

Scheme /Plan/ Option:-

Payment Details: Amount ₹\_

## **APPLICATION FORM**

(To be filled in CAPITAL letters)

| Name & Broker Code / ARN  ARN - (ARN stamp here)  *Please sign alongside in case the EUIN advice by the employee/relationship rmanager/sales person of the distributor,  |   | N (Refer   | Instruct                        |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
|--|---|--|---------------------------------|---|--|---|--|----------------------------------|---|-------------------------------------|---|--|-----------------------------------|------------------------------|--|----------------------------------|----------------------------------|-----------------------------|------------------------|------------------------------|
| ARN- (ARN stamp here)  |   | Agent A  |                                 |   | 1.9 & 10)  | Sub A   | gent Co  | de                               |   | *Employ                             | ee Uniqu                                      | e Identil                                  | ficatio                           | n Numb                       | er                                       |                                  |                                  | RIA Code                    | e <sup>**</sup>        |                              |
| *Please sign alongside in case the FUIN  | ADA   |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| Please sign alongside in case the EUIN<br>advice by the employee/relationship r<br>nanager/sales person of the distributor,  | ARN-  |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| manager/sales person of the distributor,   | is left blank/no<br>nanager/sales                                       | ot provide<br>person c                           | ed. I/We<br>of the a            | hereby<br>bove di                             | confirm t<br>stributor,                          | nat the EUIN<br>sub broker                            | l box ha                                       | s been i<br>withstan             | ntentior<br>ding th                           | ally left l<br>e advice             | lank by<br>of in-a                            | me/us<br>opropria                          | as thi<br>atene                   | s transa<br>ss, if a         | action i                                 | s execu<br>ovided                | ited wi                          | thout a<br>emplo            | ny inter<br>oyee/rela  | action o<br>ationship        |
|  | /sub broker.  |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| First / Sole Applicant / Authorised Sign   |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
|  |   |  | $\perp$                         |   |  | Additions   | ica sigi                                       | _                                |   |                                     | <u> </u>                                      |  |                                   |                              |  | .5005                            | 1911000                          | · y                         |                        |                              |
| I. INVESTOR'S FOLIO NUMBI  | <u> </u>  |  |                                 |   |  |   |  | [Ple                             |   | : (√) any c                         | ne] [   | -  |                                   |                              |  |                                  |                                  |                             | ıal Fun                | ds                           |
| If you have an existing folio number with  |   |  |                                 |   |  |   | name in  | section 4                        | <b>O</b><br>proce & !                         |                                     | <br>tion 9 8∶:                                | -  |                                   |                              | -  |                                  |                                  | <b>ual Fu</b><br>tails. If  |                        | etails are                   |
| lready provided please proceed to Section.  2. UNITHOLDING OPTION -  |   |  |                                 |   | J  | , , ,   |  |                                  |   |                                     |   |  |                                   |                              | C 1                                      |                                  |                                  |                             |                        |                              |
| lease ensure that the sequence of Name   | s as mentioned  | in the app                                       | plication                       | form ma                                       | nese deta<br>atches wit                          | h that of the   | accoun   | the inves<br>t held wi           | ch any or                                     | ne of the I                         | Deposito                                      | ry Parti                                   | cipanl                            |                              |  |                                  |                                  |                             |                        |                              |
| National Secu  |   |  | nited (I                        | NSDL)   |  |   | ı  |                                  | _   | Cen                                 | tral De                                       | posito                                     | ry Se                             | curitio                      | s Limi                                   | ited (C                          | DSL)                             |                             |                        |                              |
| DP ID No. Beneficiary Account No   | p.   I   N  | +  |                                 |   |  |   | <del> </del>                                   | arget II                         | No.   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| Enclosures (Please tick any one  | e box) : 🔲 (  | Client M   | 1aster                          | List (CN                                      | ML)  |   | action   | cum H                            | olding  | Statem                              | ent   |  | Canc                              | elled I                      | Delive                                   | ry Ins                           | tructi                           | on Slip                     | p (DIS)                |                              |
| . GENERAL INFORMATION  |   |  |                                 |   |  | Folio ()  |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        | or Survivo                   |
| . FIRST APPLICANT DETAILS  |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  | . /                               |                              |  |                                  |                                  |                             |                        |                              |
| Mr. Ms. M/s.   |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| AN / PEKRN^**  |   |  |                                 | CK  | YC Id^*  |   |  |                                  |   |                                     | ΤΠ  |  | Ť                                 | İ                            |  |                                  |                                  |                             | '                      |                              |
| lame of Guardian if first applican   |   | Mr Me  | ++                              |   |  | ++  |  |                                  | $\top$  |                                     | +   | $\top$                                     | +                                 | $\frac{++}{-}$               | $\overline{\Box}$                        |                                  | T                                |                             |                        |                              |
| Contact Person for non individuals   |   |  | <u> </u>                        |   |  |   | <u> </u>                                       | <u> </u>                         | 74.   | alate:                              |   |  |                                   | <u> </u>                     |  |                                  |                                  |                             |                        | <u> </u>                     |
| iuardian's Relationship With Min<br>)Father ○ Mother ○ Court App   |   | of   | te of E                         | Birth<br>plicant                              | D D  | M M   | Y  | Υ                                |   | ndatory ir<br>of Minor              | 1   | f <b>of Da</b><br>rth Cei                  |                                   |                              |  |                                  |                                  |                             | •                      | <b>h Mino</b> ı<br>e specify |
