

Scheme /Plan/ Option: _

Payment Details: Amount ₹ ___

COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

PP No.

MFD /RIA INFORMATION (Re	efer Instruction No. Sub Agent AR		Sub A	gent Cod	le /Bank Bı	anch Code/	nternal Co	ode *Er	nployee Ur	ique Ide	ntificatio	n Numb	er	RI	A Code**	
ARN-118251p here)	ARN-			-												
*Please sign alongside in case the any interaction or advice by the en the employee/relationship manage	nployee/relationshi	ip manager	/sales pe	erson of												
sign First / Sole Applicant Authorised Sig		Applicant / ed Signatory	Third Applicant / Authorised Signatory													
. INVESTOR'S FOLIO NUMBE	R [Please tick	(√) any on				nvestor ac							ng inves			
						ith KYC validate details are alre										
2. UNITHOLDING OPTION - Lase ensure that the sequence of N	lames as mentione	d in the app	lication fo					with any	one of th	e Depo	sitory P	articipa	nt.		on No. XI	l.
	curities Depositor	y Limited (NSDL)					Centr	al Depos	itory S	ecuriti	es Limi	ted (CD	SL)		
P ID No. Beneficiary Account 1	No.					Target II	No.									
Enclosures (Please tick any o	, ,			,		ansaction							elivery			' '
B. GENERAL INFORMATION		OR O Zero	o Balanc	e Folio	O Invest	ment ^MO	DE OF HO	DLDING	: [Please t	ick(√)]	O Sing	le O J	oint (Defa	ult) 🔘	Any one o	or Survivo
. FIRST APPLICANT DETAILS	• 										$\overline{}$					П
AN / PEKRN^**		++		/O. II.A.**								\dashv				
lame of Guardian if first appli	cant is minor /		CKY	'C Id^**					$\frac{1}{1}$							
contact Person for non individ	uals	Mr. Ms.					<u> </u>									
suardian's Relationship With I Father O Mother OCourt App		Date of Bi		D D	ММ	YYY		datory in of Minor)	Proof of Birth							
TATUSA: O Resident Individue			AOP/BO	l	O Mi	nor througl	n Guardi	an	O HUF) Trust			
SocietyPIO	○ FI ○ Bank	O F	NRI PI ^^^ ^^^as and v	vhen appli	cable) Go	ompany/Bo overnment	Body		O Sole	tnersh	ip Firm	1 (Defer Other	s		
re you involved / providing a Applicable only for Non Indivic		ned servi	ces: ○F	oreign	Exchang	e / Money (Pawning	hanger	Service	s O Go O No	ming ne of t	/ Gam he ab	bling / ove	Lottery	/ Casi	no Serv	rices
ote: In case First Applicant is Non In Mandatory for all type of Investors. I														ıardian	will be re	equired.
. SECOND APPLICANT DET	AILS															
AME^ Mr. Ms. M/s.										Щ						
AN / PEKRN^**		c	KYC Id^	**							S	TATUS'	:O Res	ident Ir	dividu	al O NR
S. THIRD APPLICANT DETAIL	S															
Mr. Ms. M/s.					 			$\frac{1}{1}$	\perp		_					
AN / PEKRN^**		c	KAC Iqv,	**							S	TATUS'	:O Res	dent Ir	dividu	al O NR
. CONTACT DETAILS OF SO orrespondence Address ## (P.O. E	Box is not sufficient)				Overseas	Address	(Mandat	ory for Ni	RI / FPI A	pplica	nts)				
Please note that your address deta	ils will be updated of House /Flat N		(YC recor	ds with	CKYC / KRA					House	Flat	No				
	Street Addres										Addr					
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city/ Town Country el. (Res.) STD Country el. (Res.) StD Country Iobile No. provided pertains to mail ID (CAPITAL letters only) mail ID provided pertains to Streets providing Email Id would mail to stone to get inso. XVI for Terms and Conditions.) B. BANK ACCOUNT DETAILS Account No. Stranch City Bease ensure the name in this applica	Pin Co	Depend - Statement via SMS & eme wise an for Rede	ent child of Accou & Email inual repo	nts in lie I hereby ort or abr	Depender of physics of authorize idged sum V/Refun	ent Siblings all Statement NAM India to a mary through ds, if any	Depe	endent P ts and th rtant info mode (Ap rruction)	arents e annual rmation copplicable of the thickness of t	A Greport of and regular formal forma	uardia r abridgular upd investor) os Branch	dian in an in case ged sum at es to se who h	mary on me on Wave not s	inor email. PenatsApp pecified NRO	(Refer in the emo	o FCN

