# Nippon india Mutual Fund

DISTR

### **COMMON APPLICATION FORM**

|  | (To be filled in CAPITAL letters) |
|--|-----------------------------------|
| n ya                     | APP No.:                          |
| IBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10) |                                   |

| ARN-165414 mp here)  | ARN            |             |                    |                   |           |           |          |           |                   |               |         | E                   | 16            | 5274            | Ļ             |             |             |        |              |         |                |         |                        |           |           |                            |
|--|----------------|-------------|--------------------|-------------------|-----------|-----------|----------|-----------|-------------------|---------------|---------|---------------------|---------------|-----------------|---------------|-------------|-------------|--------|--------------|---------|----------------|---------|------------------------|-----------|-----------|----------------------------|
| *Please sign alongside in case the EUIN i<br>advice by the employee/relationship m<br>manager/sales person of the distributor/ | anager/sales   |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         |                        |           |           |                            |
| SIGN First / Sole Applicant / HERE Authorised Signa  |                |             |                    |                   |           |           |          |           | plican<br>Signat  |               |         |                     |               |                 |               |             |             | A      | Thir<br>utho |         | pplic<br>d Sig |         |                        |           |           |                            |
| 1. INVESTOR'S FOLIO NUMBE  | R              |             |                    |                   |           |           |          |           |                   | [Ple          |         | k (√) an            | y one         |                 |               |             |             |        |              |         |                |         | s Mu                   |           |           | ds                         |
| (If you have an existing folio number with   |                |             |                    |                   |           |           |          | ır nam    | e in seo          | tion 4        |         | <b>R</b><br>eed to: | sectio        | on 9 &          |               |             |             |        | -            |         |                |         | <b>tual</b><br>letails |           |           | etails a                   |
| already provided please proceed to Sectio 2. UNITHOLDING OPTION -  |                |             |                    | ·                 |           |           | ,        | pulsor    | y if the          | invest        | or wish | es to ho            | old the       | e units         | in DE         | мат         | mod         | e. Re  | f. Inst      | cructi  | ion N          | o. XI.  |                        |           |           |                            |
| Please ensure that the sequence of Names<br>National Secu  | as mentioned   | d in the ap | plicatio           | n form n          | natches   | with th   | iat of t | he acc    | ount he           | eld wit       | h any o | ne of th            | ne Dep        | oosito<br>al De | ry Parl       | ticipa      | int.        |        |              |         |                |         |                        |           |           |                            |
| DP ID No. Beneficiary Account No.  |                |             |                    |                   |           |           |          |           | Таго              | get ID        | No.     |                     |               |                 |               |             |             |        |              |         | T              | ,,,<br> | $\top$                 | _         |           |                            |
| Enclosures (Please tick any one  |                | Client      | Aastor             |                   |           |           |          |           |                   |               | L       | State               |               |                 |               | C 2 0       |             |        |              |         |                |         | ion S                  |           | (DIC)     |                            |
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| 3. GENERAL INFORMATION<br>4. FIRST APPLICANT DETAILS   | APPL           | LICATIO     | IN FOR             | C Ze              | ro Bala   | nce Fo    |          | JINVE     | estmen            | t "MU         | JDEC    | DF HOI              | LDIN          | G: [            | lease         | CICK(       | /)] (       | JSIN   | gie (        | <u></u> | inc (D         | erau    | .t) (                  | ) An      | y one     | or Surviv                  |
|  |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         | 1                      | <u> </u>  |           |                            |
| PAN / PEKRN^**   |                |             |                    | c                 | KYC Id    | ^**       |          |           |                   |               |         | Ť                   |               |                 |               | T           |             |        | 7            |         |                | -       |                        |           |           |                            |
| Name of Guardian if first applicant<br>Contact Person for non individuals  |                | Mr. Ms      |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         |                        |           |           |                            |
