



(Applicable for New Investors Only)

APP No.:

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)

(The Cheque should be drawn in favour of " NIPPON INDIA MUTUAL FUND SUBSCRIPTION POOL A/C" dated and duly signed.)

Mode of Payment ☐ Cheque (Note: Payment initiated through Cheque, shall be considered as SIP first instalment and cheque amount should be equal to total SIP amount of all the scheme mentioned below.)

Investment Amount (₹)	Net Amount~ (₹)	Cheque No.	Date	Drawn on Bank	Bank Branch	City
I	I minus II		DD MM YYYY			

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

Scheme Details (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)

** 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. \$ "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) (Refer Instruction No. XVI)		
						Amount	Frequency	Count
Scheme I	Nippon India	☐ Daily ¹⁵ ☐ Weekly ¹⁵ ☐ Monthly (Default)	From To ⁵ OR ☐ Default Date (31/12/2060)	 (Any date from 1st to 31st of a given month)**	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only ¹)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	Plan: ☐ Direct ☐ Regular	☐ Quarterly ☐ Yearly						
Scheme I	Nippon India	☐ Daily ¹⁵ ☐ Weekly ¹⁵ ☐ Monthly (Default)	From To ⁵ OR ☐ Default Date (31/12/2060)	 (Any date from 1st to 31st of a given month)**	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only ¹)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	Plan: ☐ Direct ☐ Regular	☐ Quarterly ☐ Yearly						
Scheme I	Nippon India	☐ Daily ¹⁵ ☐ Weekly ¹⁵ ☐ Monthly (Default)	From To ⁵ OR ☐ Default Date (31/12/2060)	 (Any date from 1st to 31st of a given month)**	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only ¹)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	Plan: ☐ Direct ☐ Regular	☐ Quarterly ☐ Yearly						
Scheme I	Nippon India	☐ Daily ¹⁵ ☐ Weekly ¹⁵ ☐ Monthly (Default)	From To ⁵ OR ☐ Default Date (31/12/2060)	 (Any date from 1st to 31st of a given month)**	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only ¹)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	Plan: ☐ Direct ☐ Regular	☐ Quarterly ☐ Yearly						
Scheme I	Nippon India	☐ Daily ¹⁵ ☐ Weekly ¹⁵ ☐ Monthly (Default)	From To ⁵ OR ☐ Default Date (31/12/2060)	 (Any date from 1st to 31st of a given month)**	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only ¹)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	Plan: ☐ Direct ☐ Regular	☐ Quarterly ☐ Yearly						

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.

[illegible]

Account No.										M a n d a t o r y										A/c. type (✓) SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐																																																	
Name of Bank										M a n d a t o r y																				Bank Branch																																							
Branch City										PIN																				IFSC Code										F o r C r e d i t v i a R T E S										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.

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

1st/First Name's last/Second name	2nd/First Name's last/Second name	Third Name's last
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Sole/First Applicant/Guardian			Sole/First Applicant/Guardian			Third Applicant		
Country # ^**	Tax Payer Ref. ID No%	Identification Type	Country # ^**	Tax Payer Ref. ID No%	Identification Type	Country # ^**	Tax Payer Ref. ID No%	Identification Type
1			1			1		
2			2			2		
3			3			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

OCCUPATION ^{^**}	Professional	Ac
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OCCUPATION	Professional	Agriculturist	Housewife	Retired	Government Service/Public Sector		Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐
2 nd Applicant	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐
3 rd 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
1 st Applicant			☐	☐	☐	☐	☐	☐	(Net worth should		D D M M Y Y Y Y
2 nd Applicant			☐	☐	☐	☐	☐	☐	not be older		D D M M Y Y Y Y
3 rd Applicant			☐	☐	☐	☐	☐	☐	than 1 year)		D D M M Y Y Y Y
Guardian			☐	☐	☐	☐	☐	☐			D D M M Y Y Y Y
PEP DETAILS ^{^**}				1 st Applicant		2 nd Applicant		3 rd 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 ☐	

15.1 POWER OF ATTORNEY (POA) HOLDER DETAILS (NAME AND ADDRESS)

[illegible]

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			
2.				☐ Same As First Applicant	Mobile Number e-mail			
3.				☐ Same As First Applicant	Mobile Number e-mail			

** 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 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. 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 my 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.

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

(For Office Use Only)

Sponsor Bank Code

(For Office Use Only)

Utility Code

(For Office Use Only)

Date:

DD

MM

YY

YY

☒ Create ☒ Modify ☒ Cancel

to debit (tick✓)

SB / CA / CC / SB-NRE / SB-NRO / Other

 I/We hereby authorize

Nippon India Mutual Fund

Bank a/c number

(Destination Bank Account Number)

With Bank

(Name of Destination Bank)

 IFSC / MICR

an amount of Rupees

(Amount in word)

 ₹

(Amount in figure)

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

Reference 1

(Folio No.)

 Reference 2

From:

DD

MM

YY

YY

To:***

3

1

1

2

2

0

6

0

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No:

1

Name as in Bank Record

2

Name as in Bank Record

3

Name as in Bank Record

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



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.:

REQUEST FOR ☐ Registration of SIP ☐ Registration of Micro SIP

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

Cheque No. _____ Date: _____ Drawn on Bank: _____

Sr. No.	Scheme Name / Plan / Option	Amount (₹)

Stamp of receiving branch
& Signature

THIS SECTION IS INTENTIONALLY KEPT BLANK

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Nippon India Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication.

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.

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

Investor Service. A NIMF Virtual Branch Experience.

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

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