

MFD /RIA INFORMATION (Refer Ifstructiofi No. I.9 & 10)

N6me & ARN Code	Sub Agefit ARN Code	Sub Agefit Code /B6fik Br6fich Code/ Ifiterfi6l Code	*Employee Ufiique Idefitific6tiofi Number	RIA Code**
ARN - (ARN stamp here)	ARN -			

*Please sign alongside 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 not with standing 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
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1. INVESTOR'S FOLIO NUMBER [Please tick () any one] ☐ I 6m 6 First time ifvestor 6cross Mutu6l Fufids OR ☐ I 6m 6fi existifig ifvestor ifi Mutu6l Fufids

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 11. Mode of holding will be as per existing folio number.)

2. UNITHOLDING OPTION - ☐ Dem6t Mode ☐ Physic6l Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

N6tiofi6l Securities Depository Limited (NSDL)	Cefitr6l Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No.	Target ID No.

Eficlosures (Ple6se tick 6fiy ofie box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

3. GENERAL INFORMATION APPLICATION FOR ☐ Zero Balance Folio ☐ Investment ^MODE OF HOLDING : [Please tick()]

☐ Single ☐ Joint (Default) ☐ Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME^ Mr. Ms. M/s.

PAN / PEKRN^** CKYC Id^**

N6me of Gu6rdi6fi if first applicant is minor / Cofit6ct Persofi for non individuals Mr. Ms.

Gu6rdi6fi's Rel6tiofship With Mifior ☐ Father ☐ Mother ☐ Court Appointed Guardian D6te of Birth of 1st Applic6fit

STATUS^ ☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ Trust /Charities / NGOs ☐ HUF ☐ Defence Establishment ☐ Private Limited Company ☐ FI ☐ NRI ☐ Body Corporate ☐ Sole Proprietor ☐ Society ☐ Others (please specify) ☐ Public Limited Company ☐ PIO ☐ FPI*** ☐ Government Body ☐ Partnership Firm ☐ Bank

Are you ifvolved / providifig 6fiy of the mefitiofied services : ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Nippon India Mutual Fund. Refer instruction no.II. 5, 6 & X

5. SECOND APPLICANT DETAILS

NAME^ Mr. Ms. M/s.

PAN / PEKRN^** CKYC Id^** STATUS^ ☐ Resident Individual ☐ NRI

6. THIRD APPLICANT DETAILS

NAME^ Mr. Ms. M/s.

PAN / PEKRN^** CKYC Id^** STATUS^ ☐ Resident Individual ☐ NRI

7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Ifstructiofi No. VII & IX)

Correspofidefice Address** (P.O. Box is not sufficient) Overse6s Address (Mandatory for NRI / FPI Applicants)

*Please note that your address details will be updated as per your KYC records with CKYC / KRA

House /FI6t No. Street Address

City/ Towfi St6te City/ Towfi St6te

Coufiftry Pifi Code Coufiftry Pifi Code

Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)

Mobile No. provided pert6ifis to ☐ Self ☐ Spouse ☐ Depefidefit childrefi ☐ Depefidefit Siblifigs ☐ Depefidefit P6refits ☐ A Gu6rdi6fi ifi c6se of 6 mifior

Em6il ID (CAPITAL letters only) Em6il ID provided pert6ifis to ☐ Self ☐ Spouse ☐ Depefidefit childrefi ☐ Depefidefit Siblifigs ☐ Depefidefit P6refits ☐ A Gu6rdi6fi ifi c6se of 6 mifior

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email ☐ I hereby authorize NAM India to send important information and regular updates to me on WhatsApp. (Refer instruction no. XV for Terms and Conditions.) ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

8. BANK ACCOUNT DETAILS MANDATORY for Redemptiofi/IDCW/Refufids, if 6fiy (Refer Instruction No. III)

Accoufit No. M a n d a t o r y A/c. Type () SB ☐ Currefit ☐ NRO ☐ NRE ☐ FCNR

N6me of B6fik M a n d a t o r y Bank Branch

Br6fik City PIN IFSC Code For Credit via RTGS MICR Code 9 Digit For Credit via NEFT

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

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.

OCCUPATION**	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
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(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)