| Guardian's Relationship With Min   |                | 0           | ate of<br>f 1st Aj |                   | t D       | DN        | M        | Y         | Y                 | YY            |         | ndatory<br>of Min   | OL)           |                 |               |             |             |        |              |         |                |         |                        |           | •         | h Minc                     |
| ○ Father ○ Mother ○ Court App<br>STATUS^: ○ Resident Individual  | ointed Guar    | rdian       |                    |                   | -         |           |          | Mino      |                   |               |         |                     | (             |                 |               | ertifi      | icate       | •      | O Pa         |         |                | -       | ) Oth<br>harit         |           |           | e specil                   |
| O Society  | O FI           |             |                    | AOP/E<br>NRI      | 501       |           |          |           | or thro<br>pany/l | -             |         |                     |               | -               | ole P         | гор         | rieto       | ог     |              |         |                |         | e Esta                 |           |           |                            |
| O PIO  | 🔿 Bank         | (           | 0                  | FPI ^             | d when ap | plicable) | 0        | Gove      | ernme             | nt Bo         | dy      |                     |               | O F             | artne         | ersh        | ip Fi       | гm     |              | 0       | Oth            | ers .   |                        |           |           |                            |
| Are you involved / providing any c<br>(Applicable only for Non Individuals   |                | ioned s     | ervice             | 0                 | Foreig    |           | -        |           | -                 | hang          | er Ser  | vices               |               |                 | amin<br>one d |             |             |        |              | tter    | y/C            | asin    | io Sei                 | rvice     | 25        |                            |
| <b>Note:</b> In case First Applicant is Non Indivi<br>^Mandatory for all type of Investors. It is                              |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              | iuard   | lian v         | vill b  | e req                  | uired     |           |                            |
| 5. SECOND APPLICANT DETA   |                | Ji investo  | JIS LO DE          | KTC LU            | Inpuanc   |           | o inve   | sung i    | пырр              |               |         |                     | J. Ref        |                 | IUCUO         |             | .11. 5,     | 0 & /  | `            | _       | _              | _       | _                      | _         |           |                            |
|  |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         |                        |           |           |                            |
| PAN / PEKRN^**   |                |             |                    |                   | j^**      |           |          |           |                   | $\frac{1}{1}$ |         |                     | $\frac{1}{1}$ |                 |               |             |             | ST     |              | s^:(    | L<br>D r       | l       | <br>lent '             | <br>Indiv | /idua     | L L<br>L O N               |
| 6. THIRD APPLICANT DETAILS   | 5              |             |                    |                   |           |           |          |           |                   |               | 1 1     |                     |               | -               |               | ļ           |             | 1      |              |         |                |         |                        |           |           |                            |
| NAME^ Mr. Ms.M/s.  |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         | $\top$                 |           |           |                            |
| PAN / PEKRN^**   |                |             |                    | СКҮСІс            | J^**      |           |          |           |                   | $\frac{1}{1}$ |         |                     |               |                 |               |             |             | ST     | ATU          | s^:(    | ) r            | esid    | lent                   | Indiv     | /idua     | ιΟN                        |
| 7. CONTACT DETAILS OF SOL  | E / FIRST      | APPLI       | CANT               | (Refer            | Instruc   | tion N    | o. VII a | & IX)     |                   | 1             |         | -                   | -             | -               | 1             | 1           | 1           |        |              |         |                |         |                        |           |           |                            |
| <b>Correspondence Address</b> <sup>##</sup> (P.O. Box is<br><sup>##</sup> Please note that your address details wi             | not sufficier  | רt)         |                    |                   |           |           |          |           | Overs             | eas Ao        | ldress  | (Mand               | atory         | for N           | RI / FP       | PI App      | olicar      | nts)   |              |         |                |         |                        |           |           |                            |
|  | House /Fl      | at No.      |                    |                   |           |           |          |           |                   |               |         |                     |               |                 | Н             | lous        | e /F        | lat M  | lo.          |         |                |         |                        |           |           |                            |
|  | Street Ad      |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 | S             | tree        | _           |        |              |         |                |         |                        |           |           |                            |