__ Date: _____ Drawn on Bank

______ Instrument No/Cash Deposit Slip No. _____

9. FATCA and														•					
# Please indicate all Countries in which yo Sole/First Applicant/Guardia				derit ioi	tax purpos	Second Applicant			Tyer identification		Thamber and its i		Third Applicant						
Country #^**				dentification Type		Country # ^**		Tax Payer Ref. ID No				Country # ^**		Tax Payer Ref. ID No					
1																			
2																			
3	**					- · · · ^**					_		- · · · ^**						
	Country of Birth ^{^**}					Country of Birth*** Country of Nationality***							of Birth	A**					
Country of Nationality ^{^+*} In case Country of Tax Residence is only India then details of Country							at be provided	ded *In case Tax Identifica				of Nation		,					
10. ADDITIONA					,			, , , , , , , , , , , , , , , , , , ,											
OCCUPATION^"	Professiono		ulturist	Housewife	Retired	Governme	nt Serv	ice/PublicS	ector	Business	Forex De	ealer	Student	Private Se	ctor Serv	ice Otl	hers		
1 st Applicant	0			0	0		0			0	0			0		0			
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3 rd Applicant	0	0 0		0		0			0	0		0)	0				
Guardian	0)	0	0		0			0	0		0)	0			
GROSS ANNUAL	L INCOME DE	TAILS^**	k	Below 1 Lac	1-51	Lacs 5-10	Lacs 1	0-25 Lacs	25 Lc	acs-1 Crore	e >1 Cro	ore	NFT-WC	DRTH [^] in ₹		Date			
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PEP DETAILS^**						lst App	olicant		2nd	Applicant	t		3rd Appli	icant		Guardian			
Are you a Politic	ally Exposed	l Person	(PEP)^	**		Yes 🔾	No 🔾		Yes							Yes O NoO			
Are you related	to a Political	lly Expos	ed Per	son (PEP)^**		Yes O	NoO		Yes	O NoC		,	Yes O	NoO	Y	es O No	0		
11. INVESTMEN (Refer instruction	T & PAYME	NT DET	AILS (s availat	Separate Appl ble to investor	lication F s who ho	orm is requi ave Invest Ec	red for i Isy facili	nvestment i ity registere	n each d with	Plan/Optic NIMF.	on. Multip	ole che	eques not	permitted v	vith single	application	form		
Scheme / Plan_																			
(Refer Instruction N									est in [Direct Plan p	olease me	ntion	Direct Plan	against the	scheme n	ame)			
Please tick () the</td <td></td> <td>DOXES ON</td> <td>у іі арр</td> <td>ilicable to the</td> <td>scrieme</td> <td>in which you</td> <td></td> <td>O Payout</td> <td>of Inco</td> <td>ome Distrib</td> <td>bution cu</td> <td>ım co</td> <td>apital wit</td> <td>hdrawal or</td> <td>otion</td> <td></td> <td></td>		DOXES ON	у іі арр	ilicable to the	scrieme	in which you		O Payout	of Inco	ome Distrib	bution cu	ım co	apital wit	hdrawal or	otion				
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(^^ Default option if	not selected)	~Units will	l be allot	ted for the net	amount i	minus the tro	ınsactior	n charaes if c	pplica	ble. ^s Investo	ors are rea	ueste	d to collect	t the cash de	posit slip	l rom the DISC			
Reason for Inve																			
12. NOMINATIO					Nominatio	n details shall	be replica	ited from the fo	lio men	tioned above	e. If investor	wishes	to register /	modify any of	the nomina	tion details, Re	gistration		
/Cancellation of Nomi Nominee Name &		•		y. Date of Birth	Nomi	nee Relation	6	uardian Nan		Cumudi	an Delasia		Allocatio	n o		inee /Guard	Ľ		
Northinee Name &	Addiess	(Optional)		of Nominee		h Investor	1.	e Nominee is			an Relatio Nominee	,,,	(%)	1 7	5	minee / Guard minee is Mir			
