

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

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

*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 not with standing 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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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 11 & 12 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 8 and 9. Mode of holding will be as per existing folio number.)

2. UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

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.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No.	Target ID No.
<div>I N</div>	

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 (Investor Name and Date of Birth should be as per PAN Card.)

NAME^

Mr. Ms. M/s.

DOB^

D D M M Y Y Y Y

PAN / PEKRNA**

CKYC Id^**

Name of Guardian

PANA**

(In case of minor) / Contact person for non individuals / PoA holder name

<div>Guardian's Relationship With Minor</div> <div><input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian</div>	<div>Date of Birth of Guardian^</div> <div><div>D D M M Y Y Y Y</div></div> <div>(Mandatory in case of Minor)</div>	<div>Proof of Date of Birth and Guardian's Relationship with Minor</div> <div><input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)</div>
<div>STATUS^</div> <div><div><input type="radio"/> Resident Individual <input type="radio"/> PSU <input type="radio"/> AOP/BOI <input type="radio"/> Minor through Guardian <input type="radio"/> Trust /Charities / NGOs <input type="radio"/> HUF <input type="radio"/> Defence Establishment</div><div><input type="radio"/> Private Limited Company <input type="radio"/> FI <input type="radio"/> NRI <input type="radio"/> Body Corporate <input type="radio"/> Sole Proprietor <input type="radio"/> Society <input type="radio"/> Bank</div><div><input type="radio"/> Public Limited Company <input type="radio"/> PIO <input type="radio"/> FPI^*** (^***as and when applicable) <input type="radio"/> Government Body <input type="radio"/> Partnership Firm <input type="radio"/> Others (please specify)</div></div>		

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)

☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

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. ^Mandatory 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 (Investor Name and Date of Birth should be as per PAN Card.)

NAME^

Mr. Ms. M/s.

STATUS^:

☐ Resident Individual ☐ NRI

DOB^

D D M M Y Y Y Y

PAN / PEKRNA**

CKYC Id^**

6. THIRD APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)

NAME^

Mr. Ms. M/s.

STATUS^:

☐ Resident Individual ☐ NRI

DOB^

D D M M Y Y Y Y

PAN / PEKRNA**

CKYC Id^**

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)

House /Flat No.

House /Flat No.

Street Address

Street Address

City/ Town

State

Country

Pin Code

City/ Town

State

Country

Pin Code

Mobile No.

(For Receiving Transaction Alerts via SMS)

Tel. No.

STD Code

Office

Residence

Mobile No. provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Email ID (CAPITAL letters only)

(For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Mobile No.

(For Receiving Transaction Alerts via SMS)

Email ID (CAPITAL letters only)

(For Receiving Transaction Alerts Via Email)

Mobile No. provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Email ID provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Mobile No.

(For Receiving Transaction Alerts via SMS)

Email ID (CAPITAL letters only)

(For Receiving Transaction Alerts Via Email)

Mobile No. provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Email ID provided pertains to

☐ Self
☐ Spouse
☐ Dependent children
☐ Dependent Sibling
☐ Dependent Parents
☐ A Guardian in case of a minor
☐ POA
☐ Custodian
☐ PMS

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I hereby authorize NAM India to send important information and regular updates to me on WhatsApp. (Refer instruction no. XV for Terms and Conditions.) ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

8. INVESTMENT DETAILS (Please fill Multiple purchase form for single cheque and multiple schemes.)

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^^
☐ IDCW-Reinvestment
☐ IDCW -Pay-out

9. PAYMENT DETAILS (Multiple cheques not permitted with single application form (Refer instruction no. IV)

Mode of Payment : ☐ Cheque ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT

LEI No.

Valid Upto: DDMMYYYY

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.

Investment Amount (₹)

Net Amount~ (₹)

Instrument No/UTR No.

Date

Drawn on Bank

Bank Branch

City

I

I minus II

DDMMYYYY

(** Default option if not selected)

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

10. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any (Refer Instruction No. III)

Account No.

