

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. Distributor / Broker Information

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-4464 (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 / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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2. Investor Details (Refer Instruction No.5,6 & 13)

Name of Applicant	FOLIO NO.	PAN No / PEKRN.	KYC
Name of First applicant Mr./Ms./M/s		MANDATORY	<input type="checkbox"/>
Name of Guardian (In case of Minor) Mr./Ms.		MANDATORY	<input type="checkbox"/>
Name of Second Applicant Mr./Ms.		MANDATORY	<input type="checkbox"/>
Name of Third Applicant Mr./Ms.		MANDATORY	<input type="checkbox"/>

3. Unitholding Option - Demat Mode Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. 10. 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 (NSDL)	Central Depository Securities Limited (CDSL)																				
DP ID No. Beneficiary Account No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode: <input type="checkbox"/> OTBM Facility (One Time Bank Mandate) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> Cash ⁵ (Refer Instruction No. 14)
Cheque/DD/RTGS/NEFT/Cash Deposit Slip No. _____ Payment Date/Instrument Date/Cash Deposition Date ____/____/____
Net Amount ₹ _____ DD Charge ₹ _____ Bank Name: _____ Branch: _____ City: _____
Scheme _____ Plan _____ Option _____
Note : ⁵ Investors are requested to collect the cash deposit slip from the DISC

5. Redemption (Refer Instruction No.4.3 & 4.4)

<input type="checkbox"/> Partial Redemption	OR	<input type="checkbox"/> Full Redemption
Amount: ₹ _____ or Units: _____		
Scheme _____ Plan _____ Option _____		

*Bank Account No: _____ Bank Name: _____
 (*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

<input type="checkbox"/> Partial Switch	OR	<input type="checkbox"/> Full Switch
Amount: ₹ _____ or Units: _____		
From Scheme _____ Plan _____ Option _____		
To Scheme _____ Plan _____ Option _____		

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of NIMF

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)	Mobile No / Tel No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

8. Declaration

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. **Applicable for NRI Investors:** 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/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 its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be. If the balance in my/our account does not cover the amount/ units of the redemption request, I/We authorize you to send the entire such (lesser) balance to me/us.

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