| STATUS^: O Resident Individual   | O PSU   |  | 0                               | AOP/B   | OI   | O M   | inor th  | rough                            | Guardia                                       | an                                  | 0   |  |                                   |                              |  |                                  |                                  |                             | s / NGC                |                              |
| ○ Society<br>○ PIO   | ○ FI<br>○ Bank  |  |                                 | NRI<br>FPI^^^                                 |  | _   |  | y/Body                           |   | rate                                | _   | Sole Pr                                    |                                   |                              |  |                                  |                                  |                             | lishmer                | nt                           |
| re you involved / providing any  |   |  | (                               | ^^^as and                                     | when applica                                     | ble)  |  | nent Bo                          |   |                                     |   | Partne                                     |                                   |                              |  | O Ot                             |                                  |                             |                        | _                            |
| Applicable only for Non Individuals  |   | oned se  | rices                           | Oi  | _  | Exchange /<br>ending / Pa                             |  | -                                | er Serv                                       | ices                                |   | iaming<br>Ione o                           |                                   |                              |  | tery/                            | Casino                           | Servi                       | ces                    |                              |
| Note: In case First Applicant is Non Indiv   |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  | ıardian                          | will be                          | require                     | ed.                    |                              |
| Mandatory for all type of Investors. It is  SECOND APPLICANT DETA  |   | investor   | s to be                         | KYC COIII                                     | рианс рн   | or to investi   | ng in ivi                                      | рроп шс                          | ia Mutu                                       | al Fund. H                          | erer ins                                      | LIUCLIOI                                   | 1 110.11                          | . 5, 6 &                     | ^  |                                  |                                  |                             |                        |                              |
| AME^ Mr Ms.M/s.  |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  | T                                 |                              |  |                                  |                                  |                             |                        |                              |
| AN / PEKRN^**  |   | $\pm$  | <u> </u>                        | KYC Id  | **   |   | $\perp$  |                                  | $\frac{1}{1}$                                 |                                     |   |  |                                   |                              | ATHE                                     | ·• O                             | <br>Pocid                        | nt Ind                      | lividual               | . O NR                       |
|  |   |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              | A103                                     |                                  | i (C3iG)                         | .110 1110                   | iividdd                |                              |
| AME^   | <u>.</u>  |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| AN (DEKOMAN)   | +++   | $\perp$  | <u> </u>                        |   |  |   | $\frac{\perp}{\perp}$                          |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| AN / PEKRN^**  |   |  |                                 | KYC Id  |  |   |  |                                  |   |                                     |   |  |                                   | \$1                          | ATUS                                     | ::0                              | Reside                           | ent Ind                     | lividual               | O NR                         |
| .CONTACT DETAILS OF SOL<br>orrespondence Address ## (P.O. Box  |   |  | CANT                            | (Refer li                                     | nstructio  | n No. VII & I   |  | rseas A                          | ddress  | (Mandato                            | rv for N                                      | RI / FPI                                   | Appli                             | cants)                       |  |                                  |                                  |                             |                        |                              |
| Disease as he his  | vill be updated a   | as per you                                       | ur KYC r                        | ecords w                                      | ith CKYC   | / KRA   |  |                                  |   |                                     |   |  |                                   |                              |  |                                  |                                  |                             |                        |                              |
| riease note that your address details w  | House /Fla  |  |                                 |   |  |   |  |                                  |   |                                     |   |  |                                   | /Flat  <br>Addre             |  |                                  |                                  |                             |                        |                              |
| rlease note tnat your address details w  |   | tate   |                                 |   |  |   | City   | // Towr                          |   |                                     |   |  |                                   | Stat                         |  |                                  |                                  |                             |                        |                              |
|  | St  |  |                                 | П   |  |   | +  | ntry                             |   |                                     |   |  |                                   | Pin                          | Code                                     |                                  |                                  |                             |                        |                              |
| ity/Town   |   | in Code  |                                 |   |  |   |  |                                  | <u>'                                     </u> | 1 1                                 | м   | bile N                                     | _                                 | Ή Τ                          |  |                                  |                                  |                             |                        | т'т                          |
| ity/ Town<br>ountry  |   | in Code  | Tel                             | . (Off.)                                      |  |   |  |                                  |   |                                     | 141   | JUILE IN                                   | 0.                                | $\perp$                      | Countr                                   | y Code                           | )                                |                             |                        | $\perp \perp$                |
| ity/ Town fountry el. (Res.) STD Code  | Pi  |  |                                 | , ,   |  |   |  |                                  |   |                                     |   |  |                                   |                              | Countr                                   | y Code                           | )                                |                             | -1116                  |                              |
