Nippon india Mutual Fund

Wealth sets you free

COMMON APPLICATION FORM (To be filled in CAPITAL letters)

APP No.:

Name & Broker Code / ARN Sub Agent ARN		*Employee Unique Identification Number RIA Code**
ARN 7 4483 ere) ARN-		
*Please sign alongside in case the EUIN is left blank/not prov any interaction or advice by the employee/relationship man- the employee/relationship manager/sales person of the distr	ager/sales person of the above distributor/sub broker	intentionally left blank by me/us as this transaction is executed without or notwithstanding the advice of in-appropriateness, if any, provided by
SIGN First / Sole Applicant / Guardian / HERE Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
1. INVESTOR'S FOLIO NUMBER [Please tick () and</td <td></td> <td>tual Funds OR I am an existing investor in Mutual Funds ention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide d please proceed to Section 11. Mode of holding will be as per existing folio number.)</td>		tual Funds OR I am an existing investor in Mutual Funds ention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide d please proceed to Section 11. Mode of holding will be as per existing folio number.)
2. UNITHOLDING OPTION - Demat Mode Phys Please ensure that the sequence of Names as mentioned in the	ical Mode These details are compulsory if the investor	wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.
National Securities Depository Limit		Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No.	Target ID No.	
Enclosures (Please tick any one box) : Client I	, , <u> </u>	ding Statement 🗌 Cancelled Delivery Instruction Slip (DIS)
	Zero Balance Folio O Investment ^MODE OF H	DLDING : [Please tick(\checkmark)] \bigcirc Single \bigcirc Joint (Default) \bigcirc Any one or Survivor
4. FIRST APPLICANT DETAILS NAMEA Mr Ms M/s PAN / PEKRNA**	CKYC Id^**	
Name of Guardian if first applicant is minor / Contact Person for non individuals		
Guardian's Relationship With Minor Date O Father O Mother Court Appointed Guardian		datory in Proof of Date of Birth and Guardian's Relationship with Minor
STATUSA : O Resident Individual O PSU O O Society O FI O	AOP/BOI O Minor through Guardi	an O HUF O Trust /Charities / NGOs Prorate O Sole Proprietor O Defence Establishment
O PIO O Bank ((^^^as and when applicable)	O Partnership Firm O Others
(Applicable only for Non Individuals)	OMoney Lending / Pawning	Services O Gaming / Gambling / Lottery / Casino Services O None of the above
^Mandatory for all type of Investors. It is mandatory for investor		**In case First Applicant is Minor then details of Guardian will be required. Mutual Fund. Refer instruction no.II. 5, 6 & X
5. SECOND APPLICANT DETAILS		
PAN / PEKRN^**		STATUS^: O Resident Individual O NRI
6. THIRD APPLICANT DETAILS		
PAN / PEKRN^**	CKYC Id^**	STATUS^: O Resident Individual O NRI
7. CONTACT DETAILS OF SOLE / FIRST APPLICAN Correspondence Address"" (P.O. Box is not sufficient) ""Please note that your address details will be updated as per y	Overseas Address	(Mandatory for NRI / FPI Applicants)
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Country Pin Code	Country	Pin Code
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Mobile No & Email Id with us to get instant transaction alerts via S	MS & Email. 🗌 I hereby authorize NAM India to send impo	note (Applicable only for investors who have not specified the email id)
8. BANK ACCOUNT DETAILS MANDATORY for Re Account No.		
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Nippon india Mutual Fund Wealth sets you free	To be filled in by the investor. Subject	ACKNOWLEDGMENT SLIP (Please retain this slip) to realization of cheque and finishing of Mandatory Information
Name of the Investor Mr/Ms/M/s :		APP No.:

of receiving office

Registered Office Address: 4th Floor, Tower A, Peninsula Business Park, Ganapatrao Kadam Marg, Lower Parel (W), Mumbai - 400 013.

