

9. FATCA 6fid CRS DETAILS For Ifidividu6ls (M6fid6tory) Nofi Ifidividu6l Ifvestors should m6fid6torily fill sep6r6te FATCA/CRS det6ils 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 Applic6fit/Gu6rdi6fi			Secofid Applic6fit			Thirid Applic6fit		
Country ^^^	Tax Payer Ref. ID No^	Identification Type	Country ^^^	Tax Payer Ref. ID No^	Identification Type	Country ^^^	Tax Payer Ref. ID No^	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 Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 nd Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 rd Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gu6rdi6fi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** ifi ₹	D6te
1 st Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
2 nd Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
3 rd Applic6fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y
Gu6rdi6fi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		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="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)**	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

11. INVESTMENT & PAYMENT DETAILS (Sep6r6te Applic6tiofi Form is required for ifivestmefit ifi e6ch Pl6fi/Optiofi. Multiple cheques fiot permitted with sifigle 6pplic6tiofi form (Refer ifistructiofi fio, IV)

Scheme / Pl6fi
(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]

Optiofi Growth^^ 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 P6ymefit : Cheque DD Funds Transfer OTBM Facility (One Time Bank Mandate) RTGS / NEFT

LEI No. [] Valid Upto: [D D M M Y Y Y Y] 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/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		D D M M Y Y Y Y			

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

Re6sofi for Ifivestmefit: House Children's education Children's Marriage Car Retirement Others _____

12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Ifistructiofi No. II, 1)

First Applic6fit POA N6me	Secofid Applic6fit POA N6me	Thirid Applic6fit POA N6me	PAN^
Mr./Ms./M/s	Mr./Ms./M/s	Mr./Ms./M/s	

13. NOMINATION - (Ref. Instruction No. VI) Ifi c6se of existifig ifivestor, Nomifi6tiofi det6ils sh6ll be replic6ted from the folio m6fiofi6d 6bove. If ifivestor wishes to register / modify 6fiy of the fiomifi6tiofi det6ils, Registr6tiofi /C6ficell6tiofi of Nomifi6fi6 form sh6ll be provided sep6r6tely.

Nomifi6fi N6me & Address	PAN of Nomifi6fi (Optional)	D6te of Birth of Nomifi6fi	Nomifi6fi Rel6tiofi With Ifivestor	Gu6rdi6fi N6me (ifi c6se Nomifi6fi is Mifi6r)	Gu6rdi6fi Rel6tiofi with Nomifi6fi	Alloc6tiofi (%)	Sigfi of Nomifi6fi /Gu6rdi6fi (ifi c6se Nomifi6fi is Mifi6r)
		DD MM YYYY					
		DD MM YYYY					
		DD MM YYYY					

FOR NOMINATION OPT-OUT: I/We **DO NOT** wish to m6ke 6 fiomifi6tiofi. (Please tick () if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

14. 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. 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 agree 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/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 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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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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