

Scheme /Plan/ Option:

Payment Details: Amount ₹\_

APPLICATION FORM
(To be filled in CAPITAL letters)

*Please sign alongside in case the EUIN is left advice by the employee/relationship manag manager/sales person of the distributor/sub b  SIGN First / Sole Applicant / Guar Authorised Signatory  1. INVESTOR'S FOLIO NUMBER  (If you have an existing folio number with KYC already provided please proceed to Section 11. I  2. UNITHOLDING OPTION - Dem Please ensure that the sequence of Names as me National Securities  DP ID No. Beneficiary Account No.  Enclosures (Please tick any one box  3. GENERAL INFORMATION  4. FIRST APPLICANT DETAILS  NAME M MS M/S.  PAN / PEKRN***  Name of Guardian if first applicant is management of Contact Person for non individuals  Guardian's Relationship With Minor  Father Mother Court Appointed  STATUS*: Resident Individual  Society PIO  Are you involved / providing any of the (Applicable only for Non Individuals)  Note: In case First Applicant is Non Individual processing the provision of the policious of	validated, please ment Mode of holding will be mat Mode Physic mentioned in the applicates Depository Limite  I N Client Mast  APPLICATION FOR MAST  APPLICATION FOR MAST  Date of 1st	We hereby confirme above distribution the number heas per existing for all Mode These cition form matches did (NSDL)	Second Ar Authorised Authorised Authorised Authorised Authorised Authorised Second Argundary Control of the Authorised Au	pplicant / Signatory  [Please tick (*/) any OR ne in section 4 & proceed to se ry if the investor wishes to holo count held with any one of the Target ID No.  tion cum Holding Statem	one] I am a First time in I am an existing in action 9 & 10 to provide FATCA / A lithe units in DEMAT mode. Ref. In Depository Participant.  Intral Depository Securities Learn Cancelled Deliant	nvestor across Mutual Funds vestor in Mutual Funds idditional KYC details. If these details ar
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National Securities  DP ID No. Beneficiary Account No.  Enclosures (Please tick any one box  B. GENERAL INFORMATION  FIRST APPLICANT DETAILS  NAME^ Mr. Mr. Mr.  Name of Guardian if first applicant is mean to the contact Person for non individuals  Suardian's Relationship With Minor  Father	s Depository Limite  N Client Mast  APPLICATION FO  Ininor / Mr. Ms.  Date of 1st	d (NSDL)  er List (CML)  OR O Zero Bala	☐ Transac	Target ID No.	ntral Depository Securities L	very Instruction Slip (DIS)
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NAME^ Ms Ms M/s  Name of Guardian if first applicant is m Contact Person for non individuals  Guardian's Relationship With Minor Father	Date of 1st	CKYC	1044			
PAN / PEKRN^**  Name of Guardian if first applicant is m Contact Person for non individuals  Guardian's Relationship With Minor  Father	Date of 1st	СКҮС	1000			
Name of Guardian if first applicant is m Contact Person for non individuals  Guardian's Relationship With Minor  Father	Date of 1st	CKYC Id	ا ا مممد			
Contact Person for non individuals  Guardian's Relationship With Minor  Father Mother Court Appoints  STATUS^: Resident Individual Society PIO  Are you involved / providing any of the (Applicable only for Non Individuals)  Note: In case First Applicant is Non Individual and the contact of t	Date of 1st		a^**			
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Society PIO  Are you involved / providing any of the Applicable only for Non Individuals)  Note: In case First Applicant is Non Individual s	O DCII		O Min		O Birth Certificate O I O HUF	Passport Others (please specif
Are you involved / providing any of the Applicable only for Non Individuals)  Note: In case First Applicant is Non Individual p	O PSU C	) NRI		or through Guardian pany/Body Corporate	Sole Proprietor	<ul><li>Trust /Charities / NGOs</li><li>Defence Establishment</li></ul>
Applicable only for Non Individuals)  Note: In case First Applicant is Non Individual p	○ Bank ○	) FPI <sup>^^</sup> (^^as and when a	opplicable) O Gov	ernment Body	O Partnership Firm	Others
Note: In case First Applicant is Non Individual p	e mentioned servi	Oronen	gn Exchange / M ey Lending / Paw	oney Changer Services	<ul><li>○ Gaming / Gambling / L</li><li>○ None of the above</li></ul>	ottery / Casino Services
AMandatory for all type of Investors. It is many	please attach FATCA, (					Guardian will be required.
	datory for investors to	be KYC complian	t prior to investing	in Nippon India Mutual Fund. I	Refer instruction no.II. 5, 6 & X	
5. SECOND APPLICANT DETAILS						
PAN / PEKRN^**		] 6101614444				
-		CKYC Id^**			SIAI	<b>US</b> <sup>•</sup> : ○ Resident Individual ○ NF
6. THIRD APPLICANT DETAILS						
ME MS M/S.		<u>                                     </u>				
PAN / PEKRN^**		CKYC Id^**			STAT	<b>US</b> <sup>^</sup> :○ Resident Individual ○ NF
7. CONTACT DETAILS OF SOLE / F Correspondence Address *** (P.O. Box is not:		NT (Refer Instru	ction No. VII & IX)	Overseas Address (Mandat	ory for NRI / FPI Applicants)	
Please note that your address details will be u		YC records with C	KYC / KRA		House /Elat No	
Str				House /Flat No. Street Address		
City/ Town	State			City/ Town	State	
Country	Pin Code			Country	Pin Cod	e
Tel. (Res.) STD Code		Tel. (Off.)			Mobile No.	ntry Code)
mail ID  Email ID provided pertains to Self [	☐Family Member (N	lote: If Email ne	ertains to Family	Member please select an	y one) O Spouse O Dependent I	Parents O Dependent Children
nvestors providing Email Id would mandatorily	y receive E - StatemenI	t of Accounts in lie	eu of physical State	ment of Accounts and the ani	nual report or abridged summary	on email. Please register your Mobile N
& Email Id with us to get instant transaction al and Conditions.) $\prod$ I wish to receive scheme w						
B. BANK ACCOUNT DETAILS MAN	NDATORY for Re	edemption/D	ividend/Refu	nds, if any (Refer Instructi	on No. III)	
Account No.	M a n	d a t	огу		A/c. Type (√) ○ SB ○	Current ONRO ONRE OFCN
Name & Branch M	and at	огу				
Branch City	PIN		IFSC Code	ForCredityi	a FT (S MICE	Code 9 Digit For Credit via NEF
Please ensure the name in this application form and		re the same. Please				
Nippon লৈবীৰ Mutual Fund Wealth sets you free			To be filled in	n by the investor Subject		T SLIP ( Please retain this sli finishing of Mandatory Informatic

