

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. MFD /RIA INFORMATION				
Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN- (ARN stamp here)	ARN-			
*Please sign alongside in case the EUIN is left blank/not provided. 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.				
SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory		Second Applicant / Authorised Signatory		Third Applicant / Authorised Signatory
2. Investor Details (Refer Instruction No.5,6 & 13)			FOLIO NO.	
Name of First applicant Mr./Ms./M/s			PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of Guardian (In case of Minor) Mr./Ms.			PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of Second Applicant Mr./Ms.			PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of Third Applicant Mr./Ms.			PAN No / PEKRN.	<input type="checkbox"/> KYC
3. Unitholding Option - <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. 10. Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.				
National Securities Depository Limited (NSDL)			Central Depository Securities Limited (CDSL)	
DP ID No. Beneficiary Account No.			Target ID No.	
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)				
4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)				
Payment Mode : <input type="checkbox"/> OTBM Facility (One Time Bank Mandate) <input type="checkbox"/> Cheque <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS / NEFT				
LEI No. Valid Upto:				
Note :LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.				
Cheque/RTGS/NEFT No. Payment Date/Instrument Date / /				
Net Amount ₹ Bank Name: Branch: City:				
Scheme Plan Option				
5. Redemption (Refer Instruction No.4.3 & 4.4)				
<input type="checkbox"/> Partial Redemption Amount: ₹ or Units:		OR	<input type="checkbox"/> Full Redemption	
Scheme Plan Option				
LEI No. Valid Upto:				
Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.				
*Bank Account No: Bank Name:				
(*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)				
Note: In case Change of bank details request has been submitted in last 10 days, we may HOLD the redemption payout for 7 calendar days as cooling period. The payout will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption payout will be made on the next working day.				
6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)				
<input type="checkbox"/> Partial Switch Amount: ₹ or Units:		OR	<input type="checkbox"/> Full Switch	
From Scheme Plan Option				
To Scheme Plan Option				

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of NIMF

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)	
Mobile No / Tel No.	Mobile No. provided pertains to <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"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS
8. Declaration	
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. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I 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. Applicable for NRI Investors: <input type="checkbox"/> I confirm that I am resident of India. <input type="checkbox"/> 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/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 its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be. If the balance in my/our account does not cover the amount / units of the redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.	
SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory	
Second Applicant Authorised Signatory	
Third Applicant Authorised Signatory	

Folio/Account No:

Received from Mr./Mrs.

☐ Additional Purchase ☐ Redemption ☐ Switch

Note: For NAV applicability, please refer scheme Information Document (SID) of the respective scheme in which you are investing.