



HDFC Bank Investment Services