## Nippon india Mutual Fund

COMMON APPLICATION FORM SINGLE CHEQUE - MULTIPLE PURCHASE

(To be filled in CAPITAL letters) APP No.:

Wealth sets you free

MFD / RIA INFORMATION (Refe	r Instruction No. I.9 & 10)										
Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch	n Code/ Internal Code   *Emp	oloyee Unique Identific	ation Number	RIA Code <sup>++</sup>					
ARN-(ARN stamp here)	ARN-										
*Please sign alongside in case the executed without any interaction of appropriateness, if any, provided b	or advice by the emplo	oyee/relationship manager/sale	s person of the above dis	tributor/sub broke	t blank by me/u or or not with sta	s as this transaction is nding the advice of in-					
SIGN HERE First / Sole Applicant / G Authorised Signa			Second Applicant / Third Applicant / Authorised Signatory Authorised Signatory								
I. INVESTOR'S FOLIO NUMBER     [Please tick (✓) any one]     □ I am a First time investor ac     (If you have an existing folio number     details. If these details are already p	ross Mutual Funds with KYC validated, ple provided please procee	ease mention the number here, en a to Section 8 and 9. Mode of hold	ter your name in section 4 ing will be as per existing fo	lio number.)							
2. UNITHOLDING OPTION -											
Please ensure that the sequence						. , .					
National Secur	ities Depository Limit		Central	Depository Secu	nites limited (C	USL)					
DP ID No. Beneficiary Account No	D. I N	т	arget ID No.								
Enclosures (Please tick any on	e box) : 🗌 Client N	Aaster List (CML) 🗌 Transe	action cum Holding Sto	itement 🗌 Can	celled Delivery	Instruction Slip (DIS)					
3. GENERAL INFORMATION		Zero Balance Folio 🔵 Investmer	nt <b>MODE OF HOLDING :</b>	[Please tick(√)] ○ S	ingle 🔿 Joint (Defo	ault) () Any one or Survivor					
4. FIRST APPLICANT DETAILS (	Investor Name and D	ate of Birth should be as per PAI	N Card.)								
NAMEA Mr. Ms. M/s.				DOB^	D M M						
PAN / PEKRN^**		CKYC Id^**									
Name of Guardian			P	AN^**							
(In case of minor) / Contact pers	on for non individual	s / PoA holder name									
Guardian's Relationship V Father O Mother O Court Appo Resident Individual Private Limited Company Public Limited Company	OPSU OAOP/E FI ONRI	O Body Corpore	Guardian O Trust /Ch ate O Sole Pro	) Birth Certificate narities / NGOs prietor	O Passport	Relationship with Minor O Others (please specify) efence Establishment ank (please specify)					
Are you involved / providing any	,			Monovilondin							
<ul> <li>Foreign Exchange / Money Ch</li> <li>Note: In case First Applicant is Non In</li> </ul>		Gaming / Gambling / Lotter	·			O None of the above					
be required. ^Mandatory for all type			. ,								
5. SECOND APPLICANT DETAIL		ad Data of Pirth should be as p	or BAN Card )								
NAMEA Mr. Ms. M/s.	LS (Investor Name al	la Date of Birth should be as p	er PAN Cara.)	STATU	J <b>s^:</b> O Residen	t Individual O NRI					
DOBA D D M M Y Y	Y Y PAN / PEKRN^**		CKYC								
6. THIRD APPLICANT DETAILS		Date of Birth should be as per									
NAMEA Mr. Ms. M/s.				STATU	J <b>s^:</b> O Residen	t Individual O NRI					
DOBA D D M M Y Y	Y Y PAN / PEKRN^**		CKYC Id^**								
ACKNOWLEDGMENT SLIP (Please retain this slip)     Mutual Fund     Wealth sets you free     To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.     APP No::     Time Stamp & Date     of receiving office											
INVESTMENT DETAILS											
Scheme Nippon India	Plan	Option Growth^^ DDCW-Reinvestment	Purchase Amount	Instrument No	Date	Drawn on Bank					
	🗌 Regular 🗌	IDCW -Pay-out	₹ (in figures)								
Scheme 2 Nippon India		Growth^^ DDCW-Reinvestment IDCW -Pay-out	₹ (in figures)								
Scheme 3 Nippon India	Direct	Growth^^ DIDCW-Reinvestment									
Scheme 4 Nippon India		IDCW -Pay-out Growth^^ IDCW-Reinvestment	₹ (in figures)								
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Registered Office Address: 4th Floor, Tower A, Peninsula Business Park, Ganapatrao Kadam Marg, Lower Parel (W), Mumbai - 400 013.

