

13. RISK PROFILE										
Risk Parameters		First/Sole Applicant				Second Applicant				
Do you understand that this Alternative Investment Fund is investing in equities and require minimum capital commitment of Rs. 1 Crore ?		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you understand Equity Market are subject to market risk and there may be loss of capital commitment ?		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Time period for which investments are proposed to be made with the Investment Manager		<input type="checkbox"/> 3-5 Years <input type="checkbox"/> Above 5 Years				<input type="checkbox"/> 3-5 Years <input type="checkbox"/> Above 5 Years				
Risk Tolerance		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High				<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High				
I/We hereby confirm that such investment is in accordance with my/our needs and I/We am/are investing in the above referred scheme basis my/our professional skills and my/our own assessment of the risk involved in the scheme.										
14. RM/DISTRIBUTOR DETAILS <input type="checkbox"/> Direct Onboarding <input type="checkbox"/> Through Distributor <input type="checkbox"/> RIA										
Distributor/Advisor Name										
Distributor/Advisor Code										
Distributor/Advisor Email Id										
Relationship Manager Name										
RM Mobile No.										
RM Email Id										
Service RM Name										
SRM Mobile No										
SRM Email Id										
Trail Fee Payable		<input type="checkbox"/> Yes <input type="checkbox"/> No				Percentage				
EUIN		ARN		RIA						
I have disclosed to the Client all material information including the details of Advisory fees/ distribution commission and have considered Investors intent, Risk Profiling and sustainability to their financial needs and witness to the Client's signing of the contribution agreement and Annexure A on Fees in my presence. I will abide by the Code of Conduct as per SEBI (Intermediaries) Regulations, 2008										
RM / Distributor / RIA Name										
<div style="background-color: yellow; padding: 5px; display: inline-block;">Distributor / Advisor Sign</div>		<div style="background-color: yellow; padding: 5px; display: inline-block;">Distributor / Advisor Stamp</div>								
Date		D	D	M	M	Y	Y	Y	Y	Place
15. APPLICANT DECLARATION										
<ul style="list-style-type: none"> <li>I/We hereby declare that the details furnished above are true and correct in all aspects. I/We agree to promptly inform the Investment Manager of any Change in such information(s). In case any of the above information is found false or untrue or misleading or misrepresenting, I/We am aware that I may be held liable for it.</li> <li>I/We hereby declare that I/We shall not act in the capacity of a sub-broker/agent and all the transactions entered into will be on my/own account.</li> <li>I/We agree to abide by the Terms and Conditions, Rules and Regulations as stipulated in Contribution Agreement and Private Placement Memorandum of Abakkus Diversified Alpha Fund - 2.</li> <li>I/We confirm that the amount invested/ by me/us is through legitimate sources/channels only and does not involve and is not designed for the purpose of any contravention or evasion of the provisions of any Act, Rules, Regulations, Notifications or Directions of Income Tax Act, Prevention of Money Laundering Act, Anti Corruption Act or any other applicable laws, as may be in force from time to time.</li> <li>I/we understand that the details furnished in this form (like PAN, Date of Birth, Aadhaar etc) would be utilised by the Investment Manager to fetch/ update if required my/our KYC details from central databases like CVL KRA and CKYC database or other database. We hereby provide our consent for fetching of such information.</li> </ul>										

- I/We hereby declare that I am/we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am/we are not applying on behalf of proxy Applicants of a person who is a US person.
- I/We undertake to provide all the disclosures as required under SEBI (Insider Trading) Regulations, 2015, Prevention of Money Laundering Act 2002, SEBI (Substantial Acquisition of Shares and Takeover) Regulations, 2011 as amended from time to time or any other Act/Regulation. I/we hereby declare that I/we will immediately inform the Investment Manager in case I am/we are convicted under any grounds or any action is taken against me/us by any authority.
- I/we hereby agree that though my/our risk profile may be different from the risk of the product offered by Abakkus Diversified Alpha Fund - 2 i.e. of high risk (aggressive) and decision to avail services have/has been taken by me/us and agree that the product is suitable to me/us.
- I/we hereby authorize the Investment Manager/Fund to disclose any of my/our information as mentioned in this form to any competent authority for any regulatory purpose as the Investment Manager/Fund deems fit.
- The Fund has disclosed the distribution fee/placement fee charged to me/us at the time of onboarding and I/We understand that such fee paid shall be only from the management fee.

<div style="background-color: yellow; display: inline-block; padding: 2px 5px; font-weight: bold;">Sign 4/11</div> <div style="font-size: small; margin-top: 5px;">(First Contributor) Authorised Signatory with Stamp</div>	<div style="background-color: yellow; display: inline-block; padding: 2px 5px; font-weight: bold;">Sign 4/11</div> <div style="font-size: small; margin-top: 5px;">(Second Contributor) Authorised Signatory with Stamp</div>
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**16. ATTESTATION/FOR OFFICE USE ONLY**

☐ Certified Copies
 ☐ E-KYC data received from UIDAI
 ☐ Data received from Offline Verification
 ☐ Digital KYC Process
 ☐ Equivalent e-document

**KYC VERIFICATION**

Institution Name		Code	
Employee Name		Code	
Employee Designation		Institution Stamp	
Employee Code		<div style="background-color: yellow; display: inline-block; padding: 2px 5px; font-weight: bold;">Stamp</div>	
Employee Branch			

Date	D	D	M	M	Y	Y	Y	Y	Place	
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**17. IN-PERSON VERIFICATION (IPV)**

Institution Name		Code	
Employee Name		Code	
Employee Designation		Institution Stamp	
Employee Code		<div style="background-color: yellow; display: inline-block; padding: 2px 5px; font-weight: bold;">Stamp</div>	
Employee Branch			

Date	D	D	M	M	Y	Y	Y	Y	Place	
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