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly

In case of Quarterly SIP, only Yearly frequency is available under SIP Top Up Facility.

Fixed Top Up Amount: ` OR Variable Top Up Percentage: %	5% 10% 15% 20% Others (Multiple of 5% only)
SIP Top Up amount has to be in multiple of 500/- only	If the Variable Top Up percentage is not selected the default shall be 5%.
SIP Top Up Cap Amount*: `	OR SIP Top Up Cap Month MM/YYY (Investor has to choose only one option either CAP amount or CAP month - year)

3. DECLARATION(S) & SIGNATURE(S)

I/We hereby authorize 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.

1st Applicant Signature / Guardian Signature	2nd Applicant Signature	3rd Applicant Signature	POA Signature
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4. OTM DEBIT MANDATE FORM (Lumpsum additional purchases as well as SIP Registrations)

	UMRN OR OFFICE USE ONLY	Date	DD MM YY
Sponsor Bank Code Office Use Only	Utility Code Office Use Only		
<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	I/We hereby authorize WhiteOak Capital Mutual Fund to debit tick () SBCCSB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other		
Bank A/c number			
with Bank	IFSC or MICR		
an amount of Rupees			
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
PAN / Application No.		Mobile No. +91	
Reference		Email ID	

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

From	DD MM YY	Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
To	DD MM YY			
Or <input type="checkbox"/> Until Cancelled		1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

• This is to confirm 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 & signed by me.
 • I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

SIP MODIFICATION FORM



Please read the instructions carefully and strike off any sections that are not relevant or not applicable.

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

ARN code/RIA / PMRN code**ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -RIA/PMRN -	ARN -		

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1. UNIT HOLDER INFORMATION (Mandatory to fill for Modification request) Refer to Instruction

Name FIRST NAME MIDDLE NAME LAST NAME

I/ We have an SIP registered for in Folio No. Scheme Plan Option

for SIP Cycle Date with Monthly / Quarterly Frequency.

SIP Debit Bank Name Bank Account No. through One Time Bank Mandate mode.

2. SIP MODIFICATION DETAILS (below the applicable Section) Refer to Instruction

Type of Modification

a. **Scheme Name** New Scheme

Plan: Direct Regular IDCW Option: Payout Reinvestment#
(Please read the SID for the respective scheme).

Option: Growth # IDCW & IDCW Frequency:

(Default Option) Income Distribution cum Capital Withdrawal

b. **New SIP Amount**

c. **New SIP End Date**

DECLARATION AND SIGNATURES : I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital 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.

1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature	POA Signature
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SIP PAUSE / CANCELLATION FORM



Please read the instructions carefully and strike off any sections that are not relevant or not applicable.

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

ARN code/RIA / PMRN code**ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -RIA/PMRN -	ARN -		

** 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.

1. UNIT HOLDER INFORMATION (Mandatory to fill for Pause / Cancellation request) Refer to Instruction

Name FIRST NAME MIDDLE NAME LAST NAME

I/ We have an SIP registered for in Folio No. Scheme Plan Option

for SIP Cycle Date with Monthly / Quarterly Frequency.

SIP Debit Bank Name Bank Account No. through One Time Bank Mandate mode.

2. SIP PAUSE / CANCELLATION DETAILS (below the applicable Section) Refer to Instruction

Type of Request

a. **Pause** SIP Pause Start Date SIP Pause End Date (Refer instruction 1)

OR

b. **Cancellation**

DECLARATION AND SIGNATURES : I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital 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.

1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature	POA Signature
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INSTRUCTIONS CUM TERMS AND CONDITIONS

SIP Modification facility

1. In order to provide flexibility, an investor investing through SIP shall have an option to modify the selected scheme and / or SIP installment amount and / or SIP end date, in the scheme wherein the SIP investments are currently being made. The said request has to be submitted atleast 15 business days prior to the next SIP installment date (excluding the request date and the next SIP installment date).
2. Modify SIP facility shall be available only to investors whose SIP is registered through One Time Bank Mandate. Modify SIP request shall be liable for rejection if the modified details do not meet the amount / tenure conditions as per the Scheme Information Document of the respective scheme or the registered mandate.
3. If the investor submits request for Modify SIP details for a SIP registration where the SIP Upgrade facility is already registered, then the SIP Upgrade facility shall be cancelled immediately upon receipt of Modify SIP details request.

