

DISTRIBUTOR / BROKER INFORMATION (Ref. Instruction No. 12 & 13)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-4464 (op 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.

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

REQUEST FOR Registration of SIP (Default option if not selected) Registration of Micro SIP

SIP TYPE SIP with first instalment through cheque SIP with first instalment through OTBM⁵⁵ SIP without first instalment

⁵⁵This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

APPLICANT DETAILS **FOLIO NO.**

Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	M	A	N	D	A	T	O	R	Y	<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	M	A	N	D	A	T	O	R	Y	<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	M	A	N	D	A	T	O	R	Y	<input type="checkbox"/> KYC

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited (NSDL)					Central Depository Securities Limited (CDSL)													
DP ID No.	Beneficiary Account No.	I	N							Target ID No.								

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

INITIAL INVESTMENT DETAILS (The Cheque / DD should be drawn in favour of "Nippon India Mutual Fund SUBSCRIPTION POOL A/C" dated and duly signed.)
(Note: Payment initiated through Cheque/DD, shall be considered as SIP first instalment and cheque amount should be equal to total SIP amount of all the scheme mentioned below.)

Cheque / DD No. _____	Cheque / DD Date _____	DD Charge ₹ _____
Net Amount ₹ _____	Bank Name: _____	Branch: _____ City: _____

SIP DETAILS (Refer Instruction No. 13. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

** In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the SIP amount should be in multiples of ₹ 500.
\$ In case the SIP 'End Date' is incorrect/ not legible/ not mentioned by the investor, then default end date shall be considered as December 2099.

Scheme / Plan / Option {Refer Instruction No. 16 (ii)}	Frequency (Please/ any one)	Enrollment Period		SIP Date	SIP Amount
		REGULAR	PERPETUAL		
Nippon India	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From MM/YY To MM/YY	From MM/YY To 12/2099	DD	₹ _____ (in figures)
Nippon India	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From MM/YY To MM/YY	From MM/YY To 12/2099	DD	₹ _____ (in figures)
Nippon India	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From MM/YY To MM/YY	From MM/YY To 12/2099	DD	₹ _____ (in figures)
Nippon India	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From MM/YY To MM/YY	From MM/YY To 12/2099	DD	₹ _____ (in figures)
Nippon India	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From MM/YY To MM/YY	From MM/YY To 12/2099	DD	₹ _____ (in figures)

DECLARATION 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. By filling up this form I understand that the amount towards my lumpsum /systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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/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.

SIGNATURE
By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate Form.

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

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of NIMF on any transaction day.

OTBM + Multiple Sip Enrollment Form / 30th Jan 2020 / Ver 1.5



Wealth sets you free

ARN-4464

E032737 VIKRAM S. BAGADTHEY

APP No.:

UMRN (For Office Use Only)

Date:

Sponsor Bank Code (For Office Use Only)

Create Modify Cancel

Utility Code (For Office Use Only) I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Other Bank a/c number (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC / MICR

an amount of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY: Monthly Quarterly Half Yearly Yearly as & when presented

Reference 1 Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From:

To:

Or Until Cancelled

Phone No:

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

1 Name as in Bank Record

2 Name as in Bank Record

3 Name as in Bank Record

THIS SECTION IS INTENTIONALLY KEPT BLANK