₹

(in figures)

Direct Growth^^ DIDCW-Reinvestment Regular DIDCW-Pay-out

Scheme 5 Nippon India

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NAV	SMS mynav	SMS mynav <space> last 6 digits of folio</space>							
Balance	SMS Balance	SMS balance <space> last 6 digits of folio</space>							
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio</space>							
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10. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any (Refer Instruction No. III)																			
Account No.				Ма	n c	α	t o r	y -				A/c. Typ	<b>be (√)</b> ○	SB O Curr	ent ONRO	ONR			
Name of Bank		Manda					t o	o r y					Bank Branch						
Branch City	ranch City PIN												S	MICR Code <sup>9</sup> Digit For Credit via NEFT					
Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.													unt.						
11. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form																			
# Please indica	ite all Count	tries in v	vhich y	/ou are a re	sident	or tax	(purpose	, associa	ted Ta	k payer Ide	ntific	ation Nu	imber ar	nd it's Ider	ntification	type eg	g. TIN etc.		
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In case Country of its functional equ		ice is only	y India 1	then details o	of Counti	Y OF BI	rth & Natio	nality nee	d not be	provided. "I	ncase	e I ax Ider	ntification	Number is	not availat	ole, kindi	y provide		
12. ADDITIONA	Professionc		ılturist	Housewife	Retired	Gove	rnment Se	ervice/Pub	licSecto	or Business	Eore	v Dealer	Student	Private Se	ector Servio		Others		
1 <sup>st</sup> Applicant	0			0	0				1000000	0		0	0		0				
2 <sup>nd</sup> Applicant	0			0	0			<u> </u>		0		0	0		0	0			
3 <sup>rd</sup> Applicant	0			0	0					0		0	0		0	0			
Guardian	0		)	0	0		(	C		0		0	0		0	0			
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3rd Applicant				0	0		0	0		0		0	than	1 year)	_	M M Y			
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PEP DETAILS <sup>^**</sup>							t Applicar			nd Applicar			3rd Appli			Juardia			
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Are you related							es () No	-	Ye	es () No (	)		Yes ()	NoO	1	S O N	00		
13. POWER OF					5 (R	efer Ir	struction	No. II. 1)							PAN^				
First Applicant I	POA Name																		
Second Applico	nt POA Nam	e Mr./N	/Is./M/	S															
Third Applicant	POA Name	Mr./N	/Is./M/	S															
14. NOMINATIO															investor w	shes to	register /		
modify any of the			egistro		llation o							•							
Nor	ninee Name &	Address		Gu	ardian ptional)	/ Alloc	ation Date of Nor		ninee Re Vith Inve			ian Name ninee is M		rdian Relatio th Nominee			/Guardian e is Minor)		
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FOR NOMINATIO		-													,				
I/We, the unders	ianed applic	ant(s)/ur	hitholde	er(s) hereby	confirm	hat I /	we do not	wish to ap	point ar	nv nominee(	s) in re	espect of	the mutu	al fund app	plication(s)	/ units h	eld in mv		

I/We, the undersigned applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and 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/s.

## **15. DECLARATION AND SIGNATURE**

I/We would like to invest in Nippon India\_\_ , subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. 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. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Nippon Life India Asset Management Limited (NAM India) liability. Lunderstand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. agree NAM India can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. 🔲 I confirm that I am resident of India. 📋 I/We confirm that I am/We are Non-Resident 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account. 🗖 I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. 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 Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.



First / Sole Applicant / Guardian Authorised Signatory  $\otimes$ 

Second Applicant / Authorised Signatory