



**9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details 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 Applicant/Guardian			Second Applicant			Third Applicant		
Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type	Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type	Country #***	Tax Payer Ref. ID No <sup>2</sup>	Identification Type
1								
2								
3								
Country of Birth <sup>***</sup>			Country of Birth <sup>***</sup>			Country of Birth <sup>***</sup>		
Country of Nationality <sup>***</sup>			Country of Nationality <sup>***</sup>			Country of Nationality <sup>***</sup>		

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 <sup>***</sup>	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> Applicant	<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 <sup>nd</sup> Applicant	<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 <sup>rd</sup> Applicant	<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"/>
Guardian	<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 <sup>**</sup>	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH <sup>***</sup> in ₹	Date
1 <sup>st</sup> Applicant	<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 <sup>nd</sup> Applicant	<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 <sup>rd</sup> Applicant	<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
Guardian	<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 <sup>***</sup>	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP) <sup>**</sup>	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) <sup>**</sup>	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 (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTBM facility is available to investors who have Invest Easy facility registered with NIMF.**

**Scheme / Plan**  
 (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]

**Option**  
 Growth<sup>^^</sup>  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 Payment**:  Cheque  DD  Funds Transfer  OTBM Facility (One Time Bank Mandate)  RTGS / NEFT

LEI No. \_\_\_\_\_ Valid Upto: DD MM YYY 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	III		DD MM YYY Y			

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

**Reason for Investment**:  House  Children's education  Children's Marriage  Car  Retirement  Others \_\_\_\_\_

**12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II.1)**

First Applicant POA Name	Second Applicant POA Name	Third Applicant POA Name	PAN <sup>^</sup>
Mr./Ms./M/s	Mr./Ms./M/s	Mr./Ms./M/s	

**13. NOMINATION (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register / modify any of the nomination details, Registration / Cancellation of Nominee form shall be provided separately.**

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Sign of Nominee / Guardian (in case Nominee is Minor)
		DD MM YYY Y					
		DD MM YYY Y					
		DD MM YYY Y					

**FOR NOMINATION OPT-OUT:**  I/We DO NOT wish to make a nomination. (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 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. 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 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 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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**Add convenience to your life with our value added service**

Simply send \*\*SMS to 966 400 1111 to avail below facilities

Types of Facilities	Single Folio	Multiple Folio
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

Investor Service. A NIMF Virtual Branch Experience.

For more details : Visit : <https://mf.nipponindiaim.com>

You can also follow us on   

\*\*SMS charges apply

**MFD / RIA INFORMATION**

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code / Internal Code	*Employee Unique Identification Number	RIA Code*
ARN- (ARN stamp here)	ARN-			

\*Please sign alongside in case the EUN is left blank/not provided. I/We hereby confirm that the EUN 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.

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder Mr./Ms./M/s		PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.		PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.		PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC

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

UNITHOLDING OPTION - <input checked="" type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.																															
<b>National Securities Depository Limited (NSDL)</b>	<b>Central Depository Securities Limited (CDSL)</b>																														
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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
I	N																														

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

SIP DETAILS (Refer Instruction No. 14. 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)																										
Scheme / Plan / Option	Frequency (Please, any one) <input type="checkbox"/> Daily <sup>53</sup> <input type="checkbox"/> Weekly <sup>55</sup> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	Enrollment Period From <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> To <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	SIP Date <table border="1"><tr><td></td><td></td><td></td></tr></table> (Any date from 1 <sup>st</sup> to 28 <sup>th</sup> of a given month) <sup>56</sup>				SIP Amount ₹ _____ (in figures)	Step-Up Facility (Optional) (Refer Instruction No. 26)		
Amount ₹ _____ (Multiples of ₹ 100 only <sup>57</sup> )	Frequency <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Count Increase SIP amount _____ time(s) (Default 1 time)																								

<sup>53</sup> In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/-.  
<sup>54</sup> 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. <sup>55</sup> Daily & Weekly SIP Frequencies are applicable for normal SIP and not for Flex SIP & Pause Facility.  
<sup>56</sup> For weekly frequency, only 1st, 8th, 15th & 22nd date are eligible of every month.

**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. This will override registry on DND / DNDC, as the case may be.

**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 / Invest Easy - Individuals Mandate Form.

<b>SIGN HERE</b> First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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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.

**ONE TIME BANK MANDATE**

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN 

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 (For Office Use Only)

Sponsor Bank Code 

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 (For Office Use Only)

Utility Code 

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 (For Office Use Only)

Date: 

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Create  Modify  Cancel

I/We hereby authorize **Nippon India Mutual Fund**

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

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 (Destination Bank account Number)

With Bank 

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 (Name of Destination Bank) IFSC / MICR 

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an amount of Rupees 

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 (Amount in word) ₹ 

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 (Amount in figure)

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

Reference 1 

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 (Folio No.) Reference 2 

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I. 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: 

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To: 

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Or  Until Cancelled

Signature of Account Holder \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Phone No: 

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 1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record