

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number

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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2. Investor Details

FOLIO NO.

Name of First applicant Mr./Ms./M/s

PAN No / PEKRN. KYC

3. 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.

NSDL <input type="checkbox"/> DP Name _____	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL <input type="checkbox"/> DP Name _____	Beneficiary Account No. <input type="text"/>	

4. Additional Purchase (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode: OTBM Facility (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT

Scheme _____ Plan _____ Option _____

Net Amount ₹ _____ DD Charge ₹ _____ Bank Name: _____ Branch: _____ City: _____

Cheque/DD/RTGS/NEFT No. Payment Date/Instrument Date / /

LEI No.: Valid upto: Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual.

5. Switch (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Partial Switch Amount: ₹ _____ Units: _____ Full Switch

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

6. Redemption

Partial Redemption Amount: ₹ _____ Units: _____ Full Redemption

Scheme _____ Plan _____ Option _____

LEI No.: Valid upto: Note: LEI No. is Mandatory for transaction amount ₹50 Crs and above for Non Individual.

*Bank Account No. Name of Bank

* (Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

Note: In case change of bank details request has been submitted in last 10 days, we may HOLD the redemption payout for 7 calendar days as cooling period. The payout will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption payout will be made on the next working day.

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)

Mobile No / Tel No.

8. 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. 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 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 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. If the balance in my/our account does not cover the amount/units of redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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ACKNOWLEDGMENT SLIP (To be filled by the Investor)

Received from Mr./Ms./M/s.: _____

Folio No: Scheme _____

Plan _____ Option _____

Additional Purchase Cheque No.: _____ Dated _____ Drawn on _____

Redemption Switch Amount (₹) _____ or Units _____ or All Units