INSTRUCTIONS CUM TERMS AND CONDITIONS

SIP Pause/ Cancellation

1. SIP Pause is a facility that allows investors to pause their existing SIP for a temporary period. Investors can pause their existing SIP without discontinuing it. SIP restarts automatically after the pause period is over. This facility can be availed only once during the tenure of the existing SIP. SIP can be paused for a minimum period of 1 month to a maximum period of 3 months.
2. The said request has to be submitted at least 15 business days prior to the next SIP installment date (excluding the request date and the next SIP installment date).
For availing this facility following points are to be noted:
 - a. Investor can opt for pause facility only from 7 installment onwards for Monthly SIP & for 5th installment onwards for Quarterly SIP.
 - b. Pause facility shall get activated from immediate next eligible installment from the date of receipt of SIP Pause request;
 - c. If the pause period is coinciding with the SIP Upgrade facility, the SIP instalment amount post completion of pause period would be inclusive of SIP Upgrade amount.
For e.g. SIP installment amount prior to Pause period is Rs.5,000/- and SIP upgrade amount is Rs.1,000/-. If the pause period is completed after date of SIP Upgrade, then the SIP installment amount post completion of pause period shall be Rs.6,000/-.

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN



Please read the instructions carefully and strike off any sections that are not relevant or not

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

Application No.:

1. DISTRIBUTION INFORMATION* (Refer Section 1 under instructions)

ARN code/RIA /PMRN code**ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -RIA -	ARN -		

**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.

2. EXISTING UNIT HOLDER INFORMATION

Investor Name Mr. Ms. M/s.

Folio No.

PAN/PERN* Enclosed: PAN/PERN Proof KYC Complicane

3. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 7 days before the 1st due date for transfer) (Refer STP instructions)

From Scheme _____ Plan _____	To Scheme _____ Plan _____
Option (Please any one) Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> Option (Please any one) Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/>	
*IDCW Frequency (In case of IDCW Option) _____	(In case of IDCW Option) _____
FIXED SYSTEMATIC TRANSFER PLAN (FSTP) CAPITAL APPRECIATION SYSTEMATIC TRANSFER PLAN (CASTP)	
FSTP Frequency: Weekly (Any day from Monday to Friday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> CASTP Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	
FSTP Amount: _____ No. of Installments: _____	No. of Installments: _____
FSTP Date: FSTP Start: _____ FSTP End: _____ CASTP Date: CASTP Start: _____ CASTP End: _____	
(You may select any date from 1st to 28th of the month)	(You may select any date from 1st to 28th of the month)

4. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 7 days before the due date for transfer) Refer SWP Instructions

Scheme _____ Plan _____	Option (Please any one) Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> *IDCW Frequency _____
(SWP Installment) _____	
SWP Frequency: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>	
No. of Installments _____	
SWP Date: SWP Start: _____ SWP End: _____	(You may select any date from 1st to 28th of the month)

5. DECLARATION AND SIGNATURE(S)

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

SIGNATURE(S)

1st / Sole Holder	2nd Holder	3rd Holder



ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Folio No. <input type="text"/>	Signature, Stamp & Date
From <input type="text"/>	
Scheme Plan <input type="text"/>	
Amount <input type="text"/> Cheque No. <input type="text"/> Date <input type="text"/>	

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

INSTRUCTIONS

SYSTEMATIC TRANSFER PLAN (STP)

- Systematic Transfer Plan (STP) is an option wherein Unit holders of Source Schemes can opt to transfer a fixed amount at regular intervals (and provide standing instructions to the AMC to switch the same into the target schemes.
- The source schemes refer to all open-ended schemes and the target schemes refer to all open ended schemes where subscription is allowed.
- The amount transferred under STP from source scheme to the Target Scheme shall be done by redeeming Units of Source scheme at Applicable NAV, subject to exit load, if any; and subscribing to the Units of the Scheme at Applicable NAV as on specified date as given below:

Fixed Systematic Transfer Plan (FSTP)		Capital Appreciation Systematic Transfer Plan (CASTP)	
Particulars	Frequency	Particulars	Frequency
Weekly Option	Any day from Monday to Friday	Monthly & Quarterly Option	Any Date of every month
Monthly & Quarterly Option	Any Date of every month		

In case these dates fall on a holiday or book closure period, the next Business Day will be considered for this purpose. In case of nil balance in the Source Scheme, STP for that particular due date will not be processed.

- STP will cease to be active upon 3 consecutive unsuccessful transactions or if all units are pledged or upon receipt of intimation of death of Unit holder. All requests for registering or discontinuing Systematic Transfer Plans shall be subject to an advance notice of 10 days.
- The provision of "Minimum Redemption Amount" specified in Scheme Information Document (SID)(s) of the respective Source schemes and "Minimum Application Amount" applicable to the Target Scheme as specified in this document will not be applicable for Systematic Transfer Plan.
- At the time of registration, the minimum amount for this facility is ` 1,000/- and in multiples of ` 0.01 for weekly, monthly and quarterly frequency.
- The minimum number of instalments under each Plan are as follows:
Under Weekly STP: Where instalment amount is less than Rs. 1,000: 12 instalments
Where instalment amount is equal to or greater than Rs. 1,000: 6 instalments
Under Monthly FSTP & Monthly CASTP: • Minimum 6 instalments
Under Quarterly FSTP & Quarterly CASTP: • Minimum 4 instalments

Under the CASTP- Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum Rs. 500) by way of capital appreciation on any date selected by the investor between 1st – 28th of each month. Under the CASTP-Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum Rs. 1,500) by way of capital appreciation on any date selected by the investor between 1st – 28th of the first month of each quarter.

