

Name of the Investor Mr/Ms/M/s : ___

Instrument No.

Scheme /Plan/ Option: ____

COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

APP No.:

MFD /RIA INFORMATION (Refer Ifistructiofi No. I.9 & 10 N6me & ARN Code Sub Agefit ARN Code		oyee 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 First / Sole Applicant / Guardian / HERE Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
1. INVESTOR'S FOLIO NUMBER [Please tick () an	v one] 1 6m 6 First time ifivestor 6cross Mutu6l Fufids (If you have an existing folio number with KYC validated, please mention the num	•·· 🚨 · · · · · · · · · · · · · · · · ·
	FATCA / Additional KYC details. If these details are already provided please proce	eed to Section 11. Mode of holding will be as per existing folio number.)
	nysic6l Mode These details are compulsory if the investor wishes application form matches with that of the account held with any one	
N6tiofi6l Securities Depository Limit		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 State	ement 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. Ws.		
PAN / PEKRN^**	CKYC Id^**	
N6me of Gu6rdi6fi if first applicant is minor / Cofit6ct Persofi for non individuals	f Birth	
Gu6rdi6fi's Rel6tiofiship With Mifior Father Mother Court Appointed Guardian of 1st.		pof of D6te of Birth 6fid Gu6rdi6fi's Rel6tiofiship with Mifior Birth Certificate Passport Others (please specify)
OResident Individual OPSU OAOP/I	O Minor through Guardian Trust /Cha O Body Corporate Sole Prop	rities / NGOs HUF ODefence Establishment rietor OSociety OOthers (please specify)
	ond when applicable) O Government Body O Partnersh	•
	ervices: Foreign Exchange / Money Changer Services	☐ Gaming / Gambling / Lottery / Casino Services ☐ None of the above
(Applicable only for Non Individuals) Money Lending / Pawning		
	to be KYC compliant prior to investing in Nippon India Mutual Fund.	
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 ADDITION	(Defending the Miles No.	
7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Ifistructiofi No. VII & IX) Correspondefice 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 /Fl6t No. House /Fl6t No.		
Street Address		Street Address
City/ Towfi St6te	City/ Towfi	St6te
Coufitry Pifi Code	Coufitry	Pifi Code
Tel. (Res.) STD Code	Tel. (Off.)	Mobile No. (Country Code)
, , ,	epefidefit childrefi Depefidefit Siblifigs Depefidefit F	
Em6il ID (CAPITAL letters only)		<u> </u>
Em6il ID provided pert6ifis to Self Spouse Dep		_
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)		
	demptiofi/IDCW/Refufids, if 6fiy (Refer Instruction No. I	
	n d a t o r y	A/c. Type (/) LSB LCurrefit NRO NREL FCNR
N6me of B6fik Mandatory Bank Branch		
Br6fich City PIN IFSC Code F o r C r e d i t v i a R T G S 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.		
Nippon incita Mutual Fund ACKNOWLEDGMENT SLIP (Ple6se ret6ifi this slip) To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.		

____ Time St6mp & D6te

of receivifig office

_ APP No.:

Drawn on Bank

___ Date :____

For Ifidividu6ls (M6fid6tory) Nofi Ifidividu6l Ifivestors should m6fid6torily fill sep6r6te FATCA/CRS det6ils form

Third Applic6fit

Tax Paver Ref. ID No^s

Country

Identification Type

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.

Country

Secofid Applic6fit

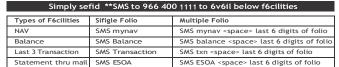
Tax Payer Ref. ID No Identification Type

Sole/First Applic6fit/Gu6rdi6fi

Country

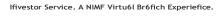
Tax Payer Ref. ID No Identification Type

SMS





Add cofivefiiefice to your life with our v6lue 6dded service



For more det6ils : Visit : https://mf.fiippofiifidi6im.com

You c6fi 6lso follow us ofi

