

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

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-ARN-96458 (ere)	ARN-		E108296	

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

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**1. INVESTOR'S FOLIO NUMBER** [Grid] [Please tick (✓) any one]  I am a First time investor across Mutual Funds  
 OR  I am an existing investor in Mutual Funds  
 (If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 11. 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. [Grid]	Target ID No. [Grid]

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**

NAME^ [Grid] PAN / PEKRN\*\*\* [Grid] CKYC Id\*\*\* [Grid]  
 Name of Guardian if first applicant is minor / Contact Person for non individuals [Grid]  
 Guardian's Relationship With Minor:  Father  Mother  Court Appointed Guardian Date of Birth of 1st Applicant [Grid] (Mandatory in case of Minor) Proof of Date of Birth and Guardian's Relationship with Minor:  Birth Certificate  Passport  Others [Please specify]  
 STATUS^:  Resident Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust /Charities / NGOs  
 Society  FI  NRI  Company/Body Corporate  Sole Proprietor  Defence Establishment  
 PIO  Bank  FPI\*\*\* (^^^as and when applicable)  Government Body  Partnership Firm  Others \_\_\_\_\_  
 Are you involved / providing any of the mentioned services :  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**

NAME^ [Grid] PAN / PEKRN\*\*\* [Grid] CKYC Id\*\*\* [Grid] STATUS^:  Resident Individual  NRI

**6. THIRD APPLICANT DETAILS**

NAME^ [Grid] PAN / PEKRN\*\*\* [Grid] CKYC Id\*\*\* [Grid] STATUS^:  Resident Individual  NRI

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

Correspondence Address\*\* (P.O. Box is not sufficient) Overseas Address (Mandatory for NRI / FPI Applicants)  
 \*\*Please note that your address details will be updated as per your KYC records with CKYC / KRA  
 House /Flat No. Street Address City/ Town State Country Pin Code Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)  
 Email ID  
 Email ID provided pertains to  Self  Family Member (Note: If Email pertains to Family Member please select any one)  Spouse  Dependent Parents  Dependent Children

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. XVI 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. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)**

Account No. [Grid] A/c. Type (✓)  SB  Current  NRO  NRE  FCNR  
 Name of Bank [Grid] Bank Branch [Grid]  
 Branch City [Grid] PIN [Grid] IFSC Code [Grid] MICR Code [Grid] 9 Digit For Credit via NEFT  
 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.

Equity & Sector Specific CAF / 31st May 2021 / Ver 5.1

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

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

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

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

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

**10. ADDITIONAL KYC DETAILS**

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 not be older than 1 year)	DDMMYYYY
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY

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"/>

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

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

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

**Option**  
 Growth^^  Payout of Income Distribution cum capital withdrawal option  
 Reinvestment of Income Distribution cum capital withdrawal option  
 Frequency of Income Distribution cum capital withdrawal option \_\_\_\_\_

**Mode of Payment:**  Cheque  DD  Funds Transfer  OTBM Facility (One Time Bank Mandate)  Cash<sup>5</sup> (Refer Instruction No. XV)  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 (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DDMMYYYY			

(\* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. <sup>5</sup>Investors are requested to collect the cash deposit slip from the DISC

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

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

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

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

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

**14. DECLARATION AND SIGNATURE**

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

I confirm that I am resident of India.  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.  I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

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

<b>SIGN HERE</b>	<input type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory
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**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 : [mf.nipponindiaim.com](http://mf.nipponindiaim.com)

You can also follow us on   

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

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

\*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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.

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

**REQUEST FOR**  Registration of SIP\$  Registration of SIP Insure  Registration of Micro SIP (Default option if not selected)

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	MANDATORY	<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	MANDATORY	<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	MANDATORY	<input type="checkbox"/> KYC

**INITIAL INVESTMENT DETAILS**

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

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

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

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

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

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

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) (Refer Instruction No. 25)		
					Amount	Frequency	Count
<input type="checkbox"/> Monthly (Default)	From			₹	₹	<input type="checkbox"/> Half-yearly	Increase SIP amount
<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	To		(Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month)	(in figures)	(Multiples of ₹ 100 only*)	<input type="checkbox"/> Yearly (Default)	time(s) (Default 1 time)

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

**DECLARATION AND SIGNATURE**

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Nippon Life India Asset Management Limited liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.  I confirm that I am resident of India.  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our 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 have read and hereby confirm Instruction no. XIII(A) and also hereby agree to abide by Instruction no. XIII(B). I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Nippon Life Insurance Company Ltd (RNLIC) subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information. In the event my nominee is minor at the time of claim, I authorize RNLIC to make the payment only on collection of lawful guardian details under the policy. Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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

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

<b>SIGN HERE</b> 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.