\_\_Drawn on Bank \_

\_Date:\_

Instrument No/Cash Deposit Slip No.\_

# Please indicate all				esident fo	or tax purpose				on Numb	er and it'	s Ident	ification							
	/First Applicant/Guardian						Second Applicant						Third Applicant			Identification			
Country #^**	Tax Payer I Ref. ID No <sup>%</sup>		Identification Type		Country	#	Tax Payer Ref. ID No <sup>%</sup>		Identification Type		Country #		# Tax Pa Ref. ID		D No <sup>%</sup>		ntificat Type	ion	
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3	T D1d	Residence is only India then details of Co			3						3								
	/First Appli			ils or Count	try or Birth & Na		econd Applican		lax identir	ICACION INUI	mberisi	not availat		provide I Applio		tional e	quivalent		
Country of Birth***			Country of B					Cou	ntry of	Birth <sup>^**</sup>									
Country of Nationali	ty^**				Country of N	ationality <sup>^*</sup>	**					National	lity <sup>^***</sup>						
10. ADDITIONAL	KYC DET	AILS		·															
OCCUPATION ***	Profession	onal Agric	culturist	Housew	ife Retired	Governmer	nt Service/Public	Sector E	Business	Forex D	ealer	Student	Private	Sector	Servic	e	Others		
1st Applicant	0		0	0	0 0			0	0		0 0				0				
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3 <sup>rd</sup> Applicant	0	0 0		0	0	0			0			0		0		0			
Guardian	0		0	0	0	0			0	0	0		0		0		0		
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3rd Applicant				0	0	0	0 0		0		than 1 year)			D D M M Y Y Y Y					
Guardian	n			0	0 0		0	0		0			D [			Y Y Y M M C			
PEP DETAILS***					1st Applicant 2 no				d Applicant			l Applica				Guardia	an		
Are you a Politicall					Yes 🔾				No ()			O No				s O N			
Are you related to	a Politically	Exposed P	erson (Pl	EP)^**	Yes 🔾	No 🔾	Y	'es ○ N	<b>√</b> 0 O		Yes	O No	0		Ye	s O N	lo 🔾		
11. INVESTMENT (Refer instruction no.	Г & РАҮМ	ENT DET	AILS (Se	eparate Ap	plication Form	is required	for investment	in each Pl	an/Option	. Multiple	chequ	es not per	mitted w	ith sing	le appl	ication	form		
(Refer Instruction no.	IV) OIBMI	acility is ava	ilable to i	nvescors v	wno nave inves	c Easy raciu	ity registered w	ICN NIMF.											
Scheme																			
(Refer Instruction No.	I-10) (For Pro	oduct Labelii	ng please	refer last p	page of applica	ition form) (	If you wish to inv	est in Dir	ect Plan p	lease men	tion Dir	ect Plan a	gainst the	e schem	e nam	e)			
[Please tick (√) the a			applicab	le Ontio	n ∩ Growth′	^ O Divi	idend Payout	○ Divid	end Reiny	estment/	Divid	end Fred	HEDCV						
to the scheme in whi	- '																		
								○ Cash <sup>s</sup>	(Refer In	istructi	on No.	n No. XV)							
	Investment DD Charges Net Amount~  Amount $(\mbox{$\vec{\epsilon}$})$ (if applicable) $(\mbox{$\vec{\epsilon}$})$ ( $\mbox{$\vec{\epsilon}$})$				Instrument No/Cash Deposit Slip No/UTR No.			Date Drawn			n on Bank Br			Branch	anch City				
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(^ Default option if r										estors are	reques	sted to co	ollect the	cash de	posit	ilib LLOL	n the Di	SC	
Reason for Investr						Marriage (	Car () Retire	ment ()	Others							_			
12. NOMINATIO	N - I wish	to Nomin	ate 📄	Yes 1	No (Mandal														
the below table wittle	ptace the exi	DAN of Nor	inegistere	to of Dieth	Namiasa Bala	i applicants	Guardian Name		Cuesdies	Deleties	Allocatio	00 5:-	6	C:					
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13. POWER OF A	TTORNE	/ (POA) H	OLDER	R DETAIL	S (Refer I	nstruction N	lo. II. 1)							Р	AN^				
First Applicant PO	A Name	Mr./Ms./	M/s																
