

Scheme /Plan/ Option:-

Payment Details: Amount ₹_

APPLICATION FORM

(To be filled in CAPITAL letters)

Time Stamp & Date of receiving office

DISTRIBUTOR / BROKER INFO	ORMATION (Refe Sub Agent			nt Code	*Employee U	Inique Identification Number	RIA Code"	
ARN- (ARN stamp here)	ARN-							
Please sign alongside in case the EUIN i advice by the employee/relationship m manager/sales person of the distributor/	s left blank/not provi nanager/sales person	ded. I/We hereby cor of the above distr	nfirm that the EUIN t ibutor/sub broker o	ox has been intent r notwithstanding	ionally left blan the advice of	k by me/us as this transact in-appropriateness, if any,	I on is executed without any interaction provided by the employee/relationsh	
SIGN First / Sole Applicant / Authorised Signa	Guardian /		Second A			Т	hird Applicant / horised Signatory	
1. INVESTOR'S FOLIO NUMBE	R			[Please t	ick (√) any one]	I am a First time	investor across Mutual Funds	
If you have an existing folio number with already provided please proceed to Sectio 2. UNITHOLDING OPTION - Decided the sequence of Names	n 11. Mode of holding Demat Mode P as mentioned in the a	will be as per existing hysical Mode These pplication form match	folio number.)	ory if the investor wi	shes to hold the	units in DEMAT mode. Ref. ository Participant.	nstruction No. XI.	
	rities Depository L	imited (NSDL)				l Depository Securities	Limited (CDSL)	
DP ID No. Beneficiary Account No				Target ID No.				
Enclosures (Please tick any one	box) : Client	Master List (CML) Transac	tion cum Holdir	ng Statement	Cancelled De	livery Instruction Slip (DIS)	
3. GENERAL INFORMATION		ON FOR O Zero B	alance Folio OInv	estment ^MODE	OF HOLDING	G : [Please tick(\checkmark)] \bigcirc Single	Joint (Default) Any one or Surviv	
1. FIRST APPLICANT DETAILS								
PAN / PEKRN^**							_ <u> </u>	
Name of Guardian if first applicant		S. CRYC	Id^**					
Guardian's Relationship With Min	or [Date of Birth	D D M M V		se of Minor)		d Guardian's Relationship with Mind	
Father O Mother O Court Appointed Guardian O Others Description O Others								
 PIO re you involved / providing any of a providing and a providing a pr	of the mentioned :	(^^^as and whe	reign Exchange / N		ervices		Others Lottery / Casino Services	
Note: In case First Applicant is Non Indivi	dual please attach FA	TCA, CRS & UBO Self		Ref Ins No. XIV) **Ir	r case First Appl		of Guardian will be required.	
Mandatory for all type of Investors. It is S. SECOND APPLICANT DETA		ors to be KYC compli	ant prior to investing	in Nippon India Mu	itual Fund. Refe	r instruction no.II. 5, 6 & X		
IAME^ Mr. Ms. M/s.	163							
AN / PEKRN^**		CKYC Id^**				STA	rus :○ Resident Individual ○ N	
5. THIRD APPLICANT DETAIL:	S			. , , ,				
Mr. Ms.M/s.								
AN / PEKRN^**		CKYC Id^**				STA	ruŝ:○ Resident Individual ○ N	
7. CONTACT DETAILS OF SOL Correspondence Address *** (P.O. Box is	s not sufficient)				ss (Mandatory f	or NRI / FPI Applicants)		
*Please note that your address details wi	ll be updated as per y House /Flat No.	our KYC records with	CKYC / KRA			House /Flat No		
	Street Address					Street Address		
City/ Town	State			City/ Town		State		
Country Tel. (Res.) STD Code	Pin Cod	Tel. (Off.)		Country		Mobile No. Pin Co	de	
mail ID		16. (011.)				Mobile No.	untry coot)	
mail ID provided pertains to Se	lf □Family Memb	er (Note: If Email	pertains to Family	/ Member please	select any on	e) O Spouse O Dependent	Parents O Dependent Children	
	tion alerts via SMS & ve scheme wise annua	Email. I hereby a legal report or abridged	authorize NAM India summary through Ph	to send important ysical mode (Applic	information and able only for inv	d regular updates to me or vestors who have not specif	y on email. Please register your Mobile h n WhatsApp. (Refer instruction no. XVI f ied the email id)	
Account No.	M	n d a t	о г у	ilius, il ally (Rei	erinstruction	7	Current O NRO O NRE O FCN	
Name of Bank	Manda	t o r y				Bank Branch		
Branch City	PIN		IFSC Code	е	dit via	T G S MICI	R Code 9 Digit For Credit via NEF	
Please ensure the name in this application fo	rm and in your bank acc	ount are the same. Ple	ase update your IFSC a	nd MICR Code in orde	er to get payouts	via electronic mode in to your	bank account.	
Nippon india Mutual Fur	nd ree		To be filled i	n by the investor			IT SLIP (Please retain this slid finishing of Mandatory Information	
ame of the Investor Mr/Ms/M/s :						ΔΡ	P No.:	

