



Old Bridge Asset Management Private Limited - Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

**NEW FUND OFFER APPLICATION FORM**
**OLD BRIDGE FLEXI CAP FUND**

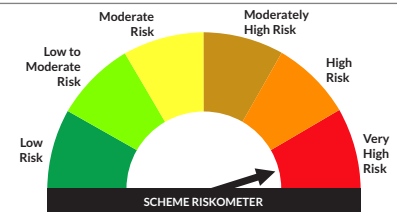
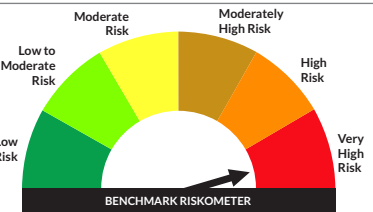
(An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks)

- NEW FUND OFFER OPENING DATE FEBRUARY 13, 2026
- NEW FUND OFFER CLOSING DATE FEBRUARY 23, 2026

This product is suitable for investors who are seeking\*

- Long term capital appreciation
- Investments in equity and equity related instruments across large cap, mid cap, small cap stocks

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**Old Bridge Flexi Cap Fund**

**Benchmark As per AMFI Tier I Benchmark i.e. BSE 500 TRI**


The product labeling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made.

 For latest riskometer, investors may refer to the Monthly Portfolios disclosed on the website of the Fund [www.oldbridgemf.com](http://www.oldbridgemf.com)
**PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.**
**ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS.** (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction no. 2)

<b>Distributor ARN</b>	<b>SUB-Distributor ARN</b>	<b>Internal SUB-Broker/Sol ID</b>	<b>EUIN</b>	<b>RIA CODE^</b>
			E -	
<b>Employee Code</b>	<b>PMR (Portfolio Manager's Registration) Number^^</b>		<b>Serial No., Date &amp; Time Stamp</b>	

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

First/Sole Holder / Guardian	Second Holder	Third Holder	Power of Attorney Holder
------------------------------	---------------	--------------	--------------------------

**UNIT HOLDING OPTION**
☐ Physical Mode ☐ Demat Mode (in case of Demat, please fill sec 8)

**1 APPLICATION INFORMATION** (Mandatory, To be filled in BLOCK LETTERS)

(In case of investment "On behalf of minor", Please refer instruction No. 11)

If you have an existing folio no. with PAN &amp; KYC validation, please mention your name &amp; folio No. and proceed to section 6 My Investment Details.

Existing folio number  ☐ I/ We want to create new Folio (Instruction No. 23)

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

1st Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only)  PAN/PEKRN (1st Holder) ☐ KYC

My Guardian's Name (if minor)/POA/Contact Person (For Non-individuals)  PAN/PEKRN (Guardian/POA Holder) ☐ KYC

Date of Birth Minor's  Attach Mandatory Documents as per instructions

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed ☐ Other  Nationality  ☐ Date of Birth Proof attached\*

**2 JOINT APPLICANTS (IF ANY) DETAILS**

2nd Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only)  PAN/PEKRN (Second Holder) ☐ KYC

3rd Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only)  PAN/PEKRN (Third Holder) ☐ KYC

**3 MY CONTACT DETAILS** (As per KYC records. To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 16)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City  State  Pin Code

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs) (P. O. Box Address may not be sufficient)

CityStateCode

Email ID and Mobile number should pertain to First Holder only.

Mobile No. Tel. No. Email ID (CAPITAL letters only)

Mobile No. / Email ID\* provided pertains to (Please tick(✓)) \* if none of the below options is ticked (✓) or selected then (Self) option is considered as a default. I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 16)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

☐ I wish to receive Scheme Account Statement along with Annual Report & Abridged Summary: ☐ Online (Preferred & Default) ☐ Physical Copy (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

☐ I declare that Email address and Mobile Number provided in this form belongs to (✓ any one): ☐ Self OR ☐ Family Member, and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.

