

CANCELLATION FORM FOR SIP/ STP/ SWP



Please read the instructions carefully and strike off any sections that are not relevant or not applicable.

Note: All field marked with asterisk (*) to be mandatorily filled.

ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN - 24952	RIA/PMRN -		ARN -		E347831

** 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.

1. PERSONAL DETAILS

First Unit Holder

Folio No.

2. SIP CANCELLATION REQUEST : Please arrange to cancel my SIP as per following details

Scheme Plan Option

SIP Frequency Investor Bank Name

SIP Amount ₹ Investor Bank Account No.

SIP Start Date SIP End Date

(SIP cancellation request must be submitted 15 business days in advance from the next SIP due date.)

3. STP CANCELLATION REQUEST : Please arrange to cancel my STP as per following details

From Scheme Plan Option

To Scheme Plan Option

STP Frequency STP Amount ₹

STP Start Date STP End Date

(STP cancellation request must be submitted 10 business days in advance from the next STP due date.)

4. SWP CANCELLATION REQUEST : Please arrange to cancel my SWP as per following details

Scheme Plan Option

SWP Frequency SWP Amount ₹

SWP Start Date SWP End Date

(SWP cancellation request must be submitted 10 business days in advance from the next SWP due date.)

5. DECLARATION AND SIGNATURE(S)

I/We hereby confirm and declare as under: I/We have read and understood the contents of the Statement of Additional Information of WhiteOak Capital 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 WhiteOak Capital Mutual Fund for allotment of units of the respective Scheme(s) of WhiteOak Capital 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/WhiteOak Capital Mutual Fund, I/We hereby authorise the AMC/WhiteOak Capital 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 that WhiteOak Capital Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify WhiteOak Capital Asset Management Limited 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 Rs. 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 tick 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.

YOUR SIGNATURE/S
(To be signed by all holders if the mode of operation is " Joint")

	Signature of first unit holder	Signature of second unit holder	Signature of third unit holder
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ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Received from Folio No.

Tick	Scheme Name	Plan	Option
<input type="checkbox"/> SIP			
<input type="checkbox"/> STP			
<input type="checkbox"/> SWP			

Signature, Stamp & Date

INSTRUCTIONS

1. Please use separate cancellation forms.
2. In case of joint holders in the folio, the form needs to be signed by either one of the holders or all the holders depending upon the mode of holding.
3. Investors can discontinue their systematic transactions by providing sufficient notice as follows: SIP - 15 calendar days, STP / SWP - 7 business days, SIP via NACH - 21 working days.
4. In the absence of sufficient no. of days as mentioned above the cancellation would be effected from the next eligible cycle date.
5. Investor needs to ensure that the details mentioned in the Cancellation form are correctly filled in. In case of any ambiguity the cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at back office of the Registrar.

WhiteOak Capital Asset Management Limited.

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