| City/ Town<br>Country  |                | itate       |                    |                   | гт        |           |          |           | City/1            |               |         |                     |               |                 |               |             | -           | Stat   | -            | +       |                | _       |                        | —         |           |                            |
| Tel. (Res.)  |                | Pin Code    |                    | <br>el. (Off.)    |           |           |          | <u>['</u> | Count             |               |         |                     |               | Mo              | bile N        | ۱o.         |             |        | ode.         | cr v Cr | ode)           | L       | 4                      | +         |           |                            |
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| Email ID<br>Email ID provided pertains to 🗌 Sel  | f 🗌 Famil      | y Memb      | er (Not            | : <b>e:</b> If Er | nail pe   | rtains    | to Fa    | mily      | Memb              | er ple        | ease s  | elect a             | ny o          | ne) O           | Spou          | se C        | Dep         | ende   | ent Pa       | rent    | s 0            | Dep     | ende                   | nt Ch     | ildrer    |                            |
| Investors providing Email Id would manda<br>& Email Id with us to get instant transact<br>Terms and Conditions.)               | ion alerts via | SMS & E     | Email. 🗌           | ] I here          | eby auth  | horize    | NAM I    | ndia t    | o send            | impor         | tant in | formati             | ion ai        | nd reg          | ular u        | ıpdat       | es to       | me     | on W         | /hats   | App.           | (Ref    |                        |           |           |                            |
| 8. BANK ACCOUNT DETAILS N  |                |             |                    |                   | -         |           |          | -         |                   | -             |         |                     |               |                 |               | 0 1101      |             | e op e |              |         |                |         |                        |           |           |                            |
| Account No.  |                | M a         |                    | d a               |           | o r       | у        |           |                   |               | (Refei  |                     |               | _               |               | pe (,       | <b>/)</b> C | ) SB   | 0 <b>c</b>   | urre    | ent            | 0 M     | IRO                    | 01        | IRE       | ○ FCN                      |
| Name of Bank   | vi a n         | d a         | t                  | ог                | у         |           |          |           |                   |               |         |                     |               |                 | B             | ank         | Brai        | nch    |              |         |                |         |                        |           |           |                            |
| Branch City  |                | PIN         |                    |                   |           |           | FSC (    | Code      | Fo                | гС            | r e c   | itv                 | i a           | RТ              | GS            |             |             | М      |              | Code    | 9              | Digi    | it Fo                  | Γ ΟΓ      | edit      | ia NEF                     |
| Please ensure the name in this application fo  | rm and in your | bank accc   | ount are t         | the same          | e. Please |           |          |           |                   | Code in       | order   | o get pa            | ayout         | s via el        | ectron        | l<br>nic mo | l<br>ode in | 1      |              |         |                |         |                        |           |           |                            |
|  |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 |               |             |             |        |              |         |                |         |                        |           |           |                            |
| Nippon india Mutual Fun  | d              |             |                    |                   |           | Τo        | be fill  | led in    | bv th             | e inve        | stor    | Subiec              | t to i        |                 |               |             |             |        |              |         |                |         |                        |           |           | <b>his sl</b> i<br>prmatio |
| Wealth sets you f  | eê             |             |                    |                   |           | .0        | 50 110   |           | by th             | ve            | 5.01.   |                     |               | couz            | _             | . 51 (      | urcq        |        |              |         | 9              | 51 14   | .and                   | 3.01      | · ۱۱ ۱۱ و |                            |
| Scheme /Plan/ Option:  |                |             |                    |                   |           |           |          |           |                   |               |         |                     |               |                 | _             |             |             | í      |              |         |                |         |                        |           |           |                            |
| Payment Details: Amount ₹  | _ Instrument I | No/Cash D   | eposit Sli         | ip No             |           |           | _Date :  |           |                   | Drawn o       | n Bank  |                     |               |                 |               |             |             |        | _            |         |                |         |                        |           |           | o & Date<br>g office       |

