Nippon India Mutual Fund
Wealth sets you free

COMMON APPLICATION FORM
SINGLE CHEQUE - MULTIPLE PURCHASE
(To be filled in CAPITAL letters)

APP No.:

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

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)

DP ID No. Beneficiary Account No. | I | N | | | | | | |

Central Depository Securities Limited (CDSL)

Target ID No.

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 / PEKRN^** **CKYC Id^****

Name of Guardian **PAN^****

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

Guardian's Relationship With Minor
◯ Father ◯ Mother ◯ Court Appointed Guardian

Date of Birth of Guardian^ D D M M Y Y Y Y

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 ◯ Trust /Charities / NGOs ◯ HUF ◯ Defence Establishment
◯ Private Limited Company ◯ FI ◯ NRI ◯ Body Corporate ◯ Sole Proprietor ◯ Society ◯ Bank
◯ Public Limited Company ◯ PIO ◯ FPI^^^ (^^^as and when applicable) ◯ Government Body ◯ Partnership Firm ◯ Others (please specify)

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 / PEKRN^**** **CKYC Id^****

Equity & Sector Specific CAF - Multiple Purchase/ 01st June 2025 / Ver 6.7

Nippon India Mutual Fund
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ACKNOWLEDGMENT SLIP (Please retain this slip)

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

APP No.:

Time Stamp & Date of receiving office

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

INVESTMENT DETAILS

Scheme	Plan	Option	Purchase Amount	Instrument No	Date	Drawn on Bank
Scheme 1 Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ (in figures)			
Scheme 2 Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ (in figures)			
Scheme 3 Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ (in figures)			
Scheme 4 Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ (in figures)			
Scheme 5 Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ (in figures)			

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 / PEKRN^** | 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		City/ Town		State	
Country		Pin Code		Country		Pin Code	

First Holder

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

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

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

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Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

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

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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

Scheme Details (Refer Instruction No. I-10 and XVI) (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)
** 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

	Scheme (Refer Instruction No. I.18)	Plan	Option	Purchase Amount
Scheme 1	Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ _____ (in figures)
Scheme 2	Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ _____ (in figures)
Scheme 3	Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ _____ (in figures)
Scheme 4	Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ _____ (in figures)
Scheme 5	Nippon India	☐ Direct ☐ Regular	☐ Growth^^ ☐ IDCW-Reinvestment ☐ IDCW -Pay-out	₹ _____ (in figures)

Add convenience to your life with our value added service

SMS

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

Equity & Sector Specific CAF - Multiple Purchase/ 01st June 2025 / Ver 6.7

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

If multiple purchase the Cheque is drawn in favour of **"NIMF MULTI SCHEMES SUBSCRIPTION POOL A/C"** dated and dully signed (applicable for Lumpsum Investment Only).

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

LEI No. | | | | | | | | | | | | | | | | | | | | Valid Upto: D D M M Y Y Y Y

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

Investment Amount (₹)	Net Amount~ (₹)	Instrument No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	I minus II		D D M M Y Y Y Y			

(^ 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. | | | | | | | | | Mandatory | | | | | | | **A/c. Type (✓)** ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Name of Bank Mandatory **Bank Branch**

Branch City **PIN** | | | | | | **IFSC Code** For Credit via RTGS **MICR Code** 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.

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 Tax payer 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

12. ADDITIONAL KYC DETAILS

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

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	◯	◯	◯	◯	◯	◯	(Net worth should	D D M M Y Y Y Y
2nd Applicant	◯	◯	◯	◯	◯	◯	not be older	D D M M Y Y Y Y
3rd Applicant	◯	◯	◯	◯	◯	◯	than 1 year)	D D M M Y Y Y Y
Guardian	◯	◯	◯	◯	◯	◯		D D M M Y Y Y Y

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

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

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

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)**

	Mandatory Details						Additional Details ****	
Sr. No.	Name of Nominee	Share of Nominee (%)**	Relationship	Postal Address Please tick (✓) Other Address (Please mention complete address in below box)	Mobile Number & E-mail (CAPITAL letters only)	Identity Type & Number ***	Nominee DOB	Guardian
1.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
2.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
3.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	

** if % is not specified, then the assets shall be distributed equally amongst all the nominees

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). However, in case of NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) ☐ **Name of nominee(s)** ☐ **Nomination: Yes / No**

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.

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