A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Name of Bank

Bank Branch

Branch City

PIN

IFSC Code

MICR Code

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

11. 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

2

3

Country of Birth***

Country of Birth***

Country of Birth***

Country of Nationality***

Country of Nationality***

Country of Nationality***

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

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

**SMS charges apply

Investor Service. A NIMF Virtual Branch Experience.

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

You can also follow us on



12. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GROSS ANNUAL INCOME DETAILS^**	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date		
1st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y		
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y		
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y		
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		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 <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)^**	Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>

13. POWER OF ATTORNEY (POA) HOLDER DETAILS

(Refer Instruction No. II. 1)

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

PANA									

14. NOMINATION – (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. (Write in capital letters)

Nominee Name & Address	PAN of Nominee/ Guardian (Optional)	Allocation (%)	Date of Birth of Nominee	Nominee Relation With Investor (Mandatory)	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee (Mandatory)	Sign of Nominee /Guardian (in case Nominee is Minor)
			DD MM YYYY				
			DD MM YYYY				
			DD MM YYYY				

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / 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 application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death 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 authority, as may be required 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 mutual fund folio/s.

15. DECLARATION AND SIGNATURE

I/We would like to invest in Nippon India_____ 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. 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. ☐ 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.

<div>SIGN HERE</div> <div><input type="checkbox"/></div> <div>First / Sole Applicant / Guardian / Authorised Signatory</div>	<div><input type="checkbox"/></div> <div>Second Applicant / Authorised Signatory</div>	<div><input type="checkbox"/></div> <div>Third Applicant / Authorised Signatory</div>
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APP No.:

MFD / RIA INFORMATION (Refer Instruction No. 25)

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN-153155 (e)	ARN-		E-271894	

*Please sign below 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.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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REQUEST FOR ☐ Registration of SIP (Default option if not selected) ☐ Registration of Micro SIP

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM** ☐ SIP without first installment

**This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

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	<input type="radio"/> KYC
Name of 2nd holder	Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y	<input type="radio"/> KYC
Name of 3rd holder	Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y	<input type="radio"/> KYC

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No.	Target ID No.

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

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

** In case of Nippon India ELSS Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the SIP amount should be in multiples of ₹ 500.

\$ Investor has to mandatorily mention "END DATE". "END DATE" is mandatory and should be less than or equal to 40 years from the application date.

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) Amount	Frequency	Count
Scheme 1 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ (in figures)	₹ (Multiples of ₹100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 2 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ (in figures)	₹ (Multiples of ₹100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 3 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ (in figures)	₹ (Multiples of ₹100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 4 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ (in figures)	₹ (Multiples of ₹100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 5 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ (in figures)	₹ (Multiples of ₹100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)

Note : \$\$ Daily & Weekly SIP Frequencies are applicable for normal SIP and not for Flex SIP & Pause Facility. ##For weekly frequency, only 1st, 8th, 15th & 22nd date are eligible of every month.

DECLARATION 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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.

☐ 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/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.

SIGNATURE

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 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.

Note for Existing Investor: Fill the below mentioned bank details **ONLY** if there is a change in your bank details.

To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".

UMRN

Date:

Sponsor Bank Code

☒ Create ☐ Modify ☐ Cancel

Utility Code

I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick✓)

Bank a/c number

With Bank

IFSC / MICR

an amount of Rupees

₹

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

Reference 1

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 :

To:

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No:

1

2

3

***As per NPCI Circular effective from 01st April 2024, Maximum period of validity of this mandate is 40 years only.

THIS SECTION IS INTENTIONALLY KEPT BLANK

APP No.:

MFD / RIA INFORMATION (Refer Instruction No. 25)

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN-153155 (e)	ARN-		E-271894	

*Please sign below 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.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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REQUEST FOR ☒ Registration of SIP (Default option if not selected) ☐ Registration of Micro SIP

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM** ☐ SIP without first installment

**This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

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	<input type="radio"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y	<input type="radio"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y	<input type="radio"/> KYC

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited (NSDL)

Central Depository Securities Limited (CDSL)

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

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

** In case of Nippon India ELSS Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the SIP amount should be in multiples of ₹ 500.
\$ Investor has to mandatorily mention "END DATE". "END DATE" is mandatory and should be less than or equal to 40 years from the application date.