| Second Applicant/Guardian         Third Applicant           Country ****         Tax Payer, Ref. ID No.         Identification Type         Country *         Tax Payer, Ref. ID No.         Identification Type         Country *         Tax Payer, Ref. ID No.         Tax Payer, Ref. ID No.         Tax Payer, Ref. ID No.         Tax Payer, Type         Identification Type         Country *         Tax Payer, Ref. ID No.         Tax Payer, Ref. ID No.         Tax Payer, Type         Identification Type         Country *         Tax Payer, Ref. ID No.   | Others 0 0 0 0                             |  |  |
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| Image: Second Applicant     2     Image: Second Applicant     2     Image: Second Applicant     3     Image: Second Applicant     3       Sole/First Applicant/Guardian     Second Applicant     Second Applicant     Image: Second Applicant     Third Applicant       Sole/First Applicant/Guardian     Country of Birth & Nationality meed not be provided. "In case Tax Identification Number is not available, kindly provide its function     Third Applicant       Sole/First Applicant/Guardian     Country of Birth     Country of Nationality     Countr  | Others 0 0 0 0                             |  |  |
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| In case Country of Tax Residence is only india then details of Country of Birth & Nationality need not be provided. <sup>1</sup> In case Tax Identification Number is not available, kindly provide its function Sole/First Applicant/Guardian Second Applicant Country of Birth <sup>***</sup> Country of Nationality <sup>***</sup> Country | Others 0 0 0 0                             |  |  |
| Sole/First Applicant/Guardian       Second Applicant       Third Applicant         ountry of Birth <sup>™™</sup> Country of Birth <sup>™™</sup> Country of Birth <sup>™™</sup> Country of Birth <sup>™™</sup> ountry of Nationality <sup>™™</sup> Country of Nationality <sup>™™</sup> Country of Nationality <sup>™™</sup> Country of Nationality <sup>™™</sup> 0. ADDITIONAL KYC DETAILS       OCCUPATION <sup>™</sup> Professional       Agriculturist       Housewife       Retired       Government Service/PublicSector       Business       Forex Dealer       Student       Private Sector Service         1 <sup>™</sup> Applicant       O <td< td=""><td>Others 0 0 0 0</td></td<>  | Others 0 0 0 0                             |  |  |
| Country of Birth <sup>™</sup> ountry of Nationality <sup>™</sup> Country of Nationality <sup>™</sup> Country of Nationality <sup>™</sup> Country of Nationality <sup>™</sup> Country of Nationality <sup>™</sup> O. ADDITIONAL KYC DETAILS       Professional Agriculturist Housewife Retired Government Service/PublicSector Business Forex Dealer Student Private Sector Service       Private Sector Service         0       0       0       0       0       0       0       0         2 <sup>m</sup> Applicant       0       0       0       0       0       0       0         3 <sup>m</sup> Applicant       0       0       0       0       0       0       0       0         3 <sup>m</sup> Applicant       0       0       0       0       0       0       0       0       0         3 <sup>m</sup> Applicant       0<  | 0<br>0<br>0                                |  |  |
| Country of Nationality ***Country of Nationality ***O. ADDITIONAL KYC DETAILSProfessionalAgricult riskHouse wifeRetiredGovernment Service/PublicSectorBusinessForex DealerStudentPrivate Sector Service1* ApplicantOOOOOOOOOO2" ApplicantOOOOOOOOO3" ApplicantOOOOOOOOOGaurdianOOOOOOOOOOGROSS ANNUAL INCOME DETAILS ***Below 1 Lac1-5 Lacs5-10 Lacs10-25 Lacs25 Lacs1 CroreNET-WORTH *** in ₹Ret ApplicantOOOOOOOOOORet ApplicantOOOOOOOOORet ApplicantOOOOOOOOORet ApplicantOOOOOOOOOORet ApplicantOOOOOOOOOOORet ApplicantOOOOOOOOOOO <td>0<br/>0<br/>0</td>   | 0<br>0<br>0                                |  |  |
| O. ADDITIONAL KYC DETAILS         OCCUPATION***       Professional       Agriculturist       Housewife       Retired       Government Service/PublicSector       Business       Forex Dealer       Student       Private Sector Service         1* Applicant       0       0       0       0       0       0       0       0       0         2** Applicant       0  | 0<br>0<br>0                                |  |  |