| ity/ Town ountry el. (Res.) nail ID mail ID provided pertains to   | Pi<br>elf □Family   | y Membe  | er (Note                        | e: If Em                                      |  | ins to Fam  | -  |                                  |   |                                     | one) (  | ) Spous                                    | e ()                              |                              |  |                                  |                                  |                             |                        |                              |
| ity/ Town ountry el. (Res.) stD code nail ID nail ID provided pertains to Se vestors providing Email Id would mand Email Id with us to get instant transac   | Pi  | y Membe<br>E - Staten<br>SMS & Er                | er (Note                        | e: If Ema                                     | s in lieu o<br>by author                         | f physical St<br>ze NAM Ind                           | atemen<br>ia to se                             | t of Acco                        | unts an                                       | d the ann<br>ormation               | one) (  | Spouse<br>ort or ab                        | e O l                             | d sumn                       | nary on<br>on Wh                         | email.<br>atsApp                 | Please<br>o. (Refe               | registe                     | er your M              | ∕lobile N                    |
| ity/ Town ountry el. (Res.) std of the state | Pi  Pelf Family  Clatorily receive ction alerts via ive scheme wiso     | y Membe<br>E - Staten<br>SMS & Er<br>se annual r | ment of mail.                   | e: If Ema<br>Account<br>I hereby<br>r abridge | s in lieu o<br>by author<br>ed summa             | f physical St<br>ze NAM Ind<br>ry through             | atemen<br>ia to se<br>Physical                 | t of Acco<br>nd impo<br>mode (A  | ounts an<br>rtant inf<br>applicab             | d the ann<br>ormation<br>le only fo | one) (<br>ual repo<br>and re<br>r invest      | Spouse<br>ort or at<br>gular up<br>ors who | e O l                             | d sumn                       | nary on<br>on Wh                         | email.<br>atsApp                 | Please<br>o. (Refe               | registe                     | er your M              | ∕lobile N                    |
| ity/Town ountry et. (Res.) mail ID mail ID provided pertains to Se mail Id with us to get instant transac erms and Conditions.) I wish to recei  | Pi  Pelf Family  Clatorily receive ction alerts via ive scheme wiso     | y Membe<br>E - Staten<br>SMS & Er<br>se annual r | ment of mail.                   | e: If Ema<br>Account<br>I hereby<br>r abridge | s in lieu o<br>by author<br>ed summa             | f physical St<br>ze NAM Ind<br>ry through             | atemen<br>ia to se<br>Physical                 | t of Acco<br>nd impo<br>mode (A  | ounts an<br>rtant inf<br>applicab             | d the ann<br>ormation<br>le only fo | one) (<br>ual repo<br>and re<br>r invest      | Spouse<br>ort or at<br>gular up<br>ors who | e O l<br>oridge<br>odates<br>have | d sumn<br>s to me<br>not spe | nary on<br>on Wh                         | email.<br>natsApp<br>the em      | Please<br>D. (Refe<br>ail id)    | registe<br>r instru         | er your M<br>uction no | Mobile N<br>o. XVI fo        |
| ity/Town country el. (Res.) mail ID mail ID provided pertains to Se series providing Email Id would man Email Id with us to get instant transac erms and Conditions.) I wish to recei  | Pi  Pelf Family  Clatorily receive ction alerts via ive scheme wiso     | y Membe<br>E - Staten<br>SMS & Er<br>se annual r | ment of mail.                   | e: If Ema<br>Account<br>I hereby<br>r abridge | s in lieu o<br>by author<br>ed summa             | f physical St<br>ze NAM Ind<br>ry through             | atemen<br>ia to se<br>Physical                 | t of Acco<br>nd impo<br>mode (A  | ounts an<br>rtant inf<br>applicab             | d the ann<br>ormation<br>le only fo | one) (<br>ual repo<br>and re<br>r invest      | Spouse<br>ort or at<br>gular up<br>ors who | e O l<br>oridge<br>odates<br>have | d sumn<br>s to me<br>not spe | nary on<br>on Wh                         | email.<br>natsApp<br>the em      | Please<br>D. (Refe<br>ail id)    | registe<br>r instru         | er your M<br>uction no | ∕lobile N                    |
| nvestors providing Email Id would mand & Email Id with us to get instant transacterms and Conditions.) I wish to receign I wish to receign BANK ACCOUNT DETAILS  | Pi  Pelf Family  Clatorily receive ction alerts via ive scheme wiso     | y Membe<br>E - Staten<br>SMS & Er<br>se annual r | ment of mail.                   | e: If Ema<br>Account<br>I hereby<br>r abridge | s in lieu o<br>by author<br>ed summa             | f physical St<br>ze NAM Ind<br>ry through             | atemen<br>ia to se<br>Physical                 | t of Acco<br>nd impo<br>mode (A  | ounts an<br>rtant inf<br>applicab             | d the ann<br>ormation<br>le only fo | one) (<br>ual repo<br>and re<br>r invest      | ort or abgular uppers who                  | e O l<br>oridge<br>odates<br>have | d sumn<br>s to me<br>not spe | nary on<br>on Wh                         | email.<br>natsApp<br>the em      | Please<br>D. (Refe<br>ail id)    | registe<br>r instru         | er your M<br>uction no | Mobile N<br>o. XVI fo        |
| City/ Town Country  el. (Res.)  mail ID  mail ID provided pertains to Senvestors providing Email Id would mand & Email Id with us to get instant transacerrms and Conditions. It wish to receive the country of the coun | elf Family latorily receive ction alerts via ive scheme wisk            | y Membe E - Staten SMS & Er se annual r  ORY for | ment of mail.                   | e: If Ema<br>Account<br>I hereby<br>r abridge | s in lieu o<br>by author<br>ed summa             | f physical St<br>ze NAM Ind<br>ry through             | atemen<br>ia to se<br>Physical<br><b>funds</b> | t of Acco<br>nd impo<br>mode (A  | ounts an<br>rtant inf<br>applicab             | d the ann<br>ormation<br>le only fo | one) (<br>ual repo<br>and re<br>r invest      | ort or abgular uppers who                  | e O l<br>oridge<br>odates<br>have | d sumns to me not spe        | nary on<br>on Wh                         | email.<br>natsApp<br>the em      | Please<br>o. (Refe<br>ail id)    | registe<br>r instru<br>RO ( | o NRE                  | Mobile N<br>o. XVI fo        |
| City/ Town Country  el. (Res.)  mail ID  mail ID provided pertains to Senvestors providing Email Id would mand & Email Id with us to get instant transacterms and Conditions. In wish to receive the count of the cou | Pi   Pi   Pi   Pi   Pi   Pi   Pi   Pi                                   | y Membe E - Staten SMS & Er e annual r  DRY for  | er (Note ment of mail. report o | e: If Ema                                     | s in lieu o<br>by author<br>ed summa<br>on/Divid | f physical St<br>ze NAM Ind<br>ary through<br>lend/Re | atemen<br>ia to se<br>Physical<br>funds        | t of According important mode (A | ounts an<br>rtant inf<br>applicab             | d the ann formation le only fo      | and report and report in No. II               | ort or abgular uppers who                  | e O l<br>oridge<br>odates<br>have | d summs to me not spe        | O Cu                                     | email. natsApp the em            | Please O. (Refeail id)  O N      | registe<br>r instru<br>RO ( | o NRE                  | Mobile No. XVI fo            |
| City/ Town Country  el. (Res.)  mail ID  mail ID provided pertains to Senvestors providing Email Id would mand & Email Id with us to get instant transacterms and Conditions. I wish to receive the senvestors providing Email Id would mand & Email Id with us to get instant transacterms and Conditions. I wish to receive the senvestors provided the senvestors and Conditions.  BANK ACCOUNT DETAILS  Account No.  | Pi Pi Pamily latorily receive tition alerts via ive scheme wise MANDATO | y Membe E - Staten SMS & Er e annual r  DRY for  | er (Note ment of mail. report o | e: If Ema                                     | s in lieu o by author ed summa on/Divi           | f physical St<br>ze NAM Ind<br>ary through<br>lend/Re | atemen<br>ia to se<br>Physical<br>funds        | t of According important mode (A | ounts an<br>rtant inf<br>applicab             | d the ann formation le only fo      | one) (cual report and report investor No. III | Spouse of tor abgular uppers who           | e O l ridge odates have           | d summs to me not spe        | Cu C | email. natsApp the em rrent  ode | Please D. (Refeail id)  N  Digit | RO O                        | Pryour Muction no      | Mobile No. XVI fo            |

