

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-103058 <small>(Stamp here)</small>	ARN-		E130640	

\*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder <small>Mr./Ms./M/s</small>		PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 2nd holder <small>Mr./Ms.</small>		PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 3rd holder <small>Mr./Ms.</small>		PAN No / PEKRN.	<input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS			
Cheque/ DD No./Cash Deposit Slip No.	Cheque / DD / Cash Deposition Date	DD Charge ₹	
Net Amount ₹	Bank Name:	Branch:	City:

UNITHOLDING OPTION - <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted.																					
National Securities Depository Limited (NSDL) DP ID No. Beneficiary Account No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Central Depository Securities Limited (CDSL) Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
I	N																				

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

SIP DETAILS (Refer Instruction No. 13. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)																																	
Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) (Refer Instruction No. 25)																												
					Amount	Frequency	Count																										
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> To <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td></tr></table> <small>(Any date from 1<sup>st</sup> to 28<sup>th</sup> of a given month)</small>			₹ <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <small>(in figures)</small>					₹ <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <small>(Multiples of ₹ 100 only)</small>					<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> time(s) <small>(Default 1 time)</small>				

\*\* In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement Fund - Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/- . S In case the SIP 'End Date' is incorrect/ not legible/ not mentioned by the investor, then default end date shall be considered as December 2099.

**DECLARATION:** I/We Would like to invest in above mentioned scheme 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India 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/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 Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND /DNDC, as the case may be.

**SIGNATURE**

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of NIMF on any transaction day.

**ONE TIME BANK MANDATE**  
(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN 

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 (For Office Use Only) Date: 

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Sponsor Bank Code 

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 (For Office Use Only)  Create  Modify  Cancel

Utility Code 

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 (For Office Use Only) I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick ) 

SB / CA / CC / SB-NRE / SB-NRO / Other
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 Bank a/c number 

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 (Destination Bank Account Number)

With Bank 

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 (Name of Destination Bank) IFSC / MICR 

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an amount of Rupees 

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 ₹

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

Reference 1 

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 Reference 2 

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1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

From: 

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3	1	1	2	2	0	9	9
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To: 

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 Until Cancelled

Or  Until Cancelled

Signature of Account Holder 

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 Signature of Account Holder 

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 Signature of Account Holder 

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Phone No: 

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