4 BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6)

(Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Branch Address

CityStatePin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code Valid up to D D M M Y Y Y Y Note: Mandatory to provide LEI code if transaction value is equal to or exceeds ₹ 50 crore limit, along with LEI proof. (Refer Instruction No. 24)

5 KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick ✓/Specify.)

(For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian	Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian		
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> AOP	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> FPI	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> In case of Non-Profit Entity (refer point no 19)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Others (Please specify)				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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).					Politically Exposed Person (PEP) details				Is a PEP	Related to PEP	Not Applicable
If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 19)					1st Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					2nd Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					3rd Applicant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Guardian				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Authorised Signatories				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Promoters				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Partners				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Karta				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Whole-time Directors/Turstee				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)

	Below 1 lac	5-10 lac	25 lac-1 cr	5-10 cr	1-5 lac	10-25 lac	1-5 cr	> 10 cr
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in ₹ (Mandatory for Non Individual) (not older than 1 year)

	as on	as on	as on	as on
	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y

6 MY INVESTMENT DETAILS

(For investments, Please refer instruction No. 13)

☐ LUMP SUM Scheme Name OLD BRIDGE FLEXI CAP FUND Plan ☐ Regular ☐ Direct Option ☐ Growth ☐ IDCW: ☐ Payout ☐ Reinvestment

Default Option : Growth Option in case Growth Option or Income Distribution cum Capital Withdrawal (IDCW) Option is not indicated. Payout Option / facility in case Payout of IDCW Option / facility or Reinvestment of IDCW Option / facility is not indicated.

Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

☐ PAYMENT DETAILS - LUMP SUM

Payment Instruction Type: ☐ Cheque ☐ RTGS ☐ NEFT ☐ Fund Transfer ☐ NACH Mandate (If Multiple One Time mandates are registered)

Payment Reference no: Cheque Bank Account No:

Lump sum Amount: Cheque IFSC Code:

Cheque Dated: Cheque MICR Code:

Cheque Bank Name: OTM Reference No.

**7 NFO BANK ACCOUNT DETAILS** (Cheque/DD should be in favour of "OLD BRIDGE MF NFO COLLECTION ACCOUNT")

Beneficiary Name **OLD BRIDGE MF NFO COLLECTION ACCOUNT** Beneficiary Account No. **5 7 5 0 0 0 0 1 8 7 5 0 0 8**  
IFSC code: (11 digit) **H D F C 0 0 0 0 0 6 0** MICR code (9 digit) **4 0 0 2 4 0 0 1 5**  
Beneficiary LEI No. **3 3 5 8 0 0 X M F 5 C 7 O N A C N 4 6 5**

**8 NOMINATION DETAILS**

(For nomination, Please refer instruction No. 17)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)\*

Name of the Nominee 1*				Nomination (%)*		
Relationship with applicant*				Mobile Number*		
Email ID*				Residential Address*		
				Pincode*		
Proof of Identity*	<input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO			Identification No*		
Nominee / Guardian (In Case of Minor)				DOB*	D D M M Y Y Y Y	

Name of the Nominee 2*				Nomination (%)*		
Relationship with applicant*				Mobile Number*		
Email ID*				Residential Address*		
				Pincode*		
Proof of Identity*	<input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO			Identification No*		
Nominee / Guardian (In Case of Minor)				DOB*	D D M M Y Y Y Y	

Name of the Nominee 3*				Nomination (%)*		
Relationship with applicant*				Mobile Number*		
Email ID*				Residential Address*		
				Pincode*		
Proof of Identity*	<input type="checkbox"/> Pan <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhar <input type="checkbox"/> Passport number in case of NRI/ OCI/ PIO			Identification No*		
Nominee / Guardian (In Case of Minor)				DOB*	D D M M Y Y Y Y	

\*All fields are mandatory.

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) ☐ Nomination: Yes/No

**DECLARATION FOR OPTING-OUT OF NOMINATION (Signature as per Mode of Holding (Mandatory))**

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio. This nomination shall supersede any prior nomination made by me / us, if any.

Name and Signature of Holder	Signature(s) of holder/ Thumb impression	Witness Name and Address (Witness is required only in case of Thumb impression of holder)	Witness Signature (Witness is required only in case of Thumb impression of holder)
Sole / First Holder _____			
Second Holder _____			
Third Holder _____			

**ACKNOWLEDGEMENT**

Received from				Stamp & Signature	
Scheme Name	OLD BRIDGE FLEXI CAP FUND	Plan	Option		Amount
Instrument No.		Date	D D M M Y Y Y Y		Bank & Branch details

## 9 DEPOSITORY ACCOUNT DETAILS

(For DEMAT details Please refer instruction No. 8)

Mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)  
(Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 18.

