

Payment Details: Amount ₹ \_\_

## **COMMON APPLICATION FORM**

(To be filled in CAPITAL letters)

MFD /RIA INFORMATION (Refe	er Instruction No. I.9 & 10) Sub Agent ARN Code	Sub Agent Code /Bank Bro	inch Code/ Internal Code   *Em	ployee Unique Identification Number	RIA Code'*						
ARN-(ARN stamp here)	ARN-										
*Please sign alongside in case the El any interaction or advice by the emp the employee/relationship manager,	oloyee/relationship mana	ger/sales person of the above of	ne EUIN box has been intention distributor/sub broker or notwit	ally left blank by me/us as this trans hstanding the advice of in-appropria	action is executed without teness, if any, provided by						
SIGN First / Sole Applicant / Authorised Sign	Guardian /	Second A	pplicant / d Signatory		Third Applicant / Authorised Signatory						
1. INVESTOR'S FOLIO NUMBER	<del></del>		nvestor across Mutual Fund h KYC validated, please mention the no	ds OR I am an existing inve umber here, enter your name in section 4 & pro poceed to Section 11. Mode of holding will be as p	estor in Mutual Funds acceed to section 9 & 10 to provide prexisting folio number.)						
2. UNITHOLDING OPTION - ■	Demat Mode Ph	ysical Mode These details ar	e compulsory if the investor wish	es to hold the units in <b>DEMAT</b> mode. Re							
Please ensure that the sequence of Na National Secu	imes as mentioned in the d irities Depository Limite		· · · · · · · · · · · · · · · · · · ·	one of the Depository Participant. I <b>l Depository Securities Limited (C</b> l	DSL)						
DP ID No. Beneficiary Account No	o. I N		Target ID No.								
Enclosures (Please tick any o	ne box) : Client M	Master List (CML) Tra	Insaction cum Holding Sto	atement Cancelled Delivery	Instruction Slip (DIS						
3. GENERAL INFORMATION	APPLICATION FOR ()	Zero Balance Folio 🔘 Investr	nent ^MODE OF HOLDING:	$[Please\ tick(\checkmark)]\ \bigcirc\ Single\ \bigcirc\ Joint\ (Def$	ault) Any one or Survivo						
4. FIRST APPLICANT DETAILS											
Mr. Ms. M/s											
PAN / PEKRN^**		CKYC Id^**									
Name of Guardian if first applic Contact Person for non individu											
Guardian's Relationship With M ○ Father ○ Mother ○Court Appo				Proof of Date of Birth and Guardian'  Birth Certificate O Passport	•						
STATUSA: O Resident Individual O Society O PIO		AOP/BOI O Mir	or through Guardian	O HUF O Trus O Sole Proprietor O Defe	t /Charities / NGOs nce Establishment ers						
Are you involved / providing an		rvices: O Foreign Exchange O Money Lending / F	/ Money Changer Services	Gaming / Gambling / Lotter None of the above	y / Casino Services						
lote: In case First Applicant is Non Indi Mandatory for all type of Investors. It i				First Applicant is Minor then details of C	Guardian will be required.						
5. SECOND APPLICANT DETAI	,	to be kno compilant prior to inv	osting irriipporriidid ivatuur t	and. Notor motification mon. 0, 0 d X							
Mr. Ms. M/s.											
PAN / PEKRN^**		CKYC Id^**		STATUS^: O Re	sident Individual O NF						
6. THIRD APPLICANT DETAILS											
Mr. Ms. M/s											
PAN / PEKRN^**		CKYC Id^**		STATUS^: O Re	sident Individual () NF						
7. CONTACT DETAILS OF SOL Correspondence Address "" (P.O. Bo ""Please note that your address details	ox is not sufficient)		Overseas Address (Mandato	ory for NRI / FPI Applicants)							
	House /Flat No.		House /Flat No.								
24-17	Street Address		Street Address								
City/ Town	State Pin Code		City/ Town Country	State Pin Code							
el. (Res.)		Tel. (Off.)		Mobile No. (Countr Code							
	Self Spouse Do	ependent children 🔲 Depen	dent Siblings 🔲 Dependent	t Parents 🔲 A Guardian in case of	a minor						
Email ID (CAPITAL letters only)  Email ID provided pertains to	elf Spouse Depe	endent children	nt Siblings	arents 🔲 A Guardian in case of a	minor						
Mobile No & Email Id with us to get insta	ndatorily receive E - Statem ant transaction alerts via SN	ent of Accounts in lieu of physica MS & Email.  I hereby authorize N	I Statement of Accounts and the AM India to send important infor	annual report or abridged summary o mation and regular updates to me on V plicable only for investors who have not	VhatsApp. (Refer instructio						
8. BANK ACCOUNT DETAILS N	MANDATORY for Rec	demption/IDCW/Refund	ls, if any (Refer Instruction N	o. III)  A/c. Type (  ) OSB O Current	○ NDO ○ NDE ○ ECA						
	M a		<u> </u>		O NRO O NRE O FCN						
Name of Bank	DIN C			Bank Branch	Digit For Credit via NEF						
Branch City  Please ensure the name in this application	PIN	IFSC Code		imok odao							
Please ensure the name in this application  Nippon incla Mutual Fur  Wealth sets you for the Investor Mr/Ms/M/s:	 nd	count are the same. Please update	e your IFSC and MICR Code in orde		ease retain this sl						

