Aadhaar linking form for Non-Individual

Nam	e of the Non- Individual : _							-
PAN	of the Non-Individual :							
Detai	ls of Authorized Signatories	as available in Ac	ıdhaar <i>(Kindly us</i>	e another for	m in case of >	10 signatories)		
Sr. No.	Name of the Authorized Signatory	PAN of the Authorized Signatory	Aadhaar of the Authorized Signatory	Date of Birth of the Authorized Signatory (DD/mm/ yyyy)	Mobile Number of the Authorized Signatory	Pin code of the Authorized Signatory	Gender of the Authorized Signatory (M/F/ Others)	Signature of the Authorized Signatory
1.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
I, issue perso the cl shari other	this certification on behalf onnel covers all authorized nanges / modifications from ng the above information v service providers in corpora ded to comply with the PML ose.	of the organizati signatories on be n time to time, if a vith NAM India PN ate & individual ca	on hereby confir half our organiza ny, through appi 1S, various regul pacity and also f	m the correctation and this ropriate mear atory / statute or validating t	tness of the a list will supers as to NAM India bry authorities the same with	bove informationsede all our east PMS. Above so including its voulDAI wherever	on. The above rlier ASL. We signatories ha urious affiliate warranted. T	will let you know we consented for s, Custodian and his information is
Rega For	rds							
(Sign)								
Com	oany Secretary / Authorized	Signatory (ies)				Com	pany Seal	

Declaration

eject: Disclosure of interest in corporate bodies (listed companies only)			
ar Sir, 'e,			
ector. Trustee/ Authorised Officials) of			
ring entered into portfolio management services agreement with Nippon Life I pon Life Asset Management Limited), the Portfolio Manager, hereby give no porate bodies which enables me/ us to obtain unpublished price sensitive inf	tice that I we may b	pe considered as holing	g interest in va
t /2nd/ 3rd Name of the company Nature if Interest	Designation (if applicable)	No. Of shares held in the company (if applicable)	% of capital paid-up

Note: Strike out the entire declaration form and sign, if note applicable

To,

Transfer of Shares

Limited				
Life Asset Managem	ent Limited)			
Peninsula Business P	ark,			
Ganapatrao Kadam Marg, Lower Parel (W), Mumbai 400013.				
our demat accoun	t to the demat a	ccount of Nippon Life India Asset Mar	nagement Limited A/c	
at account and the	sharos hold thora	in for the nurness of transfer of share	e to Ninnon Life India Asso	
	silures field lifere	en for the purpose of fransier of strate	s to Mipport Life Iridia Asse	
iai accourii.				
		DP ID Number ·		
ISIN No	Quantity	Original Date of Acquisition	Original Cost	
13111110.	Quantity	Original Date of Acquisition	Original Cosi	
		L		
(5	iign)	(Sign)		
	Jeninsula Business Polarinsula Business Polarinsula Business Polarinsula Business Polarinsula account and the state account.	Life Asset Management Limited) Peninsula Business Park, /our demat account to the demat account and the shares held there at account.	Life Asset Management Limited) Peninsula Business Park, /our demat account to the demat account of Nippon Life India Asset Management and the shares held therein for the purpose of transfer of share at account. DP ID Number: Execution Date: ISIN No. Quantity Original Date of Acquisition	

Note: Strike out the entire declaration form and sign, if note applicable

Declaration

Applicable only if TAN Number is not provided on the form

Date:
To,
Nippon Life India Asset Management Limited
(Formerly known as Reliance Nippon Life Asset Management Limited)
Corporate Office: 4th Floor, Tower A, Peninsula Business Park,
Ganapatrao Kadam Marg,
Lower Parel (W), Mumbai 400013.
Dear Sir,
We refer to the agreement executed onwith Nippon Life India Asset Management Limited (NAM India)- PMS for availing portfolio management service.
We understand that there is a Liability of payment of TDS on Management fees charges to client for the services provided by NAM India. Presently, TDS has been paid by NAM India on client's behalf provided the investor does submit Tax Deduction Account Number (TAN) to NAM India.
In this context, we hereby instruct you to not deduct any tax at source (TDS) for the management fees paid to Nippon Life India Asser Management Limited (Formerly known as Reliance Nippon Life Asset Management Limited) for availing Portfolio Management Services.
Regards,

Note: Strike out the entire declaration form and sign, if note applicable

Access of Reports

Date:		
То,		
Nippon Life India Asset Management Limited		
(Formerly known as Reliance Nippon Life Asset	_	
Corporate Office: 4th Floor, Tower A, Peninsula I	3usiness Park,	
Ganapatrao Kadam Marg,		
Lower Parel (W), Mumbai 400013.		
Subject: Access of reports of my investments		
Dear Sir,		
Kindly provide the access of the following report	rts to my investments advisor whose particular	s are also mentioned below:
Mode of Access		
Email Report		
Portfolio Performance Report		
Holding Report, Trades Transaction Report	t & Statement of Profit & Loss and Balance.	
Name of Investment Advisor:		
Email of the Investment Advisor:		
Email	Requests during Force Majeure situe	ations
In case of force majeure/ exceptional/ pander with you	nic kind of event, please accept transactions &	k other requests from below email id registered
with portfolio manager. I / We understand and a documents to you via emails and hereby agree the same, and I/ we will not hold the portfolio n your non performing or any delay /default in pe	acknowledge that there are inherent risks involv and confirm that all risks shall be fully borne by nanager liable for any losses or damages inclu erforming any act, wholly or in part in accordar	eptional situation & accepting the transactions lies red in sending the instructions/communications/red in sending the instructions/communications/red in sand I / we assume full responsibility for uding legal fees arising upon your performing or nice with the instructions so received which could lio manager considering the mode in which the
(<u>Sign)</u>	(Sign)	(Sign)

Risk Profile Questioner

Investors	s Name:	Occupation:
1.	Please mention your age (in years)	18-35 35-50 50-60 above 60
2.	What is your marital status?	Single Married
3.	Expected years to retirement	Retired 5-10 11-15 15-20 20+
4.	What percentage of your networth do you intend to invest	less than 50% 50%-60%
5.	Are you aware that equity investments are subject to market risks, are you alright with the same?	Yes No No
6.	What is your time horizon, while you consider your investments?	5-7 yrs 7-10 yrs above 10 yrs
7.	Are you alright with investment in equity derivatives like futures and options which may be used to take fresh position of to hedge the existing presence	
8.	Are you alright with investment in secured / unsecured unrated/ high yielding securities which could be classified as high risk/ high return investments?	Yes No No
9	Are you alright with investing in Interest rate futures/ interest rate swaps which may be used to take fresh positions or to hedge the existing exposure	Yes No No
product su	I – PMS is required by law to understand your risk profile, financial situat uitability for investment entails understanding client's tolerance to risk. I ge your requirements from the perspective of our PMS offering.	
I have und and belief.	derstood the above questionnaire and all the answers given by me for ${f c}$	or each of the questions are true to the best of my knowledge
Investor No	ame: Inve	estor Signature: (Sign)
	n of investor risk profiling st in Equities Yes No	
	name:	
Employee:	Signature:(Sign)	

Note: If the prospective investor is above 60 years old then kindly provide age declaration. (SPECIMEN MENTIONED OVERLEAF)