NSDL:	Depository Participant Name	<input type="text"/>	DP ID:	I	N						
	Beneficiary Ac No.	<input type="text"/>									
CDSL:	Depository Participant Name	<input type="text"/>									
	Beneficiary Ac No.	<input type="text"/>									
<b>Enclosed</b> <input type="checkbox"/> Client Master <input type="checkbox"/> Transaction / Statement Copy / DIS Copy											

## 10 UBO Details

(Please refer instruction No. 8)

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non Individual)

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership percent @@@	>10%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.  
\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI. In case of any change in the beneficial ownership, the investor will be responsible to intimate OBAMC/its Registrar/KRA as may be applicable immediately about such change.  
**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr	Name	Address	Details of Identity such as PAN/Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

## 11 ADDITIONAL INFORMATION

(For additional information Please refer instruction No. 8A)

Applicant	KIN No. (If KYC done via CKYC)	DOB/DOI <sup>*</sup>	Gender
First Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Guardian or POA <sup>^</sup>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

<sup>\*</sup>Date of Birth - Mandatory if CKYC ID mentioned. <sup>^</sup>G: Guardian; POA: Power Of Attorney

DOB: Date of Birth and DOI: Date of Incorporation

Details	Second Applicant	Third Applicant	Guardian or POA
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input checked="" type="checkbox"/> I declare that <b>Email address</b> provided in this form belongs to (tick any one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.	<input checked="" type="checkbox"/> I declare that <b>Mobile Number</b> provided in this form belongs to (tick any one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.
--	--

If above any option is not ticked (✓) or selected then (Self) option is considered as a default.

## 12 FATCA AND CRS DETAILS

For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

(Including Sole Proprietor. Refer Instruction No. 20)

Details	1st Holder	2nd Holder	3rd Holder	Guardian/POA Holder
Place & Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIN No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes: Mandatory to enclose FATCA/CRS Annexure			





For all the NRI Tax Categories – TIN is mandatory, where ever investor had declared his country of tax residency other than India, in their FATCA Declaration.

- Tax Identification Number or Reason for not providing - In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately
- TIN Identification Type (TIN or Other, please specify)



I/We hereby confirm and declare as under:

I/We have read and understood the contents of the Statement of Additional Information of Old Bridge Mutual Fund (OBMF) and the Scheme Information Document(s)/Key Information Memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 or any other regulator. I/We, hereby apply to the Trustee of OBMF for allotment of units of the respective Scheme(s) of OBMF, 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 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 am/We are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. 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 Old Bridge Asset Management Private Limited (OBAMPL)/OBMF, I/We hereby authorise the OBAMPL/ OBMF 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 OBAMPL immediately in the event the information in the self-certification changes. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers/Stock Broker registered in the concerned folio, if applicable. I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by OBAMPL/OBMF / RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless OBAMPL/OBMF/Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by OBAMPL/OBMF in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. **I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by the OBAMPL/OBMF /its distributor for this investment. For investors investing in Direct Plan:** I/We hereby agree that the OBAMPL has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/given. **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). **For Foreign Nationals:** I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. **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 OBMF, its Sponsor, OMAMPL, 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. I/We hereby provide my/our consent for fetching of Investor data & Documents which are available in the KRA/CKYC registry records that may be relevant to this investment. **Consent for Telemarketing:** I/We hereby accord my/our consent to Old Bridge AMC for receiving the promotional information/ material via email, SMS, telemarketing calls etc. on the mobile number and email provided by me/us in this Application Form. **Consent for disclosure of Personal Information in terms of Privacy Policy:** I/We hereby confirm to have read, understood and agree to the terms of Privacy Policy (available on <https://www.oldbridgemf.com>) ("Policy") of OBAMPL/OBMF. I/We hereby accord my/our consent to OBAMPL/OBMF for collecting, receiving, possessing, storing, dealing, handling or disclosure of my/ our Personal Data and hereby authorize to disclose it to the third party or another body corporate or any person acting under a lawful contract with OMAMPL, in accordance with the Privacy Policy.

