

# IIFCL Mutual Fund Infrastructure Debt Fund - Series II

## APPLICATION FORM

Fund Suitability

This product is suitable for investors who are seeking:

### GUIDELINES FOR EASY COMPLETION OF INVESTOR INFORMATION FORM

Dear Investor,

For ease of processing your application, the following guidelines have been prepared. These are for assisting you in completing the documentation and processing your application as soon as possible. Kindly ensure these guidelines are adhered to so as to enable us in completing, processing your application. This information is required under the Prevention of Money Laundering Act, 2002, the rules notified there under, SEBI's guidelines on 'Anti Money Laundering'. The Investment Manager/Trustee reserve the right to seek additional information/documentation in terms of anti money laundering laws, statutory and regulatory requirements at any point in time which the investor is obliged to provide

Fund	IIFCL Mutual Fund Infrastructure Debt Fund - Series II
Documents	1. Investor Application Form 2. KYC Application Form
Investor Information	To be filled in BLOCK LETTERS IN ENGLISH. Form submitted without proper documents or improperly attested documents is liable to be rejected. Form should be filled in legible writing, any cancellation/corrections should be counter signed by the Investor(s)
Cheque Details	Cheque for "Capital Contribution" to be in favor of "IIFCL Mutual Fund Infrastructure Debt Fund - Series II" Please provide a cancelled cheque to Name of the Bank & Branch – IDBI Bank , KG MARG Branch Address- SURYA KIRAN BUILDING , GROUND FLOOR 19 K.G.MARG Account No – 0011102000080963 IFSC Code:- IBKL0000011
<b>The investor has to provide KYC Verified acknowledgement copy. If the investor's KYC is not verified by any of the KRAs, then investor has to provide duly filled in KYC application form along with the requisite documents as detailed on the rear side of the KYC application form.</b>	
Other Information	In case of a partnership firm application should be signed by at least one partner In case of a company, applications should be executed under seal or signed by a duly authorized signatory provided that a certified copy of the authority authorizing the signatory and an authenticated list of signatories accompanies the application FATCA Declaration is to be provided by the investors as per the format ( Non- Individuals separately ) attached In case of Unlisted Company, Partnership Firm, AOP/BOI, Trust, Ultimate Beneficiary Owners (UBO) declaration shall be given

# IIFCL Mutual Fund Infrastructure Debt Fund - Series II

**APPLICATION FORM  
FOR NON-INDIVIDUALS**

IIFCL Mutual Fund Infrastructure Debt Fund - Series II

Address - 8th Floor, Hindustan Times Building, 18 & 20, Kasturba Gandhi Marg,

City - New Delhi

Pin code - 110 001

<b>Distributor Code / Name</b>		<b>Sub-Broker Code / RM Name</b>			<b>Application No.</b>				
<b>I</b>	GENERAL INFORMATION (Please v)	<input type="checkbox"/>	Corporate Proprietorship	<input type="checkbox"/>	Company Trust	<input type="checkbox"/>	HUF Foreign-Entity	<input type="checkbox"/>	Others Pl. specify _____

<b>Name</b>				<b>Date of Regn. / Incorporation</b>			
				DD	MM	YYYY	

Registered Office address

Bldg. / Street / Locality :

City:	State:	Pincode:	Country:
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Correspondence Address

Bldg. / Street / Locality :

City:	State:	Pincode:	Country:
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Name and Address of Contact Person

Permanent Account Number

PAN of the Applicant (attach self attested copy of PAN Card)

<b>II</b>	<b>CAPITAL COMMITMENT</b>	
Amount (Rs.)	(In Figures)	(In Words)

<b>III</b>	<b>CAPITAL CONTRIBUTION</b>	Investment Option (Please v)	<input type="checkbox"/>	One Time	<input type="checkbox"/>	Installment
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**Cheque to be in favour of - " IIFCL Mutual Fund Infrastructure Debt Fund - Series II"**

Name of the Bank & Branch			
Branch Address			
Account No.	Cheque / DD No.	Cheque / DD Amount (Rs.)*	
Amount in words.*			

<b>IV</b>	<b>DETAILS FOR BANK ACCOUNT</b>				
Name of the Beneficiary					
Name of the Bank &					
Address of the Branch					
City	State	Pincode			
Account Type	Account No.				
NEFT IFSC Code	RTGS IFSC Code				
MICR	Payment Mode : [Please tick (v)]	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Electronic Transfer

<b>V</b>	<b>DEMAT ACCOUNT DETAILS</b>	<input type="checkbox"/>	<b>DEMAT MODE **</b>	<input type="checkbox"/>	<b>PHYSICAL MODE ( DEFAULT)</b>
	NSDL		CDSL		
DP Name					
DP ID					
Beneficiary Account No.					

**Acknowledgement Slip**

Distributor Code	Sub-Broker Code	Application No.
Name of Investor :		
Address :		
No. of Units Subscribed :	Capital Commitment (Rs.):	
Capital Contribution Amount:	Cheque / DD No. :	Cheque / DD Date.:
Drawn on :		

Subject to Realisation of Cheque and Furnishing of Mandatory Information documents

\*\* Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode

<b>VI OTHER DETAILS:</b>						
Gross Annual Income				Net Worth as on _____		
Occupation Details (v)	Private Sector <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Government Service <input type="checkbox"/>	Business <input type="checkbox"/>	Student <input type="checkbox"/>	Retired <input type="checkbox"/>
	Professional <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	House Wife <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Others Pls Specify _____	
Please (v) if applicable	Politically Exposed Person <input type="checkbox"/>		Related to Politically Exposed Person <input type="checkbox"/>			

<b>VII</b>				
<b>DECLARATIONS AND SIGNATURE(S)</b>				
<p>" I/We hereby declare that all the information and particulars given byme/us in this application form are true to the best of my/our knowledge and belief. I/We agree to immediately inform you if there is any change in any of the information given in this application or in the Annexure(s) to this application. I/We declare and agree that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, the Investment Manager, inter alia, has the right to ask me/us to withdraw from the Fund or transfer the units held by me/us to a transferee as may be designated by it and/or take necessary steps for breach of representation and warranties. I/We also agree to furnish such further information as you or SEBI or any other regulatory authority may require from me/us from time to time in relation to the holdings of Units of the Fund and I/we agree that if I/we fail to give such information, you shall have the right to treat me/us a Defaulting Contributor."</p>	Authorised Signatory / Signatories For  <b>X</b>			
	<table border="1"> <tr> <td>PLACE</td> <td>DATE</td> </tr> </table>	PLACE	DATE	
	PLACE	DATE		
		Company's Stamp		

<b>PHOTOGRAPHS OF AUTHORISED SIGNATORIES</b>		
<div style="border: 1px solid black; padding: 10px; width: 100px; height: 100px; margin: 0 auto;">           Photograph of (Please sign across the photograph)         </div> <p style="text-align: center;">First Holder</p>	<div style="border: 1px solid black; padding: 10px; width: 100px; height: 100px; margin: 0 auto;">           Photograph of (Please sign across the photograph)         </div> <p style="text-align: center;">Second Holder</p>	<div style="border: 1px solid black; padding: 10px; width: 100px; height: 100px; margin: 0 auto;">           Photograph of (Please sign across the photograph)         </div> <p style="text-align: center;">Third Holder</p>
Place		
Date		