

9. 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 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 ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	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

10. ADDITIONAL KYC DETAILS

OCCUPATION**	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	D D M M Y Y Y Y
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	D D M M Y Y Y Y
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to a Politically Exposed Person (PEP)^**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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^A 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) Cash³ (Refer Instruction No. XV) RTGS / NEFT

LEI No. _____ Valid Upto: DD MM YYYY **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	III		DD MM YYYY			

(** Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. *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 – (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the follo mentioned above. If investor wishes to register / modify any of the nomination details, Registration /Cancellation of Nominee form shall be provided separately.

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 / Guardian (in case Nominee is Minor)
		DD MM YYYY					
		DD MM YYYY					
		DD MM YYYY					

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 hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF UNIT HOLDER(S) FOR NOMINATION:
 [To be signed by all unit holders including joint holders, irrespective of mode of holding].

First / Sole Applicant / Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory

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

First Applicant POA Name	Second Applicant POA Name	Third Applicant POA Name	PANA
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. 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.

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

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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

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