

### MFD / RIA INFORMATION (Refer Instruction No. I.9 & 10)

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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**1. INVESTOR'S FOLIO NUMBER** [Please tick (✓) any one] ☐ I am a First time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 11. Mode of holding will be as per existing folio number.)

### 2. UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI. 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) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

### 3. GENERAL INFORMATION APPLICATION FOR ☐ Zero Balance Folio ☐ Investment **MODE OF HOLDING** : [Please tick(✓)] ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

#### 4. FIRST APPLICANT DETAILS

NAME^

PAN / PEKRN^\*\*  CKYC Id^\*\*

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor ☐ Father ☐ Mother ☐ Court Appointed Guardian ☐ Other

Date of Birth of 1st Applicant  (Mandatory in case of Minor)

Proof of Date of Birth and Guardian's Relationship with Minor ☐ Birth Certificate ☐ Passport ☐ Others (please specify)

STATUS^: ☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ HUF ☐ Trust / Charities / NGOs

☐ Society ☐ FI ☐ NRI ☐ Company/Body Corporate ☐ Sole Proprietor ☐ Defence Establishment

☐ PIO ☐ Bank ☐ FPI^\*\*\* ☐ Government Body ☐ Partnership Firm ☐ Others

Are you involved / providing any of the mentioned services : ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services

(Applicable only for Non Individuals) ☐ Money Lending / Pawning ☐ None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) \*\*In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Nippon India Mutual Fund. Refer instruction no.II. 5, 6 & X

#### 5. SECOND APPLICANT DETAILS

NAME^

PAN / PEKRN^\*\*  CKYC Id^\*\*  STATUS^: ☐ Resident Individual ☐ NRI

#### 6. THIRD APPLICANT DETAILS

NAME^

PAN / PEKRN^\*\*  CKYC Id^\*\*  STATUS^: ☐ Resident Individual ☐ NRI

#### 7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

Correspondence Address\*\*\* (P.O. Box is not sufficient)

\*\*\*Please note that your address details will be updated as per your KYC records with CKYC / KRA

Overseas Address (Mandatory for NRI / FPI Applicants)

House / Flat No.

Street Address

City/ Town  State  Country

Pin Code

Tel. (Res.)  Tel. (Off.)  Mobile No.

Mobile No. provided pertains to ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

Email ID (CAPITAL letters only)

Email ID provided pertains to ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email id with us to get instant transaction alerts via SMS & Email. ☐ I hereby authorize NAM India to send important information and regular updates to me on WhatsApp. (Refer instruction no. XVI for Terms and Conditions.) ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

#### 8. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any (Refer Instruction No. III)

Account No.  A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Name of Bank  Bank Branch

Branch City  PIN  IFSC Code  MICR Code

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.

9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

# Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type	Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type	Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type
1								
2								
3								
Country of Birth***			Country of Birth***			Country of Birth***		
Country of Nationality***			Country of Nationality***			Country of Nationality***		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. \*In case Tax Identification Number is not available, kindly provide its functional equivalent

10. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS**	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	DDMMYYYY
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	DDMMYYYY
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	DDMMYYYY
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY

PEP DETAILS***	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)^**	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)^**	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTBM facility is available to investors who have Invest Easy facility registered with NIMF.

Scheme / Plan \_\_\_\_\_

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest]

Option ☐ Growth^^ ☐ Payout of Income Distribution cum capital withdrawal option ☐ Reinvestment of Income Distribution cum capital withdrawal option Frequency of Income Distribution cum capital withdrawal option \_\_\_\_\_

Mode of Payment : ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ Cash<sup>3</sup> (Refer Instruction No. XV) ☐ RTGS / NEFT

LEI No. \_\_\_\_\_ Valid Upto: DDMMYYYY **Note:** LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DDMMYYYY			

(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. \*Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment: ☐ House ☐ Children's education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others \_\_\_\_\_

12. NOMINATION – (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register / modify any of the nomination details, Registration / Cancellation of Nominee form shall be provided separately.

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Sign of Nominee / Guardian (in case Nominee is Minor)
		DDMMYYYY					
		DDMMYYYY					
		DDMMYYYY					

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I/ We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF UNIT HOLDER(S) FOR NOMINATION: [To be signed by all unit holders including joint holders, irrespective of mode of holding].

<input checked="" type="checkbox"/> First / Sole Applicant / Authorised Signatory	<input checked="" type="checkbox"/> Second Applicant / Authorised Signatory	<input checked="" type="checkbox"/> Third Applicant / Authorised Signatory
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13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)

First Applicant POA Name	Second Applicant POA Name	Third Applicant POA Name
Mr./Ms./M/s	Mr./Ms./M/s	Mr./Ms./M/s

PANA

14. DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme 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. 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 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.



<input checked="" type="checkbox"/> SIGN HERE	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input checked="" type="checkbox"/> Second Applicant / Authorised Signatory	<input checked="" type="checkbox"/> Third Applicant / Authorised Signatory
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Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

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\*\*SMS charges apply