

TO BE FILLED IN CAPITAL LETTERS. PLEASE (-) WHEREVER APPLICABLE

**1. DISTRIBUTOR / BROKER INFORMATION**

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

\*Please sign below 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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

**2. EXISTING UNIT HOLDER INFORMATION** FOLIO NO. 
**3. APPLICANT DETAILS**

Name of Sole/1st holder <small>Mr./Ms./M/s</small>	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 2nd holder <small>Mr./Ms.</small>	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 3rd holder <small>Mr./Ms.</small>	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC

**4. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id is mandatory.)**

Email ID	<input type="text"/>			
Mobile no. + <small>(Country Code)</small>	<small>(For Receiving Transaction Alerts via SMS)</small>	Tel. No. STD Code	Office	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please register your Mobile No &amp; Email Id with us to get instant transaction alerts via SMS &amp; Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

**5. DIVIDEND TRANSFER PLAN (DTP) (Refer Instruction No.6, 7 & 18) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)**

<b>I/We would like to transfer Dividend from:</b>  Scheme Name _____  DIVIDEND PLAN - Option _____	<b>I/We would like to transfer Dividend to:</b>  Scheme Name _____  Plan/Option _____
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**6. DECLARATION & SIGNATURE/S**

I/We would like to opt for Dividend Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

 Place: 

 Date: 

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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 FOLIO NO. 

Received from \_\_\_\_\_ DTP application

Stamp of receiving branch

From Scheme / Plan / Option \_\_\_\_\_

&amp; Signature

to Scheme / Plan / Option \_\_\_\_\_