Nippon India Mutual Fund
Wealth sets you free

MULTIPLE SIP COMMON APPLICATION FORM

(Multiple Investment through Single Cheque / One Time Bank Mandate Form)
(Applicable for New Investors Only)

APP No.:

1. 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- (ARN stamp here) 67723	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 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

[Please tick (□) any one] ☐ **I am a First time investor across Mutual Funds** OR ☐ **I am an existing investor in Mutual Funds**

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)

DP ID No. Beneficiary Account No. I N

Central Depository Securities Limited (CDSL)

Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

3. 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^*****

Name of Guardian if first applicant is minor
Contact Person for non individuals Mr. Ms.

Guardian's Relationship With Minor
○ Father ○ Mother ○ Court Appointed Guardian

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

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

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

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)
○ 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. 6, 7 & 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 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 / FII Applicants)	
House /Flat No.		**House /Flat No.**	
Street Address		**Street Address**	
City/ Town	**State**	**City/ Town**	**State**
Country	**Pin Code**	**Country**	**Pin Code**
Tel. (Res.) STD Cod	**Tel. (Off.)**	**Mobile No.**	(Country Code)
Email ID			

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 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. Mandatory **A/c. Type (✓)** ○ SB ○ Current ○ NRO ○ NRE ○ FCNR

Name & Branch of Bank Mandatory

Branch 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.

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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 Birth^**		Country of Birth^**	
Country of Nationality^**		Country of Nationality^**		Country of Nationality^**	

10. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1st Applicant	○	○	○	○	○	○	○	○	○	○ _____
2nd Applicant	○	○	○	○	○	○	○	○	○	○ _____
3rd Applicant	○	○	○	○	○	○	○	○	○	○ _____
Guardian	○	○	○	○	○	○	○	○	○	○ _____

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	○	○	○	○	○	○	(Net worth should	D D M M Y Y Y Y
2nd Applicant	○	○	○	○	○	○	not be older	D D M M Y Y Y Y
3rd Applicant	○	○	○	○	○	○	than 1 year)	D D M M Y Y Y Y
Guardian	○	○	○	○	○	○		D D M M Y Y Y Y

PEP DETAILS***	1st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)^**	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○
Are you related to a Politically Exposed Person (PEP)^**	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○	Yes ○ No ○

11. 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 wise 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

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

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

13. INVESTMENT & PAYMENT DETAILS (Refer instruction no. IV)

(The Cheque / DD should be drawn in favour of " NIPPON INDIA MUTUAL FUND SUBSCRIPTION POOL A/C" dated and duly signed.)

Mode of Payment ○ Cheque ○ DD (Note: Payment initiated through Cheque/ DD, shall be considered as SIP first instalment and cheque amount should be equal to total SIP amount of all the scheme mentioned below.)

Investment Amount (`)	DD Charges (if applicable) (`)	Net Amount~ (`)	Cheque / DD No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DD MM YYYY			

~Units will be allotted for the net amount minus the transaction charges if applicable.

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

14. REQUEST FOR ☐ Registration of SIP (Default option if not selected) ☐ Registration of Micro SIP Note : It is mandatory to submit One Time Bank Mandate Form

Scheme Details(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)
** In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the SIP amount should be in multiples of ` 500.
$ Incase the SIP 'End Date' is incorrect/ not legible/ not mentioned by the investor, then default end date shall be considered as December 2099.

	Scheme / Plan / Option (Refer Instruction No. I.16)	Frequency (Please ,any one)	Enrollment Period REGULAR	Enrollment Period PERPETUAL	SIP Date	SIP Amount
Scheme 1	Nippon India	☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y	From M M Y Y Y Y To 1 2 2 0 9 9	D D (Any date from 1st to 28th of a given month)	` _____ (in figures)
Scheme 2	Nippon India	☐ Monthly (Default) ☐ Quarterly Yearly ☐	From M M Y Y Y Y To$ M M Y Y Y Y	From M M Y Y Y Y To 1 2 2 0 9 9	D D (Any date from 1st to 28th of a given month)	` _____ (in figures)
Scheme 3	Nippon India	☐ Quarterly Yearly ☐ ☐ Monthly (Default) ☐ Quarterly Yearly	From M M Y Y Y Y To$ M M Y Y Y Y	From M M Y Y Y Y To 1 2 2 0 9 9	D D (Any date from 1st to 28th of a given month)	` _____ (in figures)
Scheme 4	Nippon India	☐ ☐ Monthly (Default) ☐ Quarterly Yearly ☐	From M M Y Y Y Y To$ M M Y Y Y Y	From M M Y Y Y Y To 1 2 2 0 9 9	D D (Any date from 1st to 28th of a given month)	` _____ (in figures)
Scheme 5	Nippon India	☐ ☐ ☐	From M M Y Y Y Y To$ M M Y Y Y Y	From M M Y Y Y Y To 1 2 2 0 9 9	D D (Any date from 1st to 28th of a given month)	` _____ (in figures)

15. I WISH TO APPLY FOR NIPPON INDIA ANY TIME MONEY CARD ("THE CARD") ☐ Yes ☐ No (Please refer Instructions)

1) Name as you would like to appear on your card** (**Please mention the name of the first holder) (Maximum of 24 characters)

2) Mother's maiden name in full

Note: To avail the Nippon India Any Time Money Card facility, investor has to mandatorily invest in either Nippon India Liquid Fund or Nippon India Low Duration fund or Nippon India Ultra Short Duration Fund which would be the primary scheme account. If the investor does not have investments in either of these schemes, then he/she will not be eligible for the Card.

16. 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 have read and understood Instruction no. XIII and hereby agree to abide by the same. 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.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

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ONE TIME BANK MANDATE
(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN (For Office Use Only) **APP No.**

Create ☑ / Modify ☒ / Cancel ☒ Sponsor Bank Code (For Office Use Only) Utility Code (For Office Use Only) Date: D D M M Y Y Y Y

I/We hereby authorize **Nippon India Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no: (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC MICR

an amount of Rupees `

FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ as & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1	Folio No.
Reference 2	Appln No.

Email ID: _____

Mobile / Phone No: _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From : D D M M Y Y Y Y
To: 31 12 20 99
Or ☐ Until Cancelled

1 _____ Signature of Account Holder
2 _____ Signature of Account Holder
3 _____ Signature of Account Holder

1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

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ACKNOWLEDGMENT SLIP (Please retain this slip)
To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

REQUEST FOR ☐ Registration of SIP ☐ Registration of Micro SIP

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

Cheque/DD No._____ Date :_____ Drawn on Bank : _____

APP No.:

Sr. No.	Scheme Name / Plan / Option	Amount (`)

Stamp of receiving branch

& Signature

Corporate Office Address: Reliance Centre, 7th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.