

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.6)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-4464 (Refer here)	ARN-		E032737	

*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 notwithstanding 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 / Authorised Signatory	Authorised Signatory	Authorised Signatory

2. INVESTOR'S FOLIO NUMBER

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[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 7)

3. GENERAL INFORMATION APPLICATION FOR Zero Balance Folio Investment MODE OF HOLDING: Single

4. APPLICANT DETAILS

NAME M/s.

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PAN / PEKRN

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 CKYC id

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STATUS: Society PSU AOP/BOI Company/Body Corporate Trust /Charities / NGOs
 HUF FI/FII Sole Proprietor Government Body Others _____
 Bank Partnership Firm FPI*** Defence Establishment
(***as and when applicable)

Additional KYC details & FATCA / CRS declaration

A. NET-WORTH in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

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B. Is the entity involved in / providing any or the following services
- Foreign Exchange / Money Changer Services Yes No - Money Lending / Pawning Yes No
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No Any other information: _____

C. Declaration on Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) enclosed (Refer Ins No. XI)

5. CONTACT DETAILS (Refer Instruction No. V & VII)

Correspondence Address** (P.O. Box is not sufficient)					Overseas Address (Mandatory for NRI / FII Applicants)				
**Please note that your address details will be updated as per your KYC records with CKYC / KRA									
House / Flat No.					House / Flat No.				
Street Address					Street Address				
City/ Town		State		City/ Town		State			
Country		Pin Code		Country		Pin Code			
Tel. (Res.)	SID Code		Tel. (Off.)	Mobile No.		Country Code			
Email ID									

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 wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

6. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name

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Account No.

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 A/c. Type (✓) SB Current NRO NRE FCNR

BranchAddress

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 Branch City

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PIN

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 IFSC Code

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 MICR Code

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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.

Received from M/s : _____ an application for allotment of

Units under Scheme Nippon India _____ Option _____ as per details below.

Instrument No. _____ Dated _____ ₹ _____ drawn on Bank _____

Time Stamp & Date of receiving office

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



7. 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)

Scheme _____

(Refer Instruction No. I-7) (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^{^^} Dividend Payout Dividend Reinvestment

Dividend Frequency _____

Payment Details (Please issue cheque favouring scheme name)Mode of Payment: Cheque DD Funds Transfer RTGS/NEFT

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DDMMYYYY			

(^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

8. UNITHOLDING OPTION - DEMAT MODE PHYSICAL MODE**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. VIII.**

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	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)**9. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No.II.1)**Applicant POA Name PAN **10. 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 including but not limited to Nippon India Any Time Money Card. 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 have read and understood Instruction no. XIII and hereby agree to abide by the same. 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 Annexure 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 / Authorised Signatory	Authorised Signatory	Authorised Signatory

Check list for the documents to be submitted :

Documents	Companies	Trusts	Societies	Partnership Firm	NRI	FIs/FPis	Investments through Constituted Attorney
1. Resolution/Autorisation to invest	✓	✓	✓	✓		✓	
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Complaint	✓	✓	✓	✓	✓	✓	✓

IVR. "Self Help" Option (24 x 7)

IVR
Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions

For more details : Call : 1860 266 0111 (call charges apply)