\_\_Drawn on Bank

\_Date:\_

Instrument No/Cash Deposit Slip No.

| 9. FATCA and CR  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     | •                      |                    |                         |                         | etail            | s for           | m                     |                    |
|--|--------------------------------|-------------------------|-----------------------------|--------------------|-------------------------------|----------------|------------------------------|----------------------------|-----------------------|---------------------------------|-------------------------|-----------------------------|-----------------------|---------------------|------------------------|--------------------|-------------------------|-------------------------|------------------|-----------------|-----------------------|--------------------|
| # Please indicate all  |                                |                         |                             |                    | esident fo                    | r ta           | x purpose                    | e, associ                  |                       |                                 |                         | tion Numb                   | er and it             | 's Ider             | ntificati              | ion ty             |                         |                         |                  |                 |                       |                    |
|  | <b>First App</b><br>Tax Pa     |                         |                             |                    | cation                        |                |                              | #                          |                       | d Applican                      |                         | dentificatio                | n .                   |                     |                        |                    |                         | Applican<br>Payer       |                  |                 | ntifical              | tion               |
| Country #^**   | Ref. ID                        | No <sup>®</sup>         | 10                          | Тур                |                               |                | Country                      | ntry " Ref.                |                       | x Payer<br>. ID No <sup>%</sup> | No <sup>®</sup> Ty      |                             | 11                    | Coun                | itry #                 |                    | Ref. I                  | D No <sup>®</sup>       | No <sup>%</sup>  |                 | dentificatior<br>Type |                    |
| 1  |                                |                         |                             |                    |                               | 1              |                              |                            |                       |                                 |                         |                             | 1                     |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| 2  |                                |                         |                             |                    |                               | 2              |                              |                            |                       |                                 |                         |                             | 2                     |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| 3  |                                |                         |                             |                    |                               | 3              |                              |                            |                       |                                 |                         |                             | 3                     |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| In case Country of T   |                                |                         |                             |                    | ils of Count                  | гу о           | f Birth & Na                 | tionality                  |                       |                                 |                         | e Tax Identifi              | ication Nu            | ımber is            | s not ava              | ilable,            |                         |                         |                  | nal e           | quivaler              | nt                 |
|  | First App                      | licant/C                | Guardian                    | 1                  |                               |                |                              | ^**                        | Secon                 | d Applican                      | t                       |                             |                       |                     |                        | ^**                | Third A                 | Applican                | t                |                 |                       |                    |
| Country of Birth <sup>***</sup>  | ^**                            |                         |                             |                    |                               |                | untry of Bi                  |                            | ^**                   | -                               |                         |                             |                       |                     | of Birth               |                    | ^**                     |                         |                  |                 |                       |                    |
| Country of Nationalit  |                                |                         |                             |                    | ļ                             | Cou            | untry of N                   | ationalit                  | ty                    |                                 |                         |                             | Co                    | untry c             | f Natio                | nality             | /                       |                         |                  | _               |                       |                    |
| 10. ADDITIONAL   |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| OCCUPATION   | Professi                       | ional /                 | Agricult                    | urist              | Housewi                       | ife            | Retired                      | Governm                    | nent Se               | rvice/Public                    | Sector                  | Business                    | Forex [               | Dealer              | Stude                  | ent P              | rivate Se               | ector Se                | rvice            |                 | Other:                | S                  |
| 1 <sup>st</sup> Applicant  | 0                              |                         | 0                           |                    | 0                             |                | 0                            |                            |                       | 0                               |                         | 0                           | C                     | )                   | 0                      |                    |                         | 0                       |                  | 0_              |                       |                    |
| 2 <sup>nd</sup> Applicant  | 0                              |                         | 0                           |                    | 0                             |                | 0                            |                            |                       | 0                               |                         | 0                           | O                     | )                   | 0                      |                    |                         | 0                       |                  | 0_              |                       |                    |
| 3 <sup>rd</sup> Applicant  | 0                              |                         | 0                           |                    | 0                             |                | 0                            |                            |                       | 0                               |                         | 0                           | O                     | )                   | 0                      |                    |                         | 0                       |                  | 0_              |                       |                    |
| Guardian   | 0                              |                         | 0                           |                    | 0                             |                | 0                            |                            |                       | 0                               |                         | 0                           | C                     | )                   | 0                      |                    |                         | 0                       |                  | 0_              |                       |                    |
| GROSS ANNUAL IN  | ICOME DI                       | ETAILS'                 | ^**                         | Belo               | ow 1 Lac                      |                | 1-5 Lacs                     | 5-10 L                     | acs 1                 | 0-25 Lacs                       | 25 Lac                  | s-1 Crore                   | >1 Cr                 | оге                 | NET-V                  | VORT               | 'H^" in ₹               |                         |                  | Date            | •                     |                    |
| 1st Applicant  |                                |                         |                             |                    | 0                             |                | 0                            | 0                          |                       | 0                               |                         | 0                           | 0                     |                     |                        |                    | should                  | D                       | D M              | М               | / Y Y                 | Y                  |
| 2nd Applicant  |                                |                         |                             |                    | 0                             | $^{+}$         | 0                            | 0                          |                       | 0                               |                         | 0                           | 0                     |                     |                        | t be c             |                         |                         | D M              |                 |                       | Y                  |
| 3rd Applicant  |                                |                         |                             |                    | 0                             | -              |                              | 0                          |                       | 0                               |                         | 0                           |                       |                     |                        | an 1 y             |                         |                         |                  |                 |                       |                    |
| Guardian   |                                |                         |                             |                    | 0                             | -              | 0                            | 0                          |                       | 0                               |                         | 0                           |                       |                     |                        |                    | *                       | +                       | D M              |                 | / Y Y                 | V                  |
|  |                                |                         |                             |                    | $\overline{}$                 |                |                              |                            |                       |                                 |                         |                             | <u> </u>              |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| PEP DETAILS***   |                                |                         | <i></i>                     |                    |                               |                | •                            | plicant                    |                       |                                 | nd App                  |                             |                       |                     | d Appl                 |                    |                         |                         |                  | Jardia          |                       |                    |
| Are you a Politically  |                                |                         |                             |                    |                               |                | Yes 🔾                        |                            |                       |                                 |                         | No O                        |                       |                     | 1 🔾 es                 |                    |                         |                         | Yes (            |                 | 10 🔾                  |                    |
| Are you related to a   | Politically                    | y Expos                 | ed Perso                    | on (PE             | P)^**                         |                | Yes 🔾                        | No 🔾                       | )                     | Y                               | es 🔾                    | No 🔾                        |                       | Ye                  | 1 🔾 2:                 | No ○               |                         |                         | Yes (            | <u> </u>        | 10 (                  |                    |
| 11. INVESTMENT<br>(Refer instruction no.   | & PAYN                         | ΛENT [                  | DETAIL                      | S (Se              | parate Ap                     | plica          | ation Form                   | is requir                  | red for i             | nvestment                       | n each P                | lan/Option                  | . Multipl             | e cheq              | ues not                | permi              | itted wit               | h single a              | pplica           | ation           | form                  |                    |
