A Nippon india Mutual Fund e

MFD /RIA INFORMATION (Refer Instruction No. I.9 & 10)

Payment Details: Amount ₹ _

COMMON APPLICATION FORM

(To be filled in CAPITAL letters) APP No.:

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*Please sign alongside in case the any interaction or advice by the en the employee/relationship manage	mployee/relationship mar	ager/sales person of the abov	t the EUIN box has been intentior distributor/sub broker or not wit	ally left blank by me/us as this n standing the advice of in-app	transaction is executed without ropriateness, if any, provided by
SIGN First / Sole Applican HERE Authorised Si					pplicant / Id Signatory
1. INVESTOR'S FOLIO NUMB	ER [Please tick (✓) a	1 · · · · · · · · · · · · · · · · · · ·	investor across Mutual Fun with KYC validated, please mention the n se details are already provided please pr		g investor in Mutual Funds 4 & proceed to section 9 & 10 to provide be as per existing folio number.)
2. UNITHOLDING OPTION -			are compulsory if the investor wish		
Please ensure that the sequence of National Se	Names as mentioned in the curities Depository Limit		,	one of the Depository Participant I Depository Securities Limite	
DP ID No. Beneficiary Account	No. I N		Target ID No.		
Enclosures (Please tick any	one box) : Client	Master List (CML)	ransaction cum Holding St	atement 🗌 Cancelled De	livery Instruction Slip (DIS)
3. GENERAL INFORMATION		Zero Balance Folio 🔿 Inve	stment ^MODE OF HOLDING :	[Please tick(\checkmark)] \bigcirc Single \bigcirc Joi	nt (Default) 🔿 Any one or Survivor
4. FIRST APPLICANT DETAIL	S				
Mr. Ms. M/s.					
PAN / PEKRN^**		CKYC Id^**			
Name of Guardian if first app Contact Person for non individ		ls.			
Guardian's Relationship With O Father O Mother O Court Ap		of Birth t Applicant		Proof of Date of Birth and Guar	rdian's Relationship with Minor
O Resident Individual O Private Limited Compa O Public Limited Compa	O PSU O AOP		rough Guardian O Trust /C	harities / NGOs 🔿 HUF	O Defence Establishment O Others (please specify)
	(^^^as	and when applicable)		•	
Are you involved / providing of (Applicable only for Non Indivi	iduals)	O Money Lending	/ Pawning	O None of the above	
Note: In case First Applicant is Non I ^Mandatory for all type of Investors					
5. SECOND APPLICANT DET	AILS				
NAME^ Mr. Ms. M/s.					
PAN / PEKRN^**		CKYC Id^**		STATUS^:	O Resident Individual O NRI
6. THIRD APPLICANT DETAI	LS				
NAME^ Mr. Ms. M/s.					
PAN / PEKRN^**				STATUS^:	O Resident Individual O NRI
7. CONTACT DETAILS OF SO Correspondence Address "" (P.O. ""Please note that your address det	Box is not sufficient)		Overseas Address (Mandate	pry for NRI / FPI Applicants)	-
	House /Flat No.			House /Flat No.	
o:/	Street Address		0:1-1-7	Street Address	
City/ Town Country	State Pin Code		City/ Town Country	State Pin Code	
Tel. (Res.)		Tel. (Off.)		Mobile No. (Countru	Cote)
Mobile No. provided pertains to	Self Spouse	Dependent children	endent Siblings 🔲 Dependen	t Parents 🔲 A Guardian in co	ase of a minor
Email ID (CAPITAL letters only)					
Email ID provided pertains to			• = 1		e of a minor
Mobile No & Email Id with us to get in no. XV for Terms and Conditions.)	stant transaction alerts via	SMS & Email. 🗌 I hereby authoriz	NAM India to send important info	mation and regular updates to m	e on WhatsApp. (Refer instruction
8. BANK ACCOUNT DETAIL			, , , ,	·	
Account No.	Ma	n c a t o r	У		
Name of Bank	Mc	ndator	У	Bank Branch	
Branch City	PIN	IFSC Co	de ForCreditvi		9 Digit For Credit via NEFT
Please ensure the name in this applic	ation form and in your bank	account are the same. Please upo	ate your IFSC and MICR Code in orde	er to get payouts via electronic mo	de in to your bank account.
אippon שולה <u>Mutual F</u> Wealth sets y	iund ou free	To be filled in by			P (Please retain this slip) ng of Mandatory Information.
Name of the Investor Mr/Ms/M/s :		,	-	APP No.:	
Scheme /Plan/ Option:					

