

Aadhaar linking form for Non-Individual

Name of the Non- Individual : _____

PAN of the Non-Individual :

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Details of Authorized Signatories as available in Aadhaar *(Kindly use another form 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. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

Certificate from Company Secretary / any other competent authority of the Organization

I, _____, Company Secretary / Competent Authority to issue this certification on behalf of the organization hereby confirm the correctness of the above information. The above specified list of personnel covers all authorized signatories on behalf our organization and this list will supersede all our earlier ASL. We will let you know the changes / modifications from time to time, if any, through appropriate means to NAM India PMS. Above signatories have consented for sharing the above information with NAM India PMS, various regulatory / statutory authorities including its various affiliates, Custodian and other service providers in corporate & individual capacity and also for validating the same with UIDAI wherever warranted. This information is provided to comply with the PMLA requirements and should not be used for any other purpose unless it is required under any law / regulatory purpose.

**Regards
For**

(Sign)

Company Secretary / Authorized Signatory (ies)

Company Seal

Declaration

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.

Subject: Disclosure of interest in corporate bodies (listed companies only)

Dear Sir,
I/We, _____ (of
Director, Trustee/ Authorised Officials) of _____

Having entered into portfolio management services agreement with Nippon Life India Asset Management Limited (Formerly known as Reliance Nippon Life Asset Management Limited), the Portfolio Manager, hereby give notice that I we may be considered as holding interest in various corporate bodies which enables me/ us to obtain unpublished price sensitive information of the body corporate in the following entities:

| 1st /2nd/ 3rd Applicant | Name of the company | Nature if Interest | Designation (if applicable) | No. Of shares held in the company (if applicable) | % of capital paid-up |
|-------------------------|---------------------|--------------------|-----------------------------|---|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Further, I undertake to intimate Nippon Life India Asset Management Limited (Formerly known as Reliance Nippon Life Asset Management Limited). Portfolio Manager in case of any modification to the above.

(Sign) _____

(Sign) _____

(Sign) _____

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

Transfer of Shares

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.

Subject: Transfer of Shares from my/our demat account to the demat account of Nippon Life India Asset Management Limited A/c PMS.

Dear Sir,

Following are the details of my demat account and the shares held therein for the purpose of transfer of shares to Nippon Life India Asset Management Limited - A/C PMS demat account.

Name of the Investor's DP: _____ DP ID Number : _____
Client ID Number : _____ Execution Date : _____

List of Securities to be transferred:

| Name of the Security | ISIN No. | Quantity | Original Date of Acquisition | Original Cost |
|----------------------|----------|----------|------------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Thank You,
Yours Faithfully

(Sign) _____

(Sign) _____

(Sign) _____

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 on _____ with 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 Asset 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: _____

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.

Subject: Access of reports of my investments

Dear Sir,
Kindly provide the access of the following reports to my investments advisor whose particulars are also mentioned below:

Mode of Access

Email Report

Portfolio Performance Report

Holding Report, Trades Transaction Report & Statement of Profit & Loss and Balance.

Name of Investment Advisor: _____

Email of the Investment Advisor: _____

Email Requests during Force Majeure situations

In case of force majeure/ exceptional/ pandemic kind of event, please accept transactions & other requests from below email id registered with you

I agree to provide physical instructions once the situation normalises. The right to decide the exceptional situation & accepting the transactions lies with portfolio manager. I / We understand and acknowledge that there are inherent risks involved in sending the instructions/communications/ documents to you via emails and hereby agree and confirm that all risks shall be fully borne by me / us and I / we assume full responsibility for the same, and I/ we will not hold the portfolio manager liable for any losses or damages including legal fees arising upon your performing or your non performing or any delay /default in performing any act , wholly or in part in accordance with the instructions so received which could be a result of any miscommunication, or technological error beyond the control of the portfolio manager considering the mode in which the same was conveyed.

(Sign)

(Sign)

(Sign)

Risk Profile Questioner

Investors Name: _____

Occupation: _____

| | | |
|----|--|---|
| 1. | Please mention your age (in years) | 18-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> above 60 <input type="checkbox"/> |
| 2. | What is your marital status? | Single <input type="checkbox"/> Married <input type="checkbox"/> |
| 3. | Expected years to retirement | Retired <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20+ <input type="checkbox"/> |
| 4. | What percentage of your network do you intend to invest | less than 50% <input type="checkbox"/> 50%-60% <input type="checkbox"/> |
| 5. | Are you aware that equity investments are subject to market risks, are you alright with the same ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | What is your time horizon, while you consider your investments? | 5-7 yrs <input type="checkbox"/> 7-10 yrs <input type="checkbox"/> above 10 yrs <input type="checkbox"/> |
| 7. | Are you alright with investment in equity derivatives like futures and options which may be used to take fresh position or to hedge the existing presence | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. | Are you alright with investment in secured / unsecured unrated/ high yielding securities which could be classified as high risk/ high return investments ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |

NAM India – PMS is required by law to understand your risk profile, financial situation, and particular needs. A key consideration in understanding product suitability for investment entails understanding client's tolerance to risk. We thank you for your valuable time and efforts in helping us to better judge your requirements from the perspective of our PMS offering.

I have understood the above questionnaire and all the answers given by me for each of the questions are true to the best of my knowledge and belief.

Investor Name: _____

Investor Signature: _____ (Sign)

Conclusion of investor risk profiling

Ok to Invest in Equities ☐ Yes ☐ No

Employee name: _____

Employee Signature: _____ (Sign)

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