 1st Holder / Guardian	 2nd Holder	 3rd Holder	 Power of Attorney Holder
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place <input type="text"/>		

#### QUICK CHECKLIST

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments)  | <input type="checkbox"/> Self attested PAN card copy               | <input type="checkbox"/> Plan / Option / Sub Option name mentioned in addition to scheme name             |
| <input type="checkbox"/> Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts) | <input type="checkbox"/> SIP Registration Form for SIP investments | <input type="checkbox"/> Relationship proof between guardian and minor                                    |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility (if application is in the name of a minor)   | <input type="checkbox"/> FATCA Declaration                         | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instruction No. 7. |

#### POINTS TO REMEMBER

##### Please ensure that

1. Your Application Form is complete in all respects & signed by all applicants.
2. Name, Address and Contact Details are mentioned in full. Email id & Mobile number should be provided along with the declaration whether it belongs to Self or a Family member.
3. Bank Account Details are entered completely and correctly. IFSC Code & 9 digit MICR Code of your Bank is mentioned in the Application Form.
4. Permanent Account Number (PAN) Mandatory for all Investors (Indian & NRI) Irrespective of the Investment amount.
5. Know Your Client (KYC) Mandatory for irrespective of the amount of investment (please refer the guideline 4(e) for more information)
6. Your Investment Cheque is drawn in favour of < Beneficiary Name > dated and signed. For e.g "Old Bridge MF NFO Collection Account"
7. Application Number is mentioned on the reverse of the cheque.
8. A cancelled Cheque leaf of your Bank is enclosed in case your investment cheque is not from the bank account that you have furnished in the Application Form.
9. Documents as listed are submitted along with the Application form (as applicable to your specific case)

Documents	Individuals	Companies	Societies	Partnership Firms/LLP	Investments HUF through PoA	Trust	NRI/PIO/OCI	FII(s)/FPI	Sole Proprietor	Minor	HUF
Resolution / Authorisation to invest		✓	✓	✓		✓		✓			✓
HUF / Trust Deed						✓					
Bye - Laws			✓								
Partnership Deed				✓							
SEBI Registration / Designated Depository Participant Registration Certificate 2								✓			
Proof of Date of birth										✓	
Notarised Power of Attorney					✓						
Foreign Inward Remittance Certificate, in case payment is made by DD from NRE / FCNR a/c, where applicable							✓				
KYC Acknowledgement/PAN Proof	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FATCA CRS/UBO Declaration		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MOA/AOA		✓									

1. Self attestation is mandatory.
2. Copy of SEBI registration certificate (for FII) or Designated Depository Participant registration certificate (for FPI) should be provided.

This Page has been intentionally left blank.

## APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

**APPLICATION FORM FOR OLD BRIDGE FLEXI CAP FUND**

(An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks)

**NEW FUND OFFER OPENING DATE FEBRUARY 13, 2026 AND NEW FUND OFFER CLOSING DATE FEBRUARY 23, 2026**

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	RIA CODE^
			E -	
Employee Code	PMR (Portfolio Manager's Registration) Number^^		Serial No., Date & Time Stamp	

**FOR BANK USE ONLY**

SCSB	SCSB IFSC Code	Syndicate Member Code	SI No.	Date

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

1st Holder / Guardian	2nd Holder	3rd Holder	Power of Attorney Holder
-----------------------	------------	------------	--------------------------

**NAME OF FIRST APPLICANT** (Name should be as available in Demat Account)

Mr. Ms. M/s.		
Folio Number	(If you have an existing folio number, please mention the number here)	PAN No.

**INVESTORS' DEPOSITORY ACCOUNT DETAILS**

<input type="checkbox"/> National Securities Depository Ltd. (NSDL)	<input type="checkbox"/> Central Depository Services [India] Limited (CDSL)
Depository	Depository
Depository Name	Depository Name
DP ID No.	Client ID No.
Beneficiary A/c No.	

**PAN DETAILS** (Permanent Account Number)

1st applicant	2nd applicant	3rd applicant

**INVESTMENT DETAILS**

Scheme	Plan	Option	Amount
OLD BRIDGE FLEXI CAP FUND	<input type="checkbox"/> Regular <input type="checkbox"/> Direct		

**DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS**

Bank Account Number	Bank Name
Branch Name where account is held	IFSC CODE
Total Amount to be blocked ₹	
In figures	(in words)
	in words

**CONTACT DETAILS - FIRST APPLICANT/GUARDIAN/CORPORATE** (PO Box address is not sufficient. Mobile number and email is mandatory to avail online facility.)

Contact Person (In case of non Individual Investor)	
Address	City
State	Pincode
	Landline No.

**ACKNOWLEDGMENT**
**OLD BRIDGE FLEXI CAP FUND**

Date DDMMYY

Received from Mr / Ms / Mrs / M/s an application for purchase of units

SCSB Account details: Account No.

SCSB Bank Name SCSB Branch

Total Amount to be blocked In figures In words

Date &amp; Time of receipt

SCSB Stamp, Signature