| Professional<br>* ApplicantAgricultHousewife<br>ProdeRetiredGovernment Service/Public-SecondBusinessForex DealeStudentPrivate Service<br>Private Service* Applicant $\bigcirc$  | 0<br>0<br>0                                |  |  |
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| GROSS ANNUAL INCOME DETAILS^***       Below 1 Lac       1-5 Lacs       5-10 Lacs       10-25 Lacs       25 Lacs-1 Crore       >1 Crore       NET-WORTH <sup>**</sup> in ₹         Ist Applicant       0   | 0  |  |  |
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| nd Applicant         O <t< td=""><td>мүүүү</td></t<>  | мүүүү                                      |  |  |
| rd Applicant O O O O O O O C than 1 year) D D M   |  |  |  |
|   | мүүүү                                      |  |  |
|   |  |  |  |
| EP DETAILS <sup>***</sup> 1st Applicant 2 nd Applicant 3 rd Applicant Gu  | ardian                                     |  |  |
|   |  |  |  |
| re you related to a Politically Exposed Person (PEP)^** Yes O No O Yes  |  |  |  |
| <b>ption</b> Growth^^              Payout of Income Distribution cum capital withdrawal option             Reinvestment of Income Distribution cum capital withdrawal option             Requency of Income Distribution cum capital withdrawal option             Prequency of Income Distribution cum capital withdrawal option             Investment             DD Charges             Net Amount(₹)             (if applicable)(₹)             (₹)                  Deposit Slip No/UTR No.                  Date             Drawn on Bank             Bank Branch              Payount (₹)  | -T<br>City                                 |  |  |
|   |  |  |  |
| Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. Sinvestors are requested to collect the cash deposit slip   | from the DISC                              |  |  |
| Default option in for selected ~onits will be allotted for the net another minds the transaction charges in applicable. Investors are requested to collect the cash deposit sin   |  |  |  |
| eason for Investment: O House O Children's education O Children's Marriage O Car O Retirement O Others  |  |  |  |
| Optional     Optio   | ature of Applica                           |  |  |
| 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 ove. 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 of Nominee Name & Address         PAN of Nominee Optional)       Date of Birth Nominee Relation With Investor       Guardian Name (in case Nominee is Minor)       Guardian Relation (%)       Allocation Sign of Guardian       Sign of  | ature of Applica<br>Applicant<br>Applicant |  |  |
| 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 one-lif 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 wisht         Nominee Name & Address       PAN of Nominee Of Birth (Optional)       Nominee Relation of Nominee Relation with Investor       Guardian Name (in case Nominee is Minor)       Guardian Relation with Nominee       Allocation Sign of Guardian       Sign of Guardian       Sign of Guardian       Sign of Instruction No. VI)       Instruction No. VII  | ature of Applica                           |  |  |
| 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 your if not existing investor, Nomination details shall be replicated from your if not existing 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 wisht wish investor         Nominee Name & Address       PAN of Nominee (Optional)       Date of Birth of Nominee       Nominee Relation With Investor       Guardian Name (n case Nominee is Minor)       Guardian Relation with Nominee       Allocation (%)       Sign of Guardian       Sign of Guardia  | ature of Applica<br>Applicant<br>Applicant |  |  |
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L roumum use rannesident or mora. L ive contrim that i anywe 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 in exident external /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds in my/our NRE/FCNR Account. L 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 / DN