| (Refer Instruction No. I<br>[Please tick (√) the ap<br>to the scheme in whic<br><b>Mode of Payment</b>   | propriate<br>h you plan        | boxes of<br>to inves    | nly if app<br>st]           | olicabl            | e Option                      | n C            | Growth^                      | ^                          | Dividen               | d Payout<br>ne Bank Ma          | O Divid                 | dend Reinv                  |                       | Divi                | dend Fi                | reque              | ency                    | ruction                 |                  |                 |                       |                    |
| Investment   |                                | harges                  |                             |                    | nount~                        | $\overline{}$  | Instrume                     |                            |                       |                                 |                         |                             | 05 /                  |                     |                        | J (                |                         |                         | 1                |                 |                       |                    |
| Amount (₹)   | (if applic                     | _                       |                             |                    | ₹)                            | [              | Deposit Sli                  | ,                          |                       | D                               | ate                     |                             | Drawn (               | on Ban              | k                      |                    | Bank Br                 | anch                    |                  |                 | City                  |                    |
|  | . , , ,                        |                         |                             | Lmir               | nus II                        |                |                              |                            |                       | DDMN                            | 1 V V                   | v v                         |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| ^^ = 5 li 15   |                                |                         |                             |                    |                               | <u></u>        |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| (^ Default option if no  |                                | <u> </u>                |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             | escors ar             | e requ              | ested to               | o colle            | ect the ca              | asn aepo                | SIC SU           | ) LLOL          | n the D               | )ISC               |
| Reason for Investm   |                                |                         |                             |                    |                               | _              | Children's I                 | Marriage                   | Ca                    | r () Retire                     | ment (                  | ) Others <sub>_</sub>       |                       |                     |                        |                    |                         |                         |                  | _               |                       |                    |
| 12. NOMINATION   | I - I wish<br>lace the ex      | to No                   | minate                      | e Y                | Yes N                         | No<br>io. S    |                              |                            |                       | olding is sing                  |                         |                             |                       | ) In cas            | e of exis              | sting i            | nvestor,                | nominati                | on de            | tails n         | nentior               | ned in             |
|  |                                |                         | Nominee                     |                    | e of Birth                    |                | minee Rela                   |                            |                       | ardian Name                     |                         | Guardian                    |                       | Alloca              | tion                   | Sign o             | of                      | Sign of                 | 6'               |                 | -6.4                  |                    |
| Nominee Name & A   | aress                          |                         | tional)                     |                    | Nominee                       |                | With Invest                  |                            | (in case              | Nominee is                      | Minor)                  | with No                     |                       | (%)                 | ) I                    | Nomin              | ee C                    | iuardian                | Sign             | acure           | of App                | ucanc              |
|  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         | 1st              | Appli           | cant                  |                    |
|  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         | 2nc              | d Appl          | icant                 |                    |
|  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         | 3rd              | Appli           | cant                  |                    |
| 13. POWER OF A   | TORNE                          | Υ (ΡΟ                   | A) HOL                      | DER                | DETAIL                        | S              | (Refer Ir                    | nstructio                  | n No. II.             | .1)                             |                         |                             |                       |                     |                        |                    |                         | PAN                     | 1^               |                 |                       |                    |
| First Applicant POA  |                                |                         | Ms./M/s                     |                    | 7 11.                         |                | •                            |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         | •                |                 |                       | Т                  |
| First Applicant FOA  | Maille                         | ,                       |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     | ┦┝                     | +                  | +                       | +                       | <del>-</del>     | $\dashv$        | +                     | +                  |
| Second Applicant P   | OA Name                        | Мг./                    |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| Third Applicant PO   | A Name                         | Mr./                    | Ms./M/s                     | 5                  |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        | Ī                  |                         | T                       | T                | T               | T                     | T                  |
| ••   |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| 14. DECLARATION  |                                |                         |                             | subjec             | rt to terms                   | of H           | ha Statama                   | nt of Add                  | ditional I            | nformation (                    | SAI) Sch                | eme Informa                 | tion Doc              | umant (             | (SID) Ka               | v Infor            | mation N                | lemorand                | lum (K           | IM) at          | nd subse              | egueni             |
| I/We would like to invest<br>amendments thereto. I/N   | We have rea                    | d, under                | stood (bel                  | fore fil           | ling applica                  | tion           | form) and                    | is/are bou                 | und by th             | ne details of I                 | the SAI, S              | ID & KIM incl               | uding de              | tails rela          | ating to               | variou             | s services              | including               | butn             | ot limi         | ited to N             | Nippor             |
| amendments thereto. JV, India Any Time Money C sources only and is not do Authority. I accept and a at its absolute discretion holder has disclosed to no being recommended to not all the desired the source of the | signed for t                   | the purpo               | ose of con                  | traven             | tion or evas                  | sion           | of any Act /                 | Regulation                 | ons/Rul               | es/Notificat                    | ions/Dir                | ections or an               | y other A             | pplicab             | le Laws e              | nacte              | d by the C              | overnme                 | nt of Ir         | idia or         | any Sta               | atutory            |
| at its absolute discretion   | gree to be b<br>, discontinu   | ound by t<br>e any of t | he service                  | erms an            | pletely or p                  | ns in<br>artia | icluding tho<br>ally without | any prior                  | notice t              | o me. I agree                   | on Lire in<br>NAM Indi  | ia can debit f              | rom my fo             | olio for I          | ed (NAM<br>the servi   | ce cha             | rges as ap              | understa<br>plicable f  | no tna<br>rom ti | me to           | time. Th              | ne ARN             |
| holder has disclosed to n<br>being recommended to r  | ne/us all the<br>ne/us. I here | commiss<br>by declar    | sions (in ti<br>re that the | he forn<br>e above | m of trail co<br>e informatio | omm<br>on is   | ission or an<br>given by th  | y other m<br>e undersi     | iode), pa<br>gned and | yable to him<br>d particulars   | for the d<br>given by r | ne/us are con               | rect and              | :hemes<br>comple    | of variou<br>te. Furth | us Mut<br>ier, lag | ual Funds<br>ree that t | s from am<br>she transa | ongst<br>ction ( | which<br>:harge | the Sch<br>(if appl   | ieme is<br>licable |
| i siiali de deducted ii oiii ti  | ie subscribt                   | JUILIBIIIUL             | יווו טוום טוונ              | e saiu c           | .iiai ues siiai               | แบย            | Daid to the                  | aistiibatt                 | JIS.                  |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| ☐ I confirm that I am re<br>normal banking channels<br>abroad through approve<br>read with Rules 114F to 1   | or from fu                     | nds in my               | y/our Non                   | -Resid             | ent Externa                   | al/C           | Ordinary Acc                 | count/FCI                  | NR Acco               | unt. I/We und                   | dertake t               | hat all additi              | onal pur              | hases r             | nade un                | der thi            | is folio wi             | ll also be              | from f           | unds            | received              | d from             |
| read with Rules 114F to 1<br>knowledge and belief, tri   | 14H of the l                   | ncome Ta                | ax Rules, 1                 | 962 an             | nd the infor                  | mati           | ion provide                  | d by me/u                  | is in the             | Form, its sup                   | orting A                | nnexures as                 | well as in            | the doc             | umentar                | y evid             | ence prov               | ided by m               | ie/us a          | re, to          | the best              | tofour             |
| ++ I/We, have invested in  | the Schem                      | e(s) of yo              | our Mutua                   | al Fund            | d under Dire                  | ect F          | Plan. I/We h                 | ereby giv                  | e you m               | y/our conser                    | t to shar               | e/provide th                | e transac             | tions d             | ata feed,              | / portf            | olio hold               | ings/ NAV               | etc. i           | n resp          | ect of n              | ny/our             |
| investments under Direc<br>Management Limited an   | t Plan of all!<br>dits Associa | scnemes<br>tes to co    | ivianaged<br>ntact me t     | by you<br>hrough   | u, to the abo<br>h any mode   | over           | mentioned i<br>communicat    | เทนตนลใ คืน<br>ion. This v | vill overi            | ibutor / SEBI<br>ide registry ( | -kegister<br>in DND/I   | ed investme<br>DNDC, as the | ent Advis<br>case may | er. I nere<br>/ be. | eby auth               | orize t            | .пе гергея              | entatives               | 0 Nip            | pon L           | ıre India             | a Assel            |
|  |                                |                         |                             | ,                  |                               | ,              |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
|  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| HERE   |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
|  |                                |                         |                             |                    |                               |                |                              |                            |                       |                                 |                         |                             |                       |                     |                        |                    |                         |                         |                  |                 |                       |                    |
|  |                                |                         |                             |                    | λhΔ                           | co             | nvenien                      | ce to v                    | our li                | fe with o                       | ur valu                 | ie added                    | servic                |                     |                        |                    |                         |                         |                  |                 |                       |                    |
| 1  |                                |                         |                             |                    |                               |                |                              | y                          |                       |                                 |                         |                             |                       | -                   |                        |                    |                         |                         |                  |                 | )                     | ı                  |