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) Amount	Frequency	Count
Scheme 1 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ <input type="text"/> (in figures)	₹ <input type="text"/> (Multiples of ₹100 only)**	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
Scheme 2 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ <input type="text"/> (in figures)	₹ <input type="text"/> (Multiples of ₹100 only)**	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
Scheme 3 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ <input type="text"/> (in figures)	₹ <input type="text"/> (Multiples of ₹100 only)**	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
Scheme 4 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ <input type="text"/> (in figures)	₹ <input type="text"/> (Multiples of ₹100 only)**	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
Scheme 5 Nippon India Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Default Date (31/12/2060)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Any date from 1 st to 31 st of a given month)**	₹ <input type="text"/> (in figures)	₹ <input type="text"/> (Multiples of ₹100 only)**	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)

Note : \$\$ Daily & Weekly SIP Frequencies are applicable for normal SIP and not for Flex SIP & Pause Facility. ##For weekly frequency, only 1st, 8th, 15th & 22nd date are eligible of every month.

DECLARATION 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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.

☐ 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/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.

SIGNATURE

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 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.

Note for Existing Investor: Fill the below mentioned bank details **ONLY** if there is a change in your bank details.

To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".

UMRN

Date:

Sponsor Bank Code

☒ Create ☐ Modify ☐ Cancel

Utility Code

I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick✓)

Bank a/c number

With Bank

IFSC / MICR

an amount of Rupees

₹

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

Reference 1

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:

To:

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No:

1

2

3

***As per NPCI Circular effective from 01st April 2024, Maximum period of validity of this mandate is 40 years only.

THIS SECTION IS INTENTIONALLY KEPT BLANK

Application Type* ☐ New ☐ Update

KYC Number*

 (Mandatory for KYC update request)

Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS* (Please refer instruction A at the end)

PAN

 Please enclose a duly attested copy of your PAN Card ☐ Form 60 furnished

Prefix	First Name	Middle Name	Last Name
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>

Name* (same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth*

 -

 -

Gender* ☐ M- Male ☐ F-Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others-Country

 Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian

☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Professional

☐ X-Not Categorised ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A - Passport Number

☐ B - Voter ID Card

☐ C - Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

Photo

Cross Signature
across photograph

Address {Current / Permanent / Overseas Address Details (Please see instruction B at the end)}

Line 1*

Line 2

Line 3

District

 Zip / Post Code*

 City / Town / Village*

State/UT*

 Country

 State / UT Code

 as per Indian Motor Vehicle Act, 1988

Country Code

 as per ISO 3166*

3. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as Current / Permanent / Overseas Address details (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A - Passport Number

☐ B - Voter ID Card

☐ C - Driving Licence

☐ D-NREGA Job Card

☐ E-National Population Register Letter

☐ F-Proof of Possession of Aadhaar

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

IV. ☐ Deemed Proof of Address - Document Type code

Address

Line 1*

Line 2

Line 3

District

 Zip / Post Code*

 City / Town / Village*

State/UT*

 Country

 State / UT Code

 as per Indian Motor Vehicle Act, 1988

Country Code

 as per ISO 3166*

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

[illegible]

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Signature / Thumb Impression of Applicant

7. Attestation / For Office Use Only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

[illegible][illegible]

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

NAME:

PAN: or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth

Country of Birth

Nationality ☐ Indian ☐ U.S.

☐ Others (Please specify) _____

Tax Residence Address (for KYC address)

☐ Residential

☐ Registered Office

☐ Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No', please proceed for the signature of declaration

If 'Yes', please fill for All countries (**other than India**) in which you are a Resident for a Resident for tax purpose i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick ✓ the reason A, B or C (as defined below)
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

➤ Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

➤ Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C - Others; please state the reason thereof

Gross Annual Income (Rs.) [Please tick (✓)]

☐ Below 1 Lac
 ☐ 1 - 5 Lacs
 ☐ 5 - 10 Lacs
☐ 10 - 25 Lacs
 ☐ >25 Lacs - 1 Crore
 ☐ >1 Crore

OR

Net-worth

Rs. _____ as on

(Not older than 1 year)

DECLARATION

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date: / /

Place:

Signature: