

TRANSACTION 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.

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/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.

2. UNIT HOLDER DETAILS* (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Folio No.

NAME OF UNITHOLDER Mr. Ms. M/s.

3. ADDITIONAL PURCHASE REQUEST* (Refer Section 3 under instructions)

Scheme Name *Plan (Please ✓ any one) Direct Regular *Option Growth IDCW

*IDCW Frequency IDCW Facility (Please ✓ any one) Payout Re-investment

Mode Of Payment Cheque Demand Draft Electronic Fund Transfer One Time Mandate Source of Funds (For NRI / FIIS Investor) NRE NRO FCNR OTHERS (please specify)

Amount ₹ (in words)

DD Charges ₹ *Instrument No./ UMRN No. UTR No. (incase of RTGS/NEFT)/ OTM ref no. incase of One Time Mandate Dated

Drawn on Bank Branch & City

Cheque/DD should be drawn in favour of the Scheme Name.

* If you have an existing OTM kindly provide the OTM reference number.

*For Default option, please refer to SID.

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.

4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme <input type="text"/>	To Scheme <input type="text"/>
*Plan (Please ✓ any one) <input type="checkbox"/> Direct <input type="checkbox"/> Regular	*Plan (Please ✓ any one) <input type="checkbox"/> Direct <input type="checkbox"/> Regular
*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW
IDCW Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment	*IDCW Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment
IDCW Frequency <input type="text"/>	*IDCW Frequency <input type="text"/>
Amount ₹ <input type="text"/> OR <input type="checkbox"/> No. of Units	OR <input type="checkbox"/> All units

*For Default option, please refer to SID.

5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme *Plan (Please ✓ any one) Direct Regular *Option Growth IDCW

Amount ₹ OR No. of Units OR All units

(Other than default bank registered in folio)

Account No.

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please (✓) the appropriate Option.

6. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS If mode of holding is 'Joint') (Refer Section 6 under Instructions)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of WhiteOak Capital Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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.

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.

Please ✓ the EUIN space is left blank: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 st Unitholder/Guardian/Authorised Signatory/POA	2 nd Unitholder/Guardian/Authorised Signatory/POA	3 rd Unitholder/Guardian/Authorised Signatory/POA	<input type="text"/>

For any help or queries , please call our Toll Free Number 1800 3000 3060 or write to us at clientservice@whiteoakamc.com