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|   | Wealths  | sets you free  |   |   | APP No.:  |
|---|--|--|---|---|---|
| DISTRIBUTOR / BROKER INFO   | RMATION Sub Agent ARN C  | ode Sub Agent Coo  | do *Employo   | e Unique Identification Numbe   | er RIA Code"  |
| ARN- (ARN stamp here)   | ARN-   | ode Sub Agent Co.  | ie Employe  | e omque Identificación Rumbe  | . KIA Code  |
| *Please sign alongside in case the EUIN is le<br>employee/relationship manager/sales person o   | ft blank/not provided. I/We h  | ereby confirm that the EUIN box has been i   | ntentionally left blank by m  | e/us as this transaction is ex<br>the employee/relationship ma  | ecuted without any interaction or advice b  |
|   | nt / Guardian /  | Second Applic<br>Authorised Sign   | ant/  | T   | Third Applicant /<br>thorised Signatory   |
| Upfront commission shall be paid directly by  | the investor to the AMFI reg   | istered distributor based on the investor's  | assessment of various facto   | rs including the service rend   | ered by the distributor.  |
| APPLICANT DETAILS  Name of Sole/1st holder Mr./Ms./M  | 1/s  |  | PAN No /  | PEKRN. M A N D  | A T O R Y K   |
| Name of 2nd holder Mr./Ms.  |  |  | PAN No /  | PEKRN. M A N D  | A T O R Y K   |
| Name of 3rd holder Mr./Ms.  |  |  | PAN No /  | PEKRN. M A N D  | A T O R Y \   |
| INITIAL INVESTMENT DETAILS  Cheque/ DD No./Cash Deposit Slip No Net Amount ₹  | Bank Name:   | Cheque / DD / Cash D   | eposition Date<br>Branch:   |   | harge ₹<br>City:  |
| UNITHOLDING OPTION - Dema   |  | ode(Ref. Instruction No. 23) Demat Accour  |   |   | City  |
|   | ities Depository Limited   |  |   | ral Depository Securitie  | s Limited (CDSL)  |
| DP ID No. Beneficiary Account No.   | I N  | Tal  | rget ID No.   |   |   |
| Enclosures (Please tick any one bo  | · <u>—</u>   |  | n Holding Statement   |   | livery Instruction Slip (DIS)   |
| SIP DETAILS (Refer Instruction No. 13. If to<br>Scheme / Plan / Option  | Frequency  |  | t the scheme name. Please ro<br>SIP<br>Amount   | Step-Up Facil   | ity (Optional) (Refer Instruction No. 25)   |
|   | (Please/ any one)  Monthly (Default)   | From M M Y Y Y Y D   | Alliount ∌  | Amount ₹  | Frequency Count  Half-yearly Increase SIP amo   |
|   | Quarterly Yearly   | To <sup>s</sup> M M Y Y Y Y (Any date 28 <sup>th</sup> of a gi   | e from 1 <sup>st</sup> to<br>ven month) (in figures)  | <b>—</b>  | Yearly (Default) time(s)  |
| ** In case of Nippon India Tax Saver Fund, Nippon In is incorrect/not legible/ not mentioned by the investigation.  | ndia Retirement fund - Income Gen<br>stor, then default end date shall be  | ı<br>eration Plan & Nippon India Retirement fund-Wea<br>e considered as December 2099.   | lth Creation Plan, the Step up mi   | nimum Amount should be ₹ 500 a  | nd in multiples of ₹ 500/ \$ Incase the SIP 'End  |
| Anagement Limited (NAM India) liability. I und  or the service charges as applicable from time  futual Funds from amongst which the Scheme i  ransaction charge (if applicable) shall be deduct  il confirm that I am resident of India.   J.W.  hannels or from funds in my/our Non-Resident  hannels or from funds in my/our NRE/FCNR Acc  + I/We, have invested in the Scheme(s) of your  irrect Plan of all Schemes Managed by you, to the  hereby authorize the representatives of Nippor  SIGNATURE  by signing this SIP enrolment form I/We under  SIGN FIRST / SOLE APPLICATION   SIGNATURE   SIGNATURE | to time. The ARN holder has d is being recommended to me/u ted from the subscription amou e confirm that I am/We are No external /Ordinary Account/F count. Mutual Fund under Direct Pla e above mentioned Mutual Fur n Life India Asset Management erstand that the amount will | isclosed to me/us all the commissions (in the S. I hereby declare that the above information int and the said charges shall be paid to the dish-Resident of Indian Nationality/Origin and I/CNR Account. I/We undertake that all addition. I/We hereby give you my/our consent to shald Distributor / SEBI-Registered Investment A Limited and its Associates to contact me through the debited from the Bank account mention. | form of trail commission or a<br>its given by the undersigned a<br>tributors. We hereby confirm that the I<br>nal purchases made under the<br>are/provide the transactions<br>dviser. gh any mode of communications med in One Time Bank Mand | ny other mode), payable to hi<br>and particulars given by me/us<br>funds for subscription have be<br>iis folio will also be from fund<br>data feed/ portfolio holdings<br>on. This will override registry o | im for the different competing Schemes of sare correct and complete. Further, I agree the sare correct and complete. Further, I agree the sen remitted from abroad through normal best received from abroad through approved by ANAV etc. in respect of my/our investments on DND/DNDC, as the case may be.  Is Mandate Form.  Third Applicant/ |
| Nestors are requested to note that the amou   |  | Authorised Si  |   |   | Authorised Signatory  |
| Mutuweal  JMRN (For diffice use only  |  |  |   | olicable for Lumpsum Addi   | ONE TIME BANK MAND. (NACH / Direct Debit Mandate tional Purchases as well as SIP Registr  |
| Sponsor Bank Code (For Office   | ce Use Only)   |  |   | ✓ Create  | (x) Modify (x) Cance  |
| Jtility Code (For Office Use Only   |  | I/We hereby auth   | orize   | Nippon India  | Mutual Fund   |
| co debit (tick 🗸 ) SB / CA / CC / S   | B-NRE / SB-NRO / Ot  | her Bank a/c number  | (Destination Bank Account   | Number)   |   |
| With Bank (Name of Desti  | nation Bank)   |  |   | IFSC / MICR   | 7   |
| an amount of Rupees  DEBIT TYPE   | / Mayimum A  | EDECUENCY.   | Monthly V Our   | LINE V I.   | ₹<br><del>× Yearl</del> y ✓ as & when preser  |
| Reference 1   |  | Refe   | erence 2  |   | → rearty ✓ as & when preser   |
| declaration has been carefully read, u<br>me. 3. I have understood that I am aut<br>the bank where I have authorized the c  | inderstood & made by m   | e/us. I am authorising the user entit  |   |   |   |