_Date : __

__ Instrument No/Cash Deposit Slip No._

2 2	9. FATCA and CR																		etails	form	
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Third Applicant Country of Brain- Country of Bra	1	Ref. ID	No [®]	_			1	Country	<u> </u>	Ref. ID No [®]						Ref.		. ID No ³⁰	+	Тур	<u>e</u>
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Country of Nationality" No.		/First App	licant/	Guardia	n					cond Applica	nt						Third A	pplican	t		
DADDITIONAL NYC DETAILS OCCUPATION Professional agriculturies Housewall Professional agriculturies Housewall Professional Pro	Country of Birth ^{^**}	^**					Cou	untry of B	Sirth ^{***}				Co	untry (of Birth	n^**	**				
OCCUPATION** Professional Agriculturist Housewife Retired Government Service/Publicisector Business Force Dealer Student Private Sector Service Others 1*Applicant O O O O O O O O O O O O O O O O O O O							Cou	untry of N	lationality				Co	untry (of Nati	onality					
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Are your a Politically Exposed Person (PEP)*** Yes O No						<u> </u>							1					D			ΥΥ
Are you related to a Politically Exposed Person (PEP)*** Yes No		· Fue - '	Da	(DED) 4 :																	
11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple chaques not permitted with single application form (Refer instruction no. IV) OTIM Actility is available to investors. who have invest Easy facility registered with NINI. Scheme 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 (x) the appropriate boxes only if applicable or the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in which you plan to invest on the scheme in the sch				, ,		-D/ ^ + +															
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Cefault 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: O House Ochildren's education Ochildren's Marriage Ocar Retirement Others 2. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. VI) in case of existing investor, nomination details mentioned he below table will replace the existing details registered in the folio. Signature of applicants is mandatory if you do not wise to nominate. Nominee Name & Address PAN of Nominee Date of Birth Nominee Relation (Optional) Of Nominee Nominee Relation (Optional) Of Nominee	Investment	DD C	harges		Net Ar (mount~ ₹)	Instrument No/Cash Date Dr				Drawn	awn on Bank Bank Br				ranch City					
Reason for Investment: House Children's education Children's Marriage Car Retirement Others	I				l mi	nus II	D D M M Y Y Y Y														
12. NOMINATION - I wish to Nominate	(^ Default option if n	ot selecte	d) ~Unit	s will be	allotte	ed for the	net	amount m	ninus the tran	saction charg	es if app	licable. ^{\$} Inv	estors a	re requ	ested t	to collec	t the ca	sh depo	sit slip	from the	DISC
Nominee Name & Address PAN of Nominee (Optional) Pan of Nominee (In case Nominee is Minor)	Reason for Investm	nent: O	House	○Childr	en's e	ducation	0	Children's	Marriage 🔾	Car () Retir	ement (Others								_	
Nominee Name & Address (Optional) of Nominee With Investor (in case Nominee is Minor) with Nominee (%) Nominee Guardian Signature or Applicant 2nd Applicant 2nd Applicant 3rd Applican														l) In cas	e of ex	isting in	vestor, r	nominati	on deta	ils menti	ioned i
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3. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1) PANA Grist Applicant POA Name Mr_/Ms_/M/s A. DECLARATION AND SIGNATURE 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 subseque mendments 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 including but not limited to Nippy ndia Any Time Money. Card. 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 legitima ourses 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 Statuto uthority. 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 men engine commended 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 (finapplicable habile deducted from the subscription amount and the said charges shall be paid to the distributors. I confirm that I am resident of India. I I I We confirm that I am/We are Non-Resident of India Nationality/Origin and I/We hereby confirm that the form bin accordance with section 2858 had been remitted from abroad through an abaking channels or from Funds in my/our Non-Resident of India Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through an abaking channels or from Funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake t			(0)	ocionaty	+	- Tronnince	H.	***************************************	(***		,	Wichite		,	_	TTOIMING		00101011	1st A	pplicant	