Time Stamp & Date of receiving office

_ Instrument No._____ Date :_____ Drawn on Bank ___

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/ We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund app / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that is of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent a by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the m 4. DECLARATION AND SIGNATURE We would like to invest in Nippon India		`					A							,		
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We would like to invest in Nippon India	case of my demise / dea thority, as may be require	hat in case of r ent authority, c	rther aware that ir ther competent a	, am/ are fur t or such ot	s) and am/ ne Court or	nominee(s)	nt of any uments is	appointm quisite do	l in non- all the re	ies involved i d to submit al	/ issu I need	implications / heir(s) would	ind the ir legal	nd understa olio, my / ou	folio(s) a lers in the f	ur mutual fund Ill the unit hold
nderstood (before filing application form) and is/are bound by the details of the SA. SD & IM lincluding details relating to various services. (I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making to evested 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 / Dire	opt appopriments the set of the set		orandum (va.)	oformation	+ (PID) Kernt (ation Dation of	hometrif	ormantic /- · `	Addisia	bo Cherten and All			E	GNATUR		
nd agree to be bound by the said Terms and Conditions including those excluding/limiting the Nippont life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontin ithout 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 competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the tat the at the tot me by the undersigned and particulars given by me/us are correct and	investment. I / We declare that the am	aking this investment.	ctly or indirectly, in making th	oate or gifts, direct	d by any rebate o	nor been induced b	not received r	ervices. I/We ha	g to various se	ng details relating to	M includi	ails of the SAI, SID & KIM			plication form)	stood (before filling ap
ompeting 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 (e any of the services completely or par	iscontinue any of the s	osolute discretion, discontin	dia may, at its ab:	t the NAM India m	l understand that th	dia) liability. I	nt Limited (NAM	t Manageme	oon Life India Asset N	the Nipp	e excluding/ limiting th	uding those	d Conditions inclu	ne said Terms a	gree to be bound by t
harge (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 1/We confirm that I am/We are Non-Resident of Indian Nationality/	mplete. Further, I agree that the transa	ct and complete. Furth	by me/us are correct and c	particulars given l	signed and partic	en by the undersig	mation is give	nat the above ir	by declare th	ed to me/us. I hereby	mmende	cheme is being recom	hich the Sc	s from amongst w	ous Mutual Fund	eting Schemes of vari
r subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account./We undertake that all additional purchases made under this folio rough approved banking channels or from funds in my/our NRE/FCNR Account.] hereby declare that the information provided in the Form is in accordance with section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax Act, 1961 read with Rules 114F to 114H of the section 2858A of the Income Tax A	Il also be from funds received from ab	nis folio will also be froi	nases made under this folio	additional purcha	ake that all additi	ount. I/We undertak	it/FCNR Acco	/Ordinary Acc	dent External	my/our Non-Reside	funds in	ng channels or from fu	mal bankir	proad through nor	emitted from a	oscription have been i
ovided by me/us in the Form, its supporting Annexure's 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 yo ve 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 /	Mutual Fund under Direct Plan. I/We he	s) of your Mutual Fund	sted in the Scheme(s) of you	I/We, have inves	omplete. ++ I/We	ue, correct and cor	and belief, tru	of our knowled	e, to the best	vided by me/us are,	nce pro	documentary eviden	ell as in the	g Annexures as w	rm, its supportir	led by me /us in the Fc
sthorize 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.			be.								es to cor	ited and its Associates	ement Limi	ndia Asset Manag	es of Nippon Life	
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