**ONE TIME BANK MANDATE**  
(NACH / Direct Debit Mandate Form)  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN \_\_\_\_\_ (For Office Use Only) Date: DD MM YYYY

Sponsor Bank Code \_\_\_\_\_ (For Office Use Only)  Create  Modify  Cancel

Utility Code \_\_\_\_\_ (For Office Use Only) I/We hereby authorize \_\_\_\_\_ **Nippon India Mutual Fund**

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

With Bank \_\_\_\_\_ (Name of Destination Bank) IFSC / MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹

**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: DD MM YYYY

To: 3 1 1 2 2 0 9 9

Or  Until Cancelled

Phone No: \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

Request for:  Registration of Sip  Registration of Sip Insure  Registration of Micro Sip

**ACKNOWLEDGMENT SLIP ( Please retain this slip)**  
Application No.:

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

Scheme /Plan/ Option: \_\_\_\_\_

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

Time Stamp & Date of receiving office

THIS SECTION IS INTENTIONALLY KEPT BLANK

**Authorisation to Bank:** I/We wish to inform you that I/we have registered with Nippon India Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)	
Affix Barcode	Date and Time Stamp No.

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25)**

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

\*Please sign alongside in case the 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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**2. EXISTING UNIT HOLDER INFORMATION**

FOLIO NO.

**3. APPLICANT DETAILS**

Name of Sole/1st holder <small>Mr./Ms./M/s</small>	PAN No / PEKRN. <input type="text"/>	<input type="checkbox"/> KYC
Name of 2nd holder <small>Mr./Ms.</small>	PAN No / PEKRN. <input type="text"/>	<input type="checkbox"/> KYC
Name of 3rd holder <small>Mr./Ms.</small>	PAN No / PEKRN. <input type="text"/>	<input type="checkbox"/> KYC

**4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 26)**

(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme Name)

Name of 'Transferor' Scheme/Plan/Option	<input type="text"/>
Name of 'Transferee' Scheme/Plan/Option	<input type="text"/>

**5. STP DETAILS (Refer Instruction No.6)**

<input type="checkbox"/> <b>Fixed Transfer STP (Refer Instruction No. 7, 8 &amp; 10)</b> STP Frequency (Please✓ any one)				<input type="checkbox"/> <b>Capital Appreciation STP (Refer Inst No. 7 &amp; 9)</b> STP Frequency (Please✓ any one)			
<input type="checkbox"/> Daily (Minimum One Month)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly(Default)	<input type="checkbox"/> Quarterly	<b>OR</b>	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> of every month	1 <sup>st</sup> & 15 <sup>th</sup> of every month	* <input type="text"/> of every month	* <input type="text"/> of the starting month of every Quarter		1 <sup>st</sup> of every Month	1 <sup>st</sup> of the starting month of every Quarter
				*Incase the Investor has not specified any date then the default date would be 10th			

Amount of Transfer per Instalment ₹

Enrolment Period (Please✓ any one)  
 **REGULAR** From:  To: 
 **PERPETUAL (Default)** From:

Only for Daily STP Enrolment Period From:  To:

**6. DECLARATION & SIGNATURE/S**

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. This will override registry on DND / DNDNC, as the case may be.

Place:  Date:

**SIGNATURE**

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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FOLIO NO.  STP Application  Fixed Transfer STP  Capital Appreciation STP

Received from \_\_\_\_\_  
 Amount of Transfer per Instalment ₹ \_\_\_\_\_  
 From Scheme / Plan / Option \_\_\_\_\_  
 to Scheme / Plan / Option \_\_\_\_\_  
 Mode & Frequency of STP \_\_\_\_\_

Stamp of receiving branch  
& Signature