

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
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EUIN Declaration: 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 and the distributor has not charged any advisory fees on this transaction.

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.

Units will be allotted for the amount minus the transaction charges payable to distributor, if applicable.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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UNITHOLDER'S DETAILS

Sole/First Applicant (Mr./Ms.): FIRST NAME MIDDLE NAME LAST NAME

FOLIO No.

DETAILS OF SIP INVESTMENT

Scheme Name & Plan: Option/Sub-Option:

Cheque No: Date: Drawn on Bank:

Each SIP amount: ₹ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date: DD SIP Start Month/Year: MMYY SIP End Month/Year: MMYY

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☐ Half Yearly ☐ Yearly (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly.)

(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only)

Fixed SIP TOP-UP Amount (Rs.): Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs. 100/- only.)

SIP TOP-UP Start Month/Year: MMYY SIP Top Up End Month/Year: MMYY

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/Cancelled delivery instruction slip that you may have received from your Depository.

NSDL ☐ DP Name DP ID IN Beneficiary Account No.

CDSL ☐ DP Name Beneficiary Account No.

Signature(s) as per Helios Mutual Fund Records (Mandatory)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN FOR OFFICE USE ONLY Date DDMMYY

Tick (✓) ☒ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

I/We hereby authorize HELIOS MUTUAL FUND to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank Name of customers Bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN Phone No. +91

Reference Email ID

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

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD

From DDMMYY To 31122050

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

As per Mandate circular dated 18th August 2023, mandate can be for maximum duration of 30 years from date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM

Name of the Investor: FOLIO No.

Scheme Name, Plan & Option: SIP Amount: ₹

Fixed SIP Top-Up Amount: ₹ Top-Up Frequency (✓):

Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only)