- Auto Debit facility is offered only to the investors maintaining their bank accounts with Bank of Baroda / Bank of India / HDFC Bank / ICICI Bank / AXIS Bank / State Bank of India / Union Bank Of India / Allahabad Bank / Punjab National Bank / Central Bank of India / Bank of Maharashtra. The above list is subject to change from time to time. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of bank is savailable on NPCI website www.npci.orgin. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit / Auto Debit Facility of Reserve Bank of India / Banks. If any city / bank is removed from the above mentioned its NAM India at its sole discretion may accept Post Dated Cheques (PDC's) from the investors for the balance period.

- NAM India at its sole discretion may accept Post Dated Cheques (PDCs) from the investors for the balance period.. NAM India at its sole discretion may accept Post Dated Cheques (PDCs) from the investors for the balance period.. Nippon India Mutual Fund (NIMF) / NAM India, its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility. Investor will not hold NIMF/NAM India, its registrars and other service providers responsible if the transaction is delayed not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit; Auto Debit; I/ocal holidays.

  Investors are required to submit One Time Bank Mandate Form and SIP Enrollment Form along with a photo copy/cancelled cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form) at least 21 morking days before the first SIP Installment date for NACH Debit & Auto Debit. Clearing, In case One time Bank Mandate Form is already registered in the folio then the subsequent SIP registration request provided in the same folio will be processed with in 12 calendar days.

  An investor can opt for Monthly, Quarterly or Yearly Frequency for SIP, In case the investor has not specified the frequency will be treated as Monthly. If an investor does not mention SIP start date appropriately, the SIP will by default start from the next month after meeting the minimum registration requirement of 21 working days or 12 calendar days as applicable (Refer point 3). If an investor does not mention SIP end date appropriately the tenure of SIP will be treated as perpetual i.e. the end date shall be considered as December 2099. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished. T
- For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
- In case of three consecutive failures due to insufficient balance in bank account while processing request for SIP, NAM India shall reserve the right to terminate the SIP without any written request from the investor.

- SIP, NAM India shall reserve the right to terminate the SIP without any written request from the investor. In case an investor wishes to change the bank account details for the existing SIP registered through Auto debit / NACH Debit mode, then he has to provide Change of bank details for One Time Bank Mandate. The existing SIP registration will not get cancelled. The investor has to submit the Change of bank details for One Time Bank Mandate active to the next SIP bebit date.

  In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit an One Time Bank Mandate active to the next SIP bebit date.

  In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit an One Time Bank Mandate Cancellation Form or SIP cancellation form, 21 business days prior to discontinuation.

  Investors may note that all the transactions executed through Invest Easy such as "Online Transactions" (whether on our website or through any other application using the internet) "Transactions through SIP, "Transactions fhrough Mobile Phone" or any other facility as offered by NIMF from time to time using the IPIN / One Time Password (OTP) will be considered as transaction through the mentioned broker (ARN) mentioned on this "SIP Enrollment Details" Form.

  The Broker Code given in this mandate will be applicable for all the transactions done through Invest Easy mode. In case there is a change of Broker Code then the investor are requested to cancel the existing mandate and register a fresh mandate with us.

  For Direct investment Please Mention "Direct in the Column "Name & Broker Code/ARN.

  Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may

- Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

| Sr | Broker Code mentioned<br>by the investor | Plan mentioned by<br>the investor   | Default Plan to<br>be captured      |
|----|--|-------------------------------------|-------------------------------------|
| 1  | Not mentioned                            | Not mentioned                       | Direct Plan                         |
| 2  | Not mentioned                            | Direct Plan                         | Direct Plan                         |
| 3  | Not mentioned                            | Regular Plan/Other than Direct Plan | Direct Plan                         |
| 4  | Mentioned                                | Direct Plan                         | Direct Plan                         |
| 5  | Direct                                   | Not mentioned                       | Direct Plan                         |
| 6  | Direct                                   | Regular Plan/Other than Direct Plan | Direct Plan                         |
| 7  | Mentioned                                | Regular Plan/Other than Direct Plan | Regular Plan/Other than Direct Plan |
| 8  | Mentioned                                | Not mentioned                       | Regular Plan/Other than Direct Plan |

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application without any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or Dividend Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

- Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of NAM India or KFin Technologies Pvt. Ltd
- Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
- (16)
- Exhains with thotters shown to the risk unit houses declars and monote or holding (single, Johney, anyone of survivor) will be as per the existing Account.

  NAM India reserves the right to reject any application without assigning any reason thereof. NAM India in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.

  No entry load will be charged with effect from August 1, 2009. Exit Load as applicable in the respective Scheme at the time of enrolment of SIP will be applicable.