| IGN First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant /<br>Authorised Signatory | Third Applicant /<br>Authorised Signatory |
|--|--|---|
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#### Add convenience to your life with our value added service

SMS txn <space> last 6 digits of folio

SMS ESOA <space> last 6 digits of folio

SMS Transaction

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Last 3 Transaction

Statement thru mail SMS ESOA



\*\*SMS charges apply

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Payment Details: Amount ₹\_

Instrument No/Cash Deposit Slip No.

## SIP / SIP INSURE ENROLLMENT DETAILS

APP No.:

| IERE Authorised S   | Ant / Guardian /<br>Signatory<br>the investor to the AMFI registered dist<br>tion of SIP\$ Registration<br>M/s   | Second<br>Authoris<br>ributor based on the investor   | Applicant /<br>ed Signatory   | tors including the so<br>ro SIP<br>PAN No / PEKI<br>PAN No / PEKI  | ervice rendered by te<br><sup>6</sup> Default option if<br>RN. M A N   | Third A<br>Authorise<br>he distributor.  | pplicant<br>ed Signa  | t /  |  |
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| EQUEST FOR Registrat PPLICANT DETAILS Iame of Sole/1st holder Mr./Ms./ Iame of 2nd holder Mr./Ms. Iame of 3rd holder Mr./Ms. IITIAL INVESTMENT DETAILS heque/ DD №./Cash Deposit Slip No. et Amount ₹   | tion of SIP\$  |   | Registration of Mic   | PAN No / PEKI  | <sup>s</sup> Default option if   |  |   |  |  |
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| NITHOLDING OPTION - Dem   | Bank Name:   |   |   | Branch:  |  | Cit  | ty:   |  |  |
|   | nat Mode 📕 Physical Mode (†<br>Irities Depository Limited (NSI   |   | hat Account details are co  |  | mode is opted. Ne pository Secur   |  |   | opted for S  | SIP Insure.  |
| P ID No. Beneficiary Account No   |  |   | Target ID No.   |  |  |  |   |  |  |
| closures (Please tick any one b   |  |   | tion cum Holding S  |  | Cancelled  |  |   |  |  |
| OMINATION (Nomination is manda<br>In case Date of Birth   | atory if you have opted for SIP Insur<br>n of First Holder or Nomination de<br>Registration /Cancellation of Nomin   | e) (Refer Instruction No. 26<br>tails are not available in th   | to 29) Date of Birth of Fi<br>ne folio, SIP insure appli  | rst Holder and No<br>cation shall be lia   | mination details s<br>ble for rejection.   | hall be replica<br>If investor w   | ated from th<br>vishes to re  | ne folio me<br>gister/ mo  | entioned at<br>odify any o                                   |
| nomination details, Re<br><b>DETAILS</b> Refer Instruction No. 13. Ple  |  |   |   |  |  |  |   |  |  |
| Scheme / Plan / Option  | Frequency  | Enrollment Period   | SIP Date  | SIP  | Step-Up Fa   |  |   |  |  |
|   | (Please√any one)<br>Monthly (Default) From   |   |   | Amount<br>₹  | Amount   |  | yearly  |  | Count<br>ie SIP amou   |
|   |  | M M Y Y Y   | (Any date from 1 <sup>st</sup> to<br>28 <sup>th</sup> of a given month)   |  | ltiples of ₹ 100 onl   |  | ly (Default)  | (Default   | <u>t</u> ime(s)<br>t 1 time)                                 |
| n case of Nippon India Tax Saver Fund, Nippon<br>case the SIP 'End Date' is incorrect/ not legible,   | I I I I I I I I I I I I I I I I I I I  | n Plan & Nippon India Retirement<br>ault end date shall be considered   | t fund-Wealth Creation Plan,  | the Step up minimum<br>STEP-UP facility is no  | Amount should be₹ 5<br>applicable for SIP Ins  | 00 and in multip<br>ure registration   | oles of₹ 500/<br>ns.  |  |  |
| CLARATION AND SIGNATURE   |  |   |   |  |  | -  |   |  |  |
| would like to invest in above mentioned s<br>application form) and is/are bound to the  | Acheme subject to terms of the Statem<br>details of the SAI and SID including de   | nent of Additional Information<br>tails relating to various service   | i (SAI) and Scheme Informal<br>es including but not limited   | to ATM/ Debit Card   | and subsequent an<br>I/We have not rece  | endments the   | ereto. I/We ha  | ave read, ur<br>any rebate o   | nderstood (b<br>or gifts, dire                               |
| ute discretion. discontinue any of the serv   | vices completely or partially without ar   | or and Conditions including those of the second s  | IAM India can debit from m  | v folio for the servic   | e charges as applica   | ble from time  | to time. The  | e ARN holde  | er has disclo  |
| all the commissions (in the form of trail co  | ommission or any other mode), payable  | to him for the different comp   | eting Schemes of various N  | futual Funds from a  | nongst which the Se  | heme is being  | recommend   | led to me/u  | s. I hereby d  |
| vould like to invest in above mentioned<br>application form) and is/are bound to the<br>ctty, in making this investment. I accept ar<br>te discretion, discontinue any of the serv<br>all the commissions (in the form of trail co<br>e above information is given by the under<br>e paid to the distributors. I confirm tha<br>h normal banking channels or from funds<br>ved banking channels or from funds in my<br>read and herebu confirm Instruction no.  | at I am resident of India. [] I/We confirm   | n that I am/We are Non-Reside   | ent of Indian Nationality/O   | rigin and I/We herel   | by confirm that the  | funds for subs   | cription have   | e been remi  | itted from a   |
| ved banking channels or from funds in my/   | /our NRE/FCNR Account.   | vilastruction no. XIII(P) I borol   | by doclara that the informa   | tion provided in the   | Form is in according   | io will also be i  | in on in runds ne   | eceived i i oi   |  |
| read and hereby confirm Instruction no. X<br>Rules 114F to 114H of the Income Tax Rule<br>correct and complete. I understand that the<br>he Certificate of Insurance of the group te  | es, 1962 and the information provided  | by me /us in the Form, its supp   | porting Annexures as well a   |  |  |  |   |  | IdX ACL, 190   |
| the Certificate of Insurance of the group te  | e insurance claimand the payment of the<br>erm insurance policy, Scheme Informati-   |   | lisactly by Baliance Ninnen   | s in the documenta   | y evidence provide   | ce with section<br>d by me/us are  | n 285BA of tl<br>e, to the best   | he Income T<br>of our know   | vieuge anu i   |
| Ve, have invested in the Scheme(s) of your  | ie policy. signed ac   | on Document and Statement o   | lirectly by Reliance Nippon<br>of Additional Information. In  | s in the documenta<br>Life Insurance Comp<br>the event my nomi<br>f  | y evidence provide   | d by me/us are   | , to the best   | of our know  | the paymen   |
| act me through any mode of communication  | r Mutual Fund under Direct Plan. I/Weh   | on Document and Statement o<br>on this<br>nereby give you my/our consen<br>or / SEBL-Registered Investme  | lirectly by Reliance Nippon<br>of Additional Information. In<br>day o<br>to to share/provide the trar<br>ent Adviser. I bereby author   | s in the documenta<br>Life Insurance Comp<br>the event my nomi<br>f20<br>sactions data feed/   | y evidence provide   | d by me/us are   | , to the best   | of our know  | the payments under l   |
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Authorisation to Bank: I/We wish to inform you that I/we have registered with Nippon India Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

