



Application No. \_\_\_\_\_

Offer for Units of Rs.10/- Per Unit for cash during the New fund Offer Period and at NAV based prices upon re-opening. NFO Start Date : **24<sup>th</sup> Sep 2025** NFO Closure Date: **08<sup>th</sup> Oct 2025**

Scheme Name & Type of the Scheme	Product Labelling	Scheme Risk-o-meter#	Benchmark Risk-o-meter#
<b>The Wealth Company Flexi Cap Fund</b> An open-ended dynamic equity scheme investing across Large cap, Mid cap, Small cap stocks	To provide investors an easy understanding of the kind of product/scheme they are investing in and its suitability to them, the product labelling is as under: This product is suitable for investors who are Seeking: • Long term capital appreciation • Investment in equity and equity related securities of companies across market capitalization. *Investors should consult their financial advisers if in doubt about whether the product is suitable for them.	 Risk of the scheme is Very High Risk	 Benchmark Riskometer is at very High Risk (NIFTY 500 TRI)
#The above product labelling assigned during the New Fund Offer is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made.			

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of The Wealth Company Mutual Fund.

1. DISTRIBUTOR INFORMATION*					(Please refer instruction no. 1)
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.

\*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of The Wealth Company 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. 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 HOLDING OPTION	<input type="checkbox"/> PHYSICAL MODE (Default)	<input type="checkbox"/> DEMAT MODE*	(Please refer instruction no. 7)
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\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of names as given in the order of the applicants matches as per the Depository Details. In case of any ambiguity or validation failure with the depository details, AMC will allot units in the Physical Mode.

National Securities Depository Limited	Central Depository Services (India) Limited
DP Name - _____	DP Name - _____
DP ID   I   N   _____ Beneficiary A/c No. _____	DP ID   _____ Beneficiary A/c No. _____
Enclosures - Please <input checked="" type="checkbox"/> Client Masters List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Delivery Instruction Slip (DIS)	

3. MODE OF HOLDING	(Please refer instruction no. 5)
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(In case of Demat Purchase, Mode of Holding should be same as in Demat Account)  Single  Joint  Anyone or Survivor (Default)

4. APPLICANT'S NAME AND INFORMATION (Mandatory) to be filled in BLOCK LETTERS. (Name and DOB shall be as per Income Tax Records)	(Please refer instruction no. 3)
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Folio No. \_\_\_\_\_ (For Existing unit holders) Gender  Male  Female  Others

Name of Sole / 1st Applicant Mr. / Ms. / M/s. \_\_\_\_\_  
 (Name as per IT Records) First Middle Last

PAN/PEKRN \_\_\_\_\_ (Mandatory) CKYC No. \_\_\_\_\_ Date of Birth (Mandatory) 

D	D	M	M	Y	Y	Y	Y
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Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

The Email ID belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

The Mobile No. belongs to (Mandatory Please  )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA

The default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: (please  here)  Account Statement  Annual Report/Abridged summary  Other Statutory Information. (We would recommend you to choose an online mode to help us save paper & contribute towards a greener & cleaner environment.)

LEI Code \_\_\_\_\_ Valid upto 

D	D	M	M	Y	Y	Y	Y
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 (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. 4a)

Tax Status \_\_\_\_\_ (Mandatory, Please  )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust  HUF  AOP  Minor through guardian  Company  FII's  PIO  Body Corporate  Society/Club  Sole Proprietorship  Non Profit Organisation  Financial Institution  NBFC  Bank  Others \_\_\_\_\_ (Please Specify)

Non Profit Organization [NPO]  Yes or  No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). If yes, please quote the Registration No. provided by DARPAN portal of NITI Aayog: \_\_\_\_\_

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC/ RTA to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON- DESIGNATION / POA HOLDER (In case of Non- Individual Investors) (Name and DOB shall be as per IT Records)
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Mr. / Ms. \_\_\_\_\_ (Name as per IT Records) First Middle Last

PAN \_\_\_\_\_ (Mandatory) CKYC No. \_\_\_\_\_ Gender  Male  Female  Others

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Designation/Relationship with Minor \_\_\_\_\_ Date of Birth/Date of Incorporation (Mandatory) 

D	D	M	M	Y	Y	Y	Y
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Date of Birth Proof for minors (Any One)
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Birth Certificate  Marks Sheet (HSC/ICSE/CBSE)  School Leaving Certificate  Passport  Others \_\_\_\_\_