\_\_\_\_\_\_ Instrument No/Cash Deposit Slip No. \_\_\_\_\_

\_\_\_ Date: \_\_\_\_\_ Drawn on Bank

9. FATCA and	CRS DETA	ILS For	Individuals (M	landata	ory) Non	ı Individ	dual Inve	estors sh	ould	mandato	rily fill se	eparate F <i>i</i>	ATCA/C	RS details forr	m
# Please indica	e all Count	ries in whi	ch you are a resi	dent for	tax purpos	se, assoc	iated Tax	payer Ide	ntifica	ition Numb	er and it's	Identificat	ion type	eg. TIN etc.	
	le/First App						d Applica						pplicant		
Country #^**	Tax Payer F	Ref. ID No <sup>®</sup>	Identification Type	Cou	ntry # ^**	Tax Paye	Ref. ID No	Identifica	ation Ty	pe Cou	ıntry # ^**	Tax Payer F	Ref. ID No <sup>®</sup>	Identification Typ	е
2															_
3		-										+			_
Country of Birth	**			Country	of Rirth		Τ	ı		Country	of Rirth	**			-
	Country of Nationality <sup>^**</sup>			Country of Birth Country of National		alitv^**					Country of Birth <sup>^**</sup>				_
	,	is only India	then details of Count				ne provided	. *In case Ta	x Identif				orovide its	functional equivalen	ıt
10. ADDITIONA	L KYC DET	AILS													Ī
OCCUPATION^**	Profession	al Agricul	turist Housewife	Retired	Governme	nt Servic	e/PublicS	ector Busi	iness [	Forex Deale	studen	t Private Se	ctor Serv	ice Others	
1 <sup>st</sup> Applicant	0	0	0	0		0			5	0	0		)	0	_
2 <sup>nd</sup> Applicant	0		0	0 0				0		0		)	0	_	
3 <sup>rd</sup> Applicant	0	0	0	0		0			-	0	0		0 0		Ξ
Guardian	0	0	0	0		0				0	0			0	=
GROSS ANNUAL				1-5 L	ggg 5-10		-25 Lacs	25 Lacs-1		>1 Crore				Date	Ī
	. INCOME DE	TAILSA	Below 1 Lac						Clole			ORTH <sup>^</sup> in ₹		M M Y Y Y Y	
1st Applicant			0	0	_		0	0		0		rth should			_
2nd Applicant			0	0			0	0		0		e older		MMYYYY	_
3rd Applicant			0	0			0	0		0	than	l year)		M M Y Y Y Y	_
Guardian			0			0	0 0				D D M M Y Y Y Y		_		
PEP DETAILS***							2nd App			3rd App					
Are you a Politic	, ,				Yes O	No⊖		Yes O	No 🔾		Yes O	No 🔾	Y	es O NoO	_
Are you related	to a Politica	lly Expose	d Person (PEP)^**	k	Yes O	No O		Yes 🔾	No O		Yes O	No O	Y	es O No O	_
JI. INVESTMEN	T & PAYME	NT DETA	ILS (Separate App	lication F	orm is requi	red for inv	estment i	each Plan	/Option	n. Multiple cl	neques no	t permitted w	ith single	application form	
Scheme / Plan	no. IV) OIBM	racility is a	vailable to investor	s wno na	ve invest Ea	isy facility	registered	WITH NIME	٠.						
I. —	n I=10) (For Pr	nduct Labeli	ing please refer last p	agge of gr	onlication for	rm) (If you	wish to inv	est in Direct	Plan nl	ease mention	Nirect Pla	agginst the	scheme n	ame)	-
			if applicable to the		•			est iii biiect	r idir pi	cuse mention	Directrici	ragainstale	3CHEITIC II	arriej	_
Ontion O Grow	th^^				,		Payout	of Income	Distrib	ution cum (	capital wi	thdrawal op	otion		_
Option Reinv	estment of	Income Di	stribution cum ca	pital witl	hdrawal op	otion	Frequen	cy of Incor	me Dis	tribution cu	ım capita	l withdrawa	l option		_
Mode of Payme	nt: O Che	que OD	D OFunds Trans	sfer O	OTBM Facil	lity (One	Time Ban	k Mandate		•		,		•	
LEI No.					Valid	d Upto:	DMM	Y Y Y						rs and above for Not OHSE81TAD65RF98.	n
Investment		narges	Net Amount~		ument No/C		Do	te	[	Drawn on Ba	ınk	Bank Bra	nch	City	_
Amount (₹)	(if applie	able) (₹)	(₹)	Depos	it Slip No/U	TR No.	D 14 14	V V V V							_
(^^ Default option if	not selected)	~Unite will h	e allotted for the net	amount r	ninus the tra	insaction (	charges if a	nnlicable <sup>\$</sup> II	nyestor	e are realiest	ed to colled	et the cash de	nosit slin t	rom the DISC	_
			Children's educati										posit slip i		
12. NOMINATIO	<b>V</b> −(Ref.Instruct	tion No. VI) <b>In c</b>	ase of existing investor,	Nominatio	n details shall t	be replicate	d from the fo	io mentioned	d above.	If investor wish	es to reaister	/ modify any of	the nomina	tion details. Reaistratio	on.
/Cancellation of Nomi	nee form shall be	e provided sep	parately.								Ü				