  In order to transact through Call Center, SMS, online mode whether through NIMF website or any other application using the internet and /or through Mobile or any other device, the investor needs to have the IPIN, issued by NAM India. By Tiling this form the investor will be issued IPIN by default in case he has not opted for the same earlier. This IPIN can also be used by the investor to Transact Online. If only the email id of the investor is registered with NAM India / NIMF, investor can execute Transaction through Call Center, Transaction through mobile WAP (Web Access Portal) Site, Transaction through NIMF website. If only the mobile number of the investor is registered with NAM India/NIMF, investor can execute transaction only through SMS. For further details investors are requested to refer SAI.

- Kindly note that in case of a folio with joint Unitholders, having mode of operations as "either or survivor" ("anyone or survivor any one of the Investor(s) can transact through SMS, provided that such instruction received vide an SMS from the mobile number registered with NAM India with respect to the concerned folio.
- received vide an SMS from the mobile number registered with NAM India with respect to the concerned folio. 
  Permanent Account Number (PAN): SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her permanent account number (PAN) irrespective of the amount of purchase. Where the applicants is a minor, and does not possess his / her own PAN, her / she shall quote the PAN of his/her father or mother or the guardian, signing on behalf of the minor, as the case may be in order to verify that the PAN of the applicants (in case of application in joint names, each of the applicants he applicants shall attach along with the purchase application, a photocopy of the PAN card duly self-certified along with the original PAN Card. The original PAN Card will be returned immediately across the counter after verification. Micro SIP & Investors residing in the state of Sikkim are exempted from the mandatory requirement of PAN proof submission however they are required to mandatorily submit. KYC Acknowledgement copy. Applications not complying with the above requirement may not be accepted/processed, Additionally, in the event of any Application Form being subsequently rejected for mismatch / non-verification of applicant's PAN details with the details on the website of the income Tax Department, the investment transaction will be cancelled and the amount may be redeemed at the applicable NAV, subject to payment of exit load, if any, Please contact, any of the Investor Service Centres/Distributors or visit our website www.nippoinidamf.com for further details.

  Prevention of Money Laundering and Know Your Client, (KYC): SEBI, has prescribed uniform uniform KYC.
- rist our website www.nipponindiamic.com for further details.

  Prevention of Money Laundering and Know Your Client (KYC): SEBI has prescribed uniform uniform KYC compliance procedure for all the investors dealing with them. SEBI also issued KYC Resistration Agency ("KRA") Regulations 2011 and the guidelines in pursuance of the said Regulations and for In-Person Verification ("PV"). All investors (individual and non-individual) are required to be KYC compliant. However, applicants should note that minors cannot apply for KYC and any investment in the name of minors should be through a Guardian, who should be KYC compliant for the purpose of investing with a Mutual Fund. Subdict the applicant desire to change KYC related information. POS will extend the services of effecting such changes. In case of an existing investor of NIMP who is already KYC compliant under the erstwhile centralized KYC with CVI. (CYLIMF) then there will be no effect on subsequent Purchase/Additional Purchase (or ongoing SIPs/STPs, etc) in the existing folios/accounts which are KYC compliant. Existing Folio holder can also open a new folio with Nippon India Mutual Fund with the erstwhile centralized KYC.

  In case of an existing investor of Nippon India Mutual Fund and who is not KYC Compliant as per our records, the investor will have to submit the standard KYC Application forms available in the website www.cvlkra.com along with supporting documents at any of the SEBI registered intermediaries at the time of purchase / additional purchase / new registration of SIP/STP etc. in Person Verification (IPV) will be mandatory at the time of KYC Submission.

- additional purchase / new registration of SIP/STP etc. In Person Verification (IPV) will be mandatory at the time of KYC Submission.

  Investors who have complied with KYC process before December 31, 2011 (KYC status with CVL-KRA as "MF-VERIFIED BY CVLMF") and not invested in the schemes of Nippon India Mutual Fund i.e not opened a folio earlier, and wishes to invest on or after December 01, 2012, such investors will be required to submit "missing/not available KYC information and complete the IPV requirements.

  Updation of "missing / not available" KYC information along with IPV is currently a one-time requirement and needs to be completed with any one of the mutual funds i.e. need not be done with all the mutual funds where investors have existing investments. The said form is available on NIMF's website i.e. www.nipponindiamf.com or on the website of Association of Mutual Funds in India i.e. www.amfiindia.com or on the website of any authorised KRA's. Once the same is done then the KYC status at CVL-KRA will change to Verified by CVL KRA' after due verification. In such a scenario, where the KYC status changes to Verified by CVL KRA', investors need not submit the "missing/not available "KYC information to mutual funds again.

  Communication for the investors: In accordance with SEBI Circular No. Cirl (IMD/ DF/16/) 2011 dated September 8, 2011 and SEBI Circular no. CIR/MRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the NAM India/NIMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number.

  Thereafter, a Consolidated Account Statement ("CAS") shall be eissued in line with the following procedure:

  1. Consolidation of account statement ("CAS") shall be issued in line with the following procedure:

  2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding m

- month.

  In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis fat the end of every six months (i.e. September/March)]

  Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email /physical mode.

  Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions aross all Mutual Fund schemes by email / physical mode. The word transaction shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withdrawal plan and systematic transfer plan transactions. CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by NAM India/NIMF for each calendar month on or before

10th of the immediately succeeding month.

10th of the immediately succeeding month.

In case of a specific request preceived from the Unit holders, NAM India / NIMF will provide the account statement to the investors within 5 Business Days from the receipt of such request.

Units held in the dematerialized form: Unitholders can have a option to hold the units in dematerialized form in terms of the quicielines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock in terms of the quicielines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock in terms of the quicielines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock in terms of the quicielines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock in terms of the quicielines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock in the procedural requirements as laid by the Depository Participant.

Employee Unique Identification Number (EUIN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.

Nippon India STEP-UP Facility: Under this facility the Investor can increase the SIP installment (excluding MICRO SIP) at pre-defined intervals by a fixed amount. This facility is available for all categories of investors. For availing the said facilities, investors are required to note the following:

1. Investor willing to register STEP-UP should provide the STEP-UP details along with the SIP enrolment details and is also required to fill up." One Time Bank Mandate form" from which the amount shall be debited. Investors who are currently registered under Invest Easy - Individuals facility may avail this facility without registering the One Time Bank Mandate. 2. The minimum amount for Nippon India Retirement fund-income Generation Plan for which the minimum amount shall be ₹500/- and in multiple of ₹500/- 3. Monthly SIP offers STEP-UP frequency at half yearly and yearly intervals. Quarterly and Yearly SIP offers S



\*!/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Nippon India Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. 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.

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) |                         |  |  |  |  |  |  |
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| Affix Barcode   | Date and Time Stamp No. |  |  |  |  |  |  |
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