Nippon india Mutual Fund

Payment Details: Amount ₹ ____

Wealth sets you free

COMMON APPLICATION FORM- SINGLE PURCHASE (To be filled in CAPITAL letters)

APP No.:

MFD / RIA INFORMATION	(Refer Instruction No. I.9 & 10)		
Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number RIA Code**
ARN-181211) ARN-		E528682
	employee/relationship manag	ger/sales person of the above distributor/sub broker or not	tionally left blank by me/us as this transaction is executed without with standing the advice of in-appropriateness, if any, provided by
SIGN HERE First / Sole Applic Authorised		Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
(If you have an existing folio nur	or across Mutual Funds (nber with KYC validated, please	3	roceed to section 11 & 12 to provide FATCA / Additional KYC details.
		ysical Mode These details are compulsory if the investor v	
			account held with any one of the Depository Participant.
Nationals	ecurities Depository Limite		ral Depository Securities Limited (CDSL)
DP ID No. Beneficiary Accou		Target ID No.	
Enclosures (Please tick a	ny one box) : 🗌 Client M	laster List (CML) 🔲 Transaction cum Holding	Statement Cancelled Delivery Instruction Slip (DIS)
3. GENERAL INFORMATIC	N APPLICATION FOR O Z	Zero Balance Folio 🔘 Investment ^MODE OF HOLDIN	G : [Please tick(\checkmark)] \bigcirc Single \bigcirc Joint (Default) \bigcirc Any one or Survivor
4. FIRST APPLICANT DET	ILS (Investor Name an	d Date of Birth should be as per PAN Card.)	
NAME^ Mr. Ms. M/s.			DOBA D D M M Y Y Y Y
PAN / PEKRN^**		CKYC Id^**	
Name of Guardian			
(In case of minor) / Contac	person for non individuals	s / PoA holder name	
Guardian's Relationship Wi	of Guo	D D M M Y Y (Mandatory in case of Minor)	Proof of Date of Birth and Guardian's Relationship with Minor
O Resident Individual O Private Limited Com O Public Limited Comp	,	O Body Corporate O Sole I	/Charities / NGOs O HUF O Defence Establishment Proprietor O Society O Bank nership Firm O Others (please specify)
Are you involved / providin	g any of the mentioned ser	rvices: (Applicable only for Non Individuals)	
O Foreign Exchange / Mone		Gaming / Gambling / Lottery / Casino Services	O Money Lending / Pawning O None of the above
		ATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) * for investors to be KYC compliant prior to investing in Nipp	(*In case First Applicant is Minor then details of Guardian will be con India Mutual Fund. Refer instruction no.11. 5. 6 & X
, , ,	,		
	ETAILS (Investor Name)	and Date of Birth should be as per PAN Card	
Mr. Ms. M/s.			STATUS [^] : O Resident Individual O NRI
DOBA D D M M Y Y	PAN / PEKRN^**	CKYC Id^**	
6. THIRD APPLICANT DET	AILS (Investor Name an	nd Date of Birth should be as per PAN Card.)	
NAMEA Mr. Ms. M/s.			STATUS^: O Resident Individual O NRI
	PAN/		
DOBA D D M M Y Y	PEKRN^**	Id^**	
 Nippon india Mutua Wealth se Wealth se Name of the Investor Mr/Ms/M/s :	Fund Is you free	To be filled in by the investor. Subject to rec	ACKNOWLEDGMENT SLIP (Please retain this slip) Ilization of cheque and finishing of Mandatory Information.
Scheme /Plan/ Option:			APP NO.: Time Stamp & Date of receiving office

Registered Office Address: 4th Floor, Tower A, Peninsula Business Park, Ganapatrao Kadam Marg, Lower Parel (W), Mumbai - 400 013.

Instrument No._____ Date :_____ Drawn on Bank ____

		TAILS OF SOLE / FIR		NT (Re	elerinstr	uction	10. VII & IX)				, , , , , , , , , , , , , , , , , , ,				
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Balance	SMS Balance	SMS balance <space> last 6 digits of folio</space>
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio</space>
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio</space>

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