Nominee Name &	Address PAI	N of Nomine (Optional)	Date of Birth of Nominee		nee Relation n Investor		ardian Nam Nominee is			ın Relation Iominee	Allocati (%)			ninee /Guardian minee is Minor)	
			DD MM YYYY	1		(			WICHTI		(1-7)	(	11 0030 110	Timee is willor)	_
			DD MM YYYY												
			DD MM YYYY												
FOR NOMINATIO	N OPT-OUT:	□ I/We I	OO NOT wish to m	ake a n	omination.	. (Please	e tick (🗸)	f the unit	holder	does not w	ish to no	minate any	rone)		
			to appoint any non												
			case of death of all assets held in the mu			), my / ou	ir legal hei	s would ne	ed to s	ubmit all the	requisite of	documents is	sued by (	Court or other such	)
SIGNATURE OF UNI				rst / So	le Applica	nt /	X	Sec	cond	Applicant	/	$\otimes$ $\Box$	Third Ar	policant /	_
To be signed by a holders, irrespective			Guard								ory				
13. POWER OF	ATTORNEY	(POA) H	OLDER DETAILS	(Re	efer Instructi	ion No. II. ì	1)						PAN^		ī
First Applicant I		Mr./Ms.													
Second Applica	nt POA Nan	ne Mr./Ms.	/M/s												_
Third Applicant											$\dashv \vdash \dashv$		++		-
															_
14. DECLARATION			= neme subject to terms	of the Sta	tement of Add	ditional Info	ormation (S	VI) Scheme II	nformat	ion Document	(SID) Key Ir	oformation Me	morandum	(KIM) and subseque	nt
amendments theret	o. I/We have red	ad, understoo	od (before filling applicately, in making this in	cation form	n) and is/are l	bound by tl	he details of	the SAI, SID &	k KIM inc	luding details	relating to v	arious services	s. I/We have	not received nor bee	en
contravention or eva	sion of any Act	Regulations /	s / Rules / Notifications	/ Direction	s or any other	Applicable	Laws enact	ed by the Go	vernme	nt of India or ar	ny Statutory	Authority, Iaco	cept and a	gree to be bound by th	he
the services complet	ely or partially	without any	ding/limiting the Nipp prior notice to me. I ac	gree NAM Ir	ndia can debi	it from my	folio for the	service charg	ges as a	pplicable from	n time to tim	e. The ARN hol	der has dis	closed to me/us all t	he
commissions (in the hereby declare that t	form of trail co he above inforr	mmission or nation is give	any other mode), pay en by the undersigned	able to him and particı	n for the differ ulars given by	ent compe me/us are	ting Scheme correct and	es of various complete. Fu	Mutual F urther, I c	Funds from am agree that the t	nongst which ransaction	n the Scheme i charge (if appli	s being rec icable) sha	ommended to me/us II be deducted from th	s. I he
subscription amount	and the said cl	haraes shall l	be paid to the distributed from abroad throug	ors. 🗀 I cor	nfirm that Lam	resident o	f India. $\square$ 1/	Ne confirm th	hat I am.	/We are Non-R	esident of Ir	ndian Nationali	tv/Oriain a	nd I/We hereby confir	m
purchases made und	ler this folio will	also be from	funds received from a	broad thro	ugh approved	d banking d	channels or t	rom funds in	my/ our	NRE/FCNR Acc	:ount. 🔲 I he	reby declare th	nat the info	rmation provided in th	he
the documentary evi	dence provided	d by me/us a	ncome Tax Act, 1961 red re, to the best of our kn	owledge a	nd belief, true,	, correct an	d complete.	++I/We, hav	e invest	ed in the Scher	ne(s) of you	r Mutual Fund (	under Direc	t Plan. I/We hereby giv	ve
Distributor / SEBI-Reg	istered Investr	nent Adviser.	ctions data feed/ portf I hereby authorize the	ollo holding represento	gs/ NAV etc. in atives of Nippo	respect of on Life Indic	rny/our inve a Asset Mand	stments und Igement Limi	ited and	ะ Plan of all Sch lits Associates	emes Mana to contact r	gea by you, to ne through any	rne above r mode of c	nentioned Mutual Fur ommunication. This w	ıci vill
override registry on D		,		,						<u> </u>					_
SIGN				ın /											
HERE	Αι	uthorise	d Signatory				uthoris	ed Sign	atory	/		Auth	orised	Signatory	
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			Add	conven	ience to y	your life	with ou	ır value c	added	d service					







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