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)
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The Wealth Company Mutual Fund Pantomath Nucleus House, Saki Vihar Road, Andheri East, Mumbai – 400072

Received from Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application No.
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Collection Centre / AMC Stamp & Signature

**5. MAILING ADDRESS** (Address as per KYC)

Local Address of 1st Applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ Dist. \_\_\_\_\_  
 State \_\_\_\_\_ Pin Code \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**5b. OVERSEAS CORRESPONDENCE ADDRESS** (Mandatory for NRI/ FII Applicant)

[ Please provide Full Address P.O. Box address is not sufficient] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**6a. SECOND APPLICANT'S DETAILS\*** (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records ]

Name Mr. / Ms. \_\_\_\_\_  
(Name as per IT Records) First Middle Last  
 PAN (Mandatory) \_\_\_\_\_ CKYC No. \_\_\_\_\_ Gender  Male  Female  Others  
 Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth (Mandatory) 

D	D	M	M	Y	Y	Y	Y
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 The Email ID belongs to (Mandatory Please ✓ )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 The Mobile No. belongs to (Mandatory Please ✓ )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 Tax Status (Mandatory, Please ✓ )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation

**6b. THIRD APPLICANT'S DETAILS\*** (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per Income Tax Records ]

Name Mr. / Ms. \_\_\_\_\_  
(Name as per IT Records) First Middle Last  
 PAN (Mandatory) \_\_\_\_\_ CKYC No. \_\_\_\_\_ Gender  Male  Female  Others  
 Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Date of Birth (Mandatory) 

D	D	M	M	Y	Y	Y	Y
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 The Email ID belongs to (Mandatory Please ✓ )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 The Mobile No. belongs to (Mandatory Please ✓ )  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  PMS  Custodian  POA  
 Tax Status (Mandatory, Please ✓ )  Resident Individual  NRI-Repatriation  NRI-Non Repatriation

**7. KYC Details(Mandatory)**

(Please refer instruction no. 3e)

**First Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (please specify) \_\_\_\_\_  
**Second Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others \_\_\_\_\_  
**Third Applicant**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (please specify) \_\_\_\_\_

**Gross Annual Income**

**First Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 OR Net worth\* (for Non-Individuals) ₹ (please specify) \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)  
**Second Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 OR Net worth\* (for Non-Individuals) ₹ (please specify) \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)  
**Third Applicant**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 OR Net worth\* (for Non-Individuals) ₹ (please specify) \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

**For Individuals**

(Please refer instruction no. 3d)

**First Applicant:**  I am Politically Exposed Person (PEP)  I am Related to Politically Exposed Person (RPEP)  Not applicable  
**Second Applicant:**  I am Politically Exposed Person (PEP)  I am Related to Politically Exposed Person (RPEP)  Not applicable  
**Third Applicant:**  I am Politically Exposed Person (PEP)  I am Related to Politically Exposed Person (RPEP)  Not applicable

**For Non Individuals, if involved in any of the below mentioned services, please ✓ the appropriate option :**

(i) Foreign Exchange / Money Changer Services  Yes  No (ii) Gaming / Gambling / Lottery / Casino Services  Yes  No (iii) Money Lending / Pawning  Yes  No

Tear here

SR. NO.	SCHEME NAME /PLAN	OPTION	PAYMENT DETAILS			
			Amount (₹)	Instrument No	Date	Drawn on Bank (Bank and Branch)
1.	The Wealth Company Flexi Cap Fund <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment				

**8. BANK ACCOUNT DETAILS FOR PAYOUT** (Please attach copy of cancelled cheque)

(Please refer instruction no. 4)

Name of the Bank \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type  SB  CA  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Branch \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Bank City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

MICR Code (9 digits) \_\_\_\_\_ \$IFSC Code for NEFT / RTGS \_\_\_\_\_ \$This is an 11 Digit Number, kindly obtain it from your cheque copy or Bank Branch.