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FOR NOMINATIO	N ODT-OUT:		DO NO	T wich to m	ako a n	omination	(Dlog	oo tiok (./)	if tha	unit holdo	r doos n	ot wi	sh to nor	minato an	(ono)				
I / We hereby confi nominee(s) and fu	rm that I / We urther are awa	do not wis ire that in	sh to ap case o	point any nom	ninee(s) f the acco	or my mutuo unt holder(s	al fund u	ınits held in r	ny / ou	ır mutual fu	ınd folio aı	nd un	derstand t	he issues in	olved in r				
competent authori	, .				. /		n+ /					_	/		-1	/			
[To be signed by a holders, irrespective	III unit holders	including						X											
13. POWER OF			HOLD			efer Instruct		1 1)		Additorio	od orgi	IGILO	У	AC	PAN^	a digitato	1 y		
First Applicant I		`	s./M/s		, (iii	cici ilisti det	1011110.1	1. 1/							I ANA				
Second Applica													$\dashv \models $		++		$\overline{}$		
Third Applicant		Mr./M											$\dashv \models \dashv$		++		+		
14. DECLARATION																			
I/We would like to inv				subject to terms	of the Sto	itement of Ad	ditional Ir	nformation (S	AI), Sch	eme Informo	ation Docur	ment (SID), Key Ini	formation Me	morandum	(KIM) and su	bseguent		
amendments thereto induced by any rebo	o. I/We have rec	id, underst	ood (bef	fore filling applic	cation forn	n) and is/are	bound by	the details of	the SA	I, SID & KIM in	cluding de	tails re	lating to vo	arious service:	s. I/We have	not received	I nor been		
contravention or eva said Terms and Cond	ision of any Act /	Regulation	ns / Rule:	s / Notifications	/ Direction	ns or any other	Applicat	ole Laws enac	ed by t	he Governme	ent of India	or any	Statutory A	Authority, Iac	cept and a	gree to be bou	and by the		
the services complet	tely or partially	without an	y prior n	otice to me. I ag	ree NAM I	ndia can deb	it from m	y folio for the	service	charges as	applicable	from	time to time	e. The ARN ho	lder has dis	closed to me	/us all the		
commissions (in the hereby declare that t	he above inforn	nation is giv	ven by th	ne undersigned o	and partic	ulars given by	me/us a	ire correct and	compl	ete. Further, I	agree that	the tro	ansaction c	harge (if appl	icable) sha	Il be deducted	d from the		
subscription amount that the funds for sub	oscription have l	oeen remit	ted from	abroad through	n normal b	oanking chanr	nels or fro	m funds in my	our No	on-Resident E	External /O	rdinar	/ Account/F	CNR Account	. I/We unde	rtake that all o	additional		
purchases made und Form is in accordance	e with section 2	85BA of the	Income	Tax Act, 1961 red	ad with Ru	les 114F to 114H	of the Inc	come Tax Rule	s, 1962 c	and the inforr	mation pro	vided	by me /us ir	n the Form, its	supporting	Annexures as	well as in		
the documentary evi you my/our consent	to share/provid	e the transo	actions o	data feed/ portfo	olio holdin	gs/NAV etc. ir	respect	of my/our inve	estmen	ts under Dire	ct Plan of a	II Sche	mes Manag	ged by you, to	the above i	nentioned Mu	ıtual Fund		
Distributor / SEBI-Reg override registry on D	gistered Investn	nent Advise	er. I herek																
SIGN				/ Guardio	ın /			Second	Δnn	olicant /				Th	ird An	olicant /			
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Investor Service. A NIMF Virtual Branch Experience. For more details : Visit : https://mf.nipponindiaim.com

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