3rd Applicant 3. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1) PAN* First Applicant POA Name Mr./Ms./M/s Chird Applicant POA Name Mr./Ms./M/s A. DECLARATION AND SIGNATURE 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 subseque mendments thereto. (Whe 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 including but not limited to Nippondia Any Time Money Card. (JWe 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 legitima ources only and is not designed for the purpose of contravention or evasion of any Act, Regulations / Ruy Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statuto uthority. 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 me tits absolute discretion, discontinue any of the services completely or partially without any prior notice to make a larger eNAM ther form my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the service calculation with the NAM India and ebit from my folio for the servi																			+		
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Second Applicant POA Name Mr./Ms./M/s Third Applicant POA Name Mr./Ms./M/s A. DECLARATION AND SIGNATURE 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 subseque mendments thereto. //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 including but not limited to Nippo did any Time Money Card. //We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. // We declare that the amount invested in the Scheme is through legitima ources 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 Statuto unthority. 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 me it is absoluted discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India and debit from my folio for the service charges as applicable from time to time. The AF loader 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 language in the subscription amount and the said chargesshall be paid to the distributors. I confirm that I am resident of India. // We confirm that I am Mersident of India in Mationality/Origin and // We hereby confirm that the funds for subscription have been remitted from abroad through or many and the said chargesshall be paid to the distributors. I confirm that I am resident of India in Mationality/Origin and I/We hereby confirm that t						DETAIL	_S	(Refer I	nstruction No	o. II. 1)								PAN	!^		
Third Applicant POA Name Mr./Ms./M/s 4. DECLARATION AND SIGNATURE 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 subseque mendments 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 including but not limited to Nippindia Any Time Money Card. 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 legitima ources 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 Statuto utthority. 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 must it is 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 ime to time. The Arobide India Can debit From my folio for the service charges as applicable from amongst which the Scheme leing 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 hall 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 Myle 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 fro broad through approved banking channels or from	First Applicant POA	A Name	MIT./	/MS./M/:	S										ᆜ닏		_	\perp	_	+	\perp
4. DECLARATION AND SIGNATURE 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 subseque mendments 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 including but not limited to Nippr dia Any Time Money Card. 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 legitima ources only and is not designed for the purpose of contravention or evasion of any AST Regulations, Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statuto authority. Iaccept 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. Iunderstand that the NAM India me tits 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 AF older has disclosed 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, lagree that the transaction charge (if applicabl hall 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 J/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 ormal 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 fro broad t	econd Applicant P	OA Name	е Мг./																		
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Investor Service. A NIMF Virtual Branch Experience. For more details : Visit : www.nipponindiamf.com You can also follow us on Fig. 18 in.



Scheme /Plan/ Option:

Payment Details: Amount ₹

Instrument No/Cash Deposit Slip No.

SIP / SIP INSURE ENROLLMENT DETAILS

Time Stamp & Date of receiving office

DISTRIBUTOR / BROKER I	NFORMATION		sets you free uction No. 12 & 13)							APP No.:			
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Authorisation to Bank: I/We wish to inform you that I/we have registered with Nippon India Mutual Fund for NACH/Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)							
Affix Barcode	Date and Time Stamp No.						