THIS SECTION IS INTENTIONALLY KEPT BLANK

| FOR OFFICE USE ONLY (No | t to be filled in by Investor) |
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# Nippon inclia Mutual Fund Wealth sets you free

#### SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM TO BE FILLED IN CAPITAL LETTERS. PLEASE (~) WHEREVER APPLICABLE

Wealth sets you free APPIn APP

| Name & Broker Code / ARN   |   | nt ARN Code  | Sub Age   |  |   | e Unique Identification Number   | RIA C   | ode**   |
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| me of 2nd holder Mr./Ms.   |   |  |   | PA   | N No / PEKF   | RN. MANDAT   | O R Y   | КҮС   |
| me of 3rd holder Mr./Ms.   |   |  |   | PA   | N No / PEKF   | RN. MANDAT   | O R Y   | КУС   |
| SYSTEMATIC TRANSFER<br>the investor wishes to inves  |   |  |   |  | ne)   |  |   |   |
| me of 'Transferor' Scheme/Pl   | an/Option   |  |   |  |   |  |   |   |
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| STP DETAILS (Refer Instr   | ruction No.6)   |  |   |  |   |  |   |   |
| Fixed Transfer STP (Refer I<br>STP Frequency (Please/ a  |   | & 10)  |   |  |   | Capital Appreciat<br>STP Frequency   | :ion STP (Refer In<br>(Please∕ any one)   | st No. 7 & 9)   |
| ] Daily (Minimum One Month)  | Weekly  | ☐ Fortnightly  | Monthly(Default)  | Quarterly                                    |   | Monthly (Default)  | Quart   | erly  |
| st execution date will be<br>or after 7 calendar days<br>om the date of submission   | ofeverymonth  |  | of every month  | of the starting<br>month of<br>every Quarter | OR  | 1 <sup>st</sup> of every Month   | 1 <sup>st</sup> of the<br>of every  | starting mont<br>Quarter  |
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|---|---------------------------|
| Received from   | _                         |
| Amount of Transfer per Instalment ₹   | Stamp of receiving branch |
| From Scheme / Plan / Option   | -                         |
| to Scheme / Plan / Option   | & Signature               |
| Mode & Frequency of STP   | _                         |