Second Appliance F	OA Nama	NA- /NA- /	h A /-												+	$\forall$	+	${}^{\dagger}$	
Second Applicant F	OA NAMÉ	Mr./Ms./	1/1/5									1			+	$\dashv$		$\vdash$	
Third Applicant PO	A Name	Mr./Ms./	M/s																
14. DECLARATIO	N AND SI	GNATURE	Ē																
I/We would like to invest and subsequent amend	t in Nippon In	idia o. I/We have r	read. unde	rstood (bef	_ subject to terr	ns of the Sta cation form)	tement of Addition	nal Inform	nation (SAI)	), Scheme I SAI. SID & I	nformat KIM incli	ion Docunuding deta	nent (SID), ils relatino	Key Info	ormatio	n Memo	randum luding bi	(KIM) ut not	
limited to Nippon India through legitimate sour	Any Time Mor ces only and i	ney Card. I/W s not designe	le have not ed for the p	t received n ourpose of c	or been induced contravention o	d by any reba r evasion of a	ite or gifts, directl any Act / Regulatio	y or indire ons / Rules	ctly, in mak / Notificat	ing this inv ions / Direc	estmen ctions or	t. I / We de any other	clare that Applicabl	the amo	ount invented	ested in by the C	the Sche	eme is ent of	
India or any Statutory A that the RNAM may, at i	uthority.  I acc ts absolute dis	ept and agrees scretion, disco	e to be boı ontinue an	und by the s ov of the ser	said Terms and C vices completel	Conditions in v or partially	cluding those excl	uding/lim notice to r	iiting the Re me. I agree	eliance Nip RNAM can	pon Life debit fro	Asset Mar	nagement o for the s	Limited ervice ch	(RNAM) arges a	I) liability as applica	/. I under able fron	rstand n time	
to time. The ARN holder the Scheme is being reco	has disclosed ommended to	to me/us all t me/us. I here	the commi by declare	ssions (in the that the ab	ie form of trail co ove information	ommission or n is given by t	r any other mode), :he undersigned ai	, payable to	o him for th	ie different	compet	ting Schem	ies of vario	ous Mutu	ıal Fund	ds from a	mongst	which	
(if applicable) shall be de	scident of Ind	ia 🖂 I/Ma co	onfirm that	t Lam/Maai	ra Non-Pacidan	t of Indian N:	ationality/Origin a	and I/We h	ereby conf	irm that th	e funds	for subscri	ption have	e been r	emitted	d from a	oroad th	rouah	
normal banking channe abroad through approve read with Rules 114F to	ls or from fun ed banking ch	ds in my/our annels or fror	Non-Resid	dent Éxtern my/ our NR	al /Ordinary Acc E/FCNR Accoun	count/FCNR.	Account. I/We und y declare that the	dertake th informatio	nat all addit on provided	ional purch in the For	nases ma m is in a	ade under ccordance	this folio with secti	will also on 285B	be from	n funds a Income	received Tax Act	from , 1961	
read with Rules 114F to knowledge and belief, tr	114H of the In ue, correct an	come Tax Rul nd complete.	les, 1962 aı	nd the infor	mation provide	d by me /us ir	the Form, its sup	porting An	inexures as	well as in t	he docur	mentary ev	idence pr	ovided b	y me/u	s are, to	the best	ofour	
++ I/We, have invested i	in the Scheme ct Plan of all S	e(s) of your M Schemes Man	aged by yo	ou, to the at	oove mentioned	Mutual Fun	d Distributor / SER	3I-Register	red Investi	ment Advis	er. I her	a feed/ po eby author	rtfolio ho	ldings/ N	NAV eto	. in resp of Relian	ect of m	y/our on Life	
Asset Management Ltd	and its Associa	ates to contac	t me throu	ugh any mod	de of communic	ation. This wi	ll override registry	on DND/	DNDC, as t	he case ma	y be.								
SIGN	First / So	le Applic	ant / Gi	iardian	/		Second A	pplican	nt /				Thir	rd Ani	olica	nt /			
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