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mendments thereto. (We have read, understood (before filling application form) and is/are bound by the details of the SA, SD & KM including details relating to various services including but not limited to Mig dia Any Time Money Card. (We have not received not been induced by any rebeate or gifts, directly or indirectly in making this investment. (1) We declare that the amount invested in the Scheme is through legitin purces only and is not designed for the purpose of contravention or varions of any Act / Regulations / Directions or any other Applicable Laws enacted by the Government of India or any Statu- thority. I accept and agree to be bound by the soil Terms and Conditions including those excluding (limiting the Nippon III fellical Asset Management Limited (NAM India) (lability: Linuderstand that the NAM II any 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 applicabble from time to the service (hargitacible) shall be deducted from the subscription amount and the soil charges shall be paid to the distributors. I confirm that 1 am resident of India, J/We confirm that ang /We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad thre area (it applicable) shall be deducted from thus in my/ our NRE/FCNR Account. (JFCNR Account. JFCNR Acc	Nominee Name 3. POWER OF irst Applicant econd Applica	Address Address ATTORNE	Modify any of the PAN of Non (Optional (Option	hinee al) HOLDI ./M/s ./M/s	Date of Birth of Nominee	With II	e Relation nvestor	Gu (in case	ardian Nam Nominee is I	e.				Sign	n of	Sign of Guardian	Signo 1st A 2nd 3rd J	iture of Appli applicant Applicant
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Simply send **SMS to 966 400 1111 to avail below facilities Investor Service. A NIMF Virtual Branch Experience. Types of Facilities Single Folio Multiple Folio NAV SMS mynav SMS mynav (space) last 6 digits of folio For more details : Visit : https://mf.nipponindiaim.com Balance SMS Balance SMS balance <space> last 6 digits of folio You can also follow us on If</space>	Sove. If investor wist Nominee Name S. POWER OF irst Applicant econd Applicant bird Applicant U DECLARATI We would like to in mendments therei dia Any Time Mone ources only and isr thority. I accept a thority. I accept a to ay, at its absolute harge (if applicable confirm that I a confirm that I a through applicable cond through applicad with Rules 114F1 and through applicad with Rules 114F1	Attornes Address Attornes POA Name ant POA Name ant POA Name ON AND SI vest in above n to J/We have re y Card.J/We h not designed for disclosed to me op Card.J/We h not designed for disclosed to me ond agree to be discretion, disc disclosed to me ond agree to be discretion, disc disclosed to me on and agree to be disclosed to me on and agree to be discretion, disc disclosed to me on and agree to be discretion, disc disclosed to me on and agree to be discretion, disc disclosed to me on and agree to be disclosed to me on a discretion, disc disclosed to me on a discretion agree to be disclosed to me on a discretion, disc disclosed to me on a discretion agree to be disclosed to me on a discretion agree to be disclosed to me on agree to be disclosed to me disclosed to me	PAN of Non (Option (Option (POA) H Mr./Ms. Mr./Ms. Mr./Ms. Mr./Ms. CONTURE CON	Minee al) HOLDI /M/s /M/s /M/s e home s of contr of contr	Date of Birth of Nominee	With II	tement of Ar and is/are tement of Ar and is/are te or gifts, di ading those ially without mmission or mation is giv id charges sl siya count/ ccount. ded by me / cheme(s) of	Gu (in case ition No. Il tion No. Il bound br bound br irectly or in ations / Rul excluding, any pror r any other excluding lian Nation FORR Acce hereby de us in the Fc your Mutt	normation (S. I. 1) I. 1) I	Al), Sch Minor) Al), Sch Hhe SA, Hiking th Jippon I agree N agree N agree N agree N ad I/twe inform ting An Direct	eme Information SID & KIM includ is investment. I / rections or any o ife India Asset M VAM India can de im for the differe triculars given b thereby confirm that all addition ation provided ir nexures as well Plan. I/We hereb	n Documen ing details We declare ther Applic anagemer sbit from m nt competi y me/us ar that the fur al purchas; the Form is as in the doi y give you	t (SID), k (Signy Nomi	rmation minee	Sign of Guardian PAN	Signc 1st A 2nd 3rd J M (KIN wm (KIN m wm (KIN m wm (KIN m wm (KIN m m m m m m m m m m m m m	Applicant Applicant Applicant Applicant Applicant Applicant () and subsect thimited to Nit through legiti dia or any Stat that the NAM e from time to armongst which at the transat m abroad thr m abroad thr m abroad thr m actions data i
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