



(To be filled in CAPITAL letters)

APP No.:

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10)

*Please sign alongside in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S FOLIO NUMBER [Please tick (✓) any one] ☐ **I am a First time investor across Mutual Funds** OR ☐ **I am an existing investor in Mutual Funds**
 (If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section II. Mode of holding will be as per existing folio number.)

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

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

4. FIRST APPLICANT DETAILS

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

5. SECOND APPLICANT DETAILS

6. THIRD APPLICANT DETAILS

6. THIRD APPLICANT DETAILS

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

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

Correspondence Address^{***} (P.O. Box is not sufficient)

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

Overseas Address (Mandatory for NRI / FPI Applicants)

ACKNOWLEDGMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s:

APP No.:

Scheme /Plan/ Option: _____

Payment Details: Amount ₹ Instrument No/Cash Deposit Slip No. Date : Drawn on Bank

Time Stamp & Date
of receiving office

Registered Office Address: 4th Floor, Tower A, Peninsula Business Park, Ganapatrao Kadam Marg, Lower Parel (W), Mumbai - 400 013.

Equity & Sector Specific CAF / 25th April 2022 / Ver 5.5

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

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

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country # ^**	Tax Payer Ref. ID No%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type
1			1			1		
2			2			2		
3			3			3		

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

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth ^**		Country of Birth ^**		Country of Birth ^**	
Country of Nationality ^**		Country of Nationality ^**		Country of Nationality ^**	

10. ADDITIONAL KYC DETAILS

OCCUPATION ^**	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2 nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3 rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

GROSS ANNUAL INCOME DETAILS A**	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH ^** in ₹	Date
1 st Applicant	☐	☐	☐	☐	☐	☐	(Net worth should	D D M M Y Y Y Y
2 nd Applicant	☐	☐	☐	☐	☐	☐	not be older	D D M M Y Y Y Y
3 rd Applicant	☐	☐	☐	☐	☐	☐	than 1 year)	D D M M Y Y Y Y
Guardian	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y

PEP DETAILS ^**	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP) ^**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Are you related to a Politically Exposed Person (PEP) ^**	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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

Scheme / Plan _____

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

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

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

Mode of Payment : ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ Cash[§] (Refer Instruction No. XV) ☐ RTGS / NEFT

LEI No. [] Valid Upto: [D D M M Y Y Y Y]

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65R98.

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

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

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

12. NOMINATION - I wish to Nominate ☐ Yes ☐ No (Mandatory if mode of holding is single) (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register / modify any of the nomination details, Registration /Cancellation of Nominee form shall be provided separately. Signature of applicants is mandatory if you do not wish to nominate.

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
									1st Applicant
									2nd Applicant
									3rd Applicant

13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II.1)

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

PANA
[]
[]
[]

14. DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Nippon India Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account. ☐ I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
☐	☐	☐	☐

Add convenience to your life with our value added service

Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

Investor Service. A NIMF Virtual Branch Experience.

For more details : Visit : <https://mf.nipponindiaim.com>

You can also follow us on   

**SMS charges apply

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 12 & 13)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN- (ARN stamp here)	ARN-			

*Please sign alongside in case the EUN is left blank/not provided. I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

REQUEST FOR ☒ Registration of SIP (Default option if not selected) ☐ Registration of SIP Insure ☐ Registration of Micro SIP

APPLICANT DETAILS		FOLIO NO.
Name of Sole/1st holder	Mr./Ms./M/s	PAN No / PEKRN. M A N D A T O R Y ☐ KYC
Name of 2nd holder	Mr./Ms.	PAN No / PEKRN. M A N D A T O R Y ☐ KYC
Name of 3rd holder	Mr./Ms.	PAN No / PEKRN. M A N D A T O R Y ☐ KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
 Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNITHOLDING OPTION - ☒ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted. Not applicable if you have opted for SIP Insure.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. I N	Target ID No.
Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)	

NOMINATION (Nomination is mandatory if you have opted for SIP Insure) (Refer Instruction No. 26 to 29) Date of Birth of First Holder and Nomination details shall be replicated from the folio mentioned above. In case Date of Birth of First Holder or Nomination details are not available in the folio, SIP Insure application shall be liable for rejection. If investor wishes to register/ modify any of the nomination details, Registration/Cancellation of Nominee form shall be provided separately.

SIP DETAILS Refer Instruction No. 13. Please refer respective SID/KIM for product labeling. Refer SIP Insure instructions in case you have opted for SIP Insure.

Scheme / Plan / Option	Frequency (Please, any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (optional) (Refer Instruction No. 25)
	☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y To M M Y Y	(Any date from 1 st to 28 th of a given month)	₹ (in figures)	Amount ₹ Frequency ☐ Half-yearly ☐ Yearly (Default) Count Increase SIP amount time(s) (Default 1 time)

** In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund - Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/-.
 \$ In case the SIP 'End Date' is incorrect/ not legible/ not mentioned by the investor, then default end date shall be considered as December 2099. **Note:** STEP-UP facility is not applicable for SIP Insure registrations.

DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Nippon Life India Asset Management Limited liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/ our NRE/FCNR Account. I have read and understood Instruction no IV specifying eligible life Insurance cover. I have read and hereby confirm and abide by Instruction no. XIII(A) & XIII(B).
 I am working with Indian Armed Forces, Navy or Airforce. ☐ Yes ☒ No (Default, if not selected)

I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Nippon Life Insurance Company Ltd (RNLIC) subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information. In the event my nominee is minor at the time of claim, I authorise RNLIC to make the payment only on collection of lawful guardian details under the policy. Signed at _____ on this _____ day of _____, 20____.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of NIMF on any transaction day.

UMRN (For Office Use Only)

Sponsor Bank Code (For Office Use Only)

Utility Code (For Office Use Only)

I/We hereby authorize Nippon India Mutual Fund

to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other Bank a/c number (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC / MICR

an amount of Rupees (Amount in word) ₹ (Amount in figure)

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ as & when presented

Reference 1 (Folio No.) Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From: D D M M Y Y Y Y

To: 3 1 1 2 2 0 9 9

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No: 1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record