

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-112708	ARN-		E 161581	

*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 notwithstanding 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

1. INVESTOR'S FOLIO NUMBER [Please tick (✓) any one] I am a First time investor across Mutual Funds
 OR I am an existing investor in Mutual Funds

(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 - Demat Mode Physical 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.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. <input type="text"/>	Target ID No. <input type="text"/>

Enclosures (Please tick any one 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^A

PAN / PEKRN^{***} CKYC Id^{***}

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor
 Father Mother Court Appointed Guardian

Date of Birth of 1st Applicant (Mandatory in case of Minor)

Proof of Date of Birth and Guardian's Relationship with Minor
 Birth Certificate Passport Others (please specify)

STATUS^A : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust /Charities / NGOs
 Society FI NRI Company/Body Corporate Sole Proprietor Defence Establishment
 PIO Bank FPI^{***} Government Body Partnership Firm Others _____
(***as and when applicable)

Are you involved / providing any of the mentioned 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^A

PAN / PEKRN^{***} CKYC Id^{***} STATUS^A: Resident Individual NRI

6. THIRD APPLICANT DETAILS

NAME^A

PAN / PEKRN^{***} CKYC Id^{***} STATUS^A: Resident Individual NRI

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

Correspondence Address ^{**} (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA	Overseas Address (Mandatory for NRI / FPI Applicants)
House /Flat No. <input type="text"/>	House /Flat No. <input type="text"/>
Street Address <input type="text"/>	Street Address <input type="text"/>
City/ Town <input type="text"/>	City/ Town <input type="text"/>
State <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Pin Code <input type="text"/>	Pin Code <input type="text"/>
Tel. (Res.) <input type="text"/>	Mobile No. <input type="text"/>
Tel. (Off.) <input type="text"/>	

Email ID
 Email ID provided pertains to Self Family Member (Note: If Email pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children

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 RNAM to send important information and regular updates to me on WhatsApp. (Refer instruction no. XVI 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 Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Account No. A/c. Type (✓) SB Current NRO NRE FCNR

Name & Branch of Bank

Branch City PIN IFSC Code 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.

9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory 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%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type
1			1			1		
2			2			2		
3			3			3		

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

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth***	Country of Nationality***	Country of Birth***	Country of Nationality***	Country of Birth***	Country of Nationality***

10. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st 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 nd 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 rd 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^***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should not be older than 1 year)	DDMMYYYY
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		DDMMYYYY

PEP DETAILS***	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)^***	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)^***	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
(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^^ Dividend Payout Dividend Reinvestment Dividend Frequency _____

Mode of Payment Cheque DD Funds Transfer OTBM Facility (One Time Bank Mandate) RTGS / NEFT Cash[§] (Refer Instruction No. XV)

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DDMMYYYY			

(* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. [§]Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment: House Children's education Children's Marriage Car Retirement Others _____

12. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature of applicants is mandatory if you do not wish to nominate.

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	Sign of Guardian	Signature of Applicants
									1st Applicant
									2nd Applicant
									3rd Applicant

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

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

14. DECLARATION AND SIGNATURE

I/We would like to invest in Nippon India _____ 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 including but not limited to Nippon India Any Time Money Card. 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 Reliance Nippon Life Asset Management Limited (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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 Reliance Nippon Life Asset Management Ltd and its Associates to contact me through any mode of communication. This will override registry on DND /DNDC, as the case may be.

SIGN HERE	<input type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> 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

Investor Service. A NIMF Virtual Branch Experience.