The beginning of the quarter could be of any month e.g., April, August, October, November, etc. Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the CASTP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous CASTP date (where CASTP has been processed and paid) and the next CASTP date e.g., if the appreciation is Rs. 3,500 in the first quarter and Rs. 3,000 in the second quarter, the unit holder will receive only the appreciation i.e., Rs. 3,500 in the first quarter and Rs. 3,000 in the second quarter.

If the capital appreciation amount is less than Rs. 500 for Monthly & Rs 1500 for Quarterly frequency, the CASTP shall not be processed for that particular month/quarter

- Further, the minimum balance in the Unit holders account or the minimum amount of application at the time of enrolment for STP in the Transferor Scheme should be Rs. 12,000.
- There will be no maximum duration for STP enrolment.
- The amount transferred under the STP from the Transferor Scheme to the Transferee Scheme shall be effected by redeeming units of Transferor Scheme at Applicable NAV, after payment of Exit Load, if any, and subscribing to the units of the Transferee Scheme at Applicable NAV in respect of each STP investment. In case the STP date falls on a Non-Business Day or falls during a book closure period, the immediate next Business Day will be considered for the purpose of determining the applicability of NAV.
- Unit holders may change the amount (but not below the specified minimum) by giving written notice to any of the Official Point(s) of Acceptance. Unit holders will have the right to discontinue the STP facility at any time by sending a written request to the OPA. Notice of such discontinuance should be received at least 7 days prior to the due date of the next transfer date.
- On receipt of such request, the STP facility will be terminated. STP will be terminated automatically if all the Units are liquidated or withdrawn from the Transferor Scheme or pledged or upon the Fund's receipt of notification of death or incapacity of the Unit holder.
- Exit Load, if any, prevailing on the date of enrolment shall be levied in the Transferee Scheme.
- The AMC / Trustee reserve the right to change / modify load structure and other terms and conditions under the STP prospectively at a future date.
- The Fund reserves the right to include/remove any of its Schemes under the category of Source and Target Schemes available for STP from time to time by suitable display of notice on AMC's Website.
- The facility is available for both Source and Target Scheme.

SYSTEMATIC WITHDRAWAL PLAN (SWP)

- This facility enables an investor to withdraw sums from their Unit accounts in the Scheme at periodic intervals through a one-time request. The withdrawals can be made as follows:

Frequency	Monthly	Quarterly	Half-Yearly	Yearly
SWP Transaction Dates (between 1st & 28th)	Any date of every month (between 1st & 28th)	Any date of every Quarter (between 1st & 28th)	Any date of every half-year (between 1st & 28th)	Any date of every year (between 1st & 28th)
Minimum no. of instalments	2	2	2	2
Minimum amount of instalment	Rs. 500/-	Rs. 500/-	Rs. 500/-	Rs. 500/-
Minimum amount of withdrawal	Rs. 100/-	Rs. 100/-	Rs. 100/-	Rs. 100/-

- The withdrawals will commence from the start date mentioned by the investor in the SWP Application Form. The Units will be redeemed at the Applicable NAV of the respective dates on which such withdrawals are sought.
- The request for enrollment / processing of SWP will only be on a Business Day at the applicable NAV.
- In case during the term of SWP processing date falls on a non-Business Day, then such request will be processed on the following Business Day's applicable NAV.
- The request for enrollment of SWP in the prescribed form should be received at any OPA / ISC at least 7 Business Days in advance before the execution / commencement date.
- In case the balance in the scheme goes below the SWP installment amount, then the SWP shall be processed for the available balance.
- In case of 3 consecutive SWP installment on account of NIL balance in the scheme, the SWP in the scheme shall be discontinued.
- The request for discontinuation of SWP shall be given in writing and should be received at any official point of acceptance / Investor Service Center at least 7 Business Days in advance before the execution / commencement date.
- A request for SWP will be treated as a request for Redemption from/Subscription into the respective Option(s)/Plan(s) of the Scheme(s) as opted by the Investor, at the applicable NAV.

WhiteOak Capital Asset Management Limited (Investment Manager for WhiteOak Capital Mutual Fund)
 Unit No. B4, 6th floor, Chhatrapati Shivaji Maharaj Marg, Prabhadevi, Mumbai 400 025
 Toll Free Number: 1800 3000 3060 | Tel. +91-22 40827666 | Fax +91-22 40827653 |
<https://mf.whiteoakamc.com> CIN : U65990MH2017PLC294178