**9. INVESTMENT & PAYMENT DETAILS\*** The name of the first/ sole applicant must be pre-printed on the cheque.

(Please refer instruction no. 6)

Scheme Name	Plan	Option (Please refer to SID for the IDCW Frequency & Option)
The Wealth Company Flexi Cap Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default) <input type="checkbox"/> IDCW Payout (Default for IDCW) <input type="checkbox"/> IDCW Reinvestment

Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party	<input type="checkbox"/> Third Party Payment (Pls fill third party declaration form)
Transaction Type	<input type="checkbox"/> Lumpsum (min Rs. 1000/-)	<input type="checkbox"/> SIP* (min Rs. 250/-)
Amount (INR)		
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS <input type="checkbox"/> OTM (One Time Mandate) (This facility is only applicable for Existing Investors who have an existing OTM registered in the folio.)	Cheque No. / UTR No.	Cheque No. / UTR No.
Drawn on Bank		
A/c Number		
Date		

Cheque should be drawn in favour of scheme name e.g. "The Wealth Company Flexi Cap Fund"

\*If you wish to register SIP, kindly fill the relevant SIP Registration & OTM Debit Mandate Form.

Reason for investment  House  Children's Education  Children's Marriage  Car  Retirement  Others (please specify) \_\_\_\_\_

Investment horizon Please (✓) anyone  5 Years  10 Years  15 Years  20 Years  25 Years

**10. FATCA AND CRS DETAILS FOR INDIVIDUALS** (Including Sole Proprietor)

(Please refer instruction no. 8)

Non-Individual investors should mandatorily fill separate FATCA and Ultimate Beneficial Ownership (UBO) Form.

The below information is required for all applicants/guardian

Particulars	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?  Yes  No [Please tick (✓)]

If 'YES' please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries.

Particulars	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)
First Applicant / Guardian				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ⇒ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B ⇒ No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C ⇒ Others, please state the reason thereof: \_\_\_\_\_

*Address Type of Sole/1st Holder:	*Address Type of 2nd Holder:	*Address Type of 3rd Holder:
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

\*If the address type is not ticked the default will be considered as residential.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

**11. NOMINATION DETAILS\* (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat) (Please refer instruction no. 9)**

I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death. (Please fill the nominee details in the table given below)

OR

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of holding in signature space provided below i.e. in Nomination Details section

Name of the Nominee(s)	Relationship with Applicant (Mandatory)	Date of Birth	Guardian Name	Guardian's relationship with nominee	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) (Mandatory)	Nominee Address <input type="checkbox"/> Please tick if the nominee address is same as mentioned in first holder address
		(Mandatorily to be furnished in case the Nominee is a minor)				
Nominee 1		DD/MM/YYYY				
Nominee 2		DD/MM/YYYY				
Nominee 3		DD/MM/YYYY				

Email ID	Mobile Number	Identity Type *** (PAN/ Aadhaar last 4 digits/ DL/Passport for NRI's)	Identity Number	Signature of Nominee/ Guardian of Nominee (Optional)
Nominee 1				
Nominee 2				
Nominee 3				

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI/ OCI/ PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions/ circumstances:

- . Date of Birth(DoB): please provide, only if the nominee is minor.
- . Guardian: It is optional for you to provide, if the nominee is minor.

1. I/ We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

Name of nominee(s)  Nominate: Yes / No

2.. This nomination shall supersede any prior nomination made by me / us, if any.

**Signature(s)** #Signatures of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Name(s) of the holder(s)	Signature(s) of holder	Witness Name, Address and Signature <sup>e</sup>
Sole / First Holder (Mr. / Ms.)		1.
Second Holder (Mr./Ms.)		2.
Third Holder (Mr./Ms.)		

**12. CONFIRMATION CLAUSE**

I/We hereby confirm to have read, understood and agree to the privacy policy available on www.wealthcompanyamc.in. I/We accord my/our consent to the AMC/Fund for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/our personal data and hereby authorise to disclose it to the third party or another body corporate or any person acting under a contract with the AMC or the Fund.

**13. DECLARATION AND SIGNATURES**

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of The Wealth Company 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. I/We, hereby apply to the Trustee of The Wealth Company Mutual Fund for allotment of units of the Scheme(s) of The Wealth Company Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and 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, Regulation, Rule, Notification, 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/The Wealth Company Mutual Fund, I/We hereby authorise the AMC/The Wealth Company Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify The Wealth Company immediately in the event the information in the self-certification changes. 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. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹50,000 in a year. Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/ FCNR Account (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

Please ✓ : if 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)** should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

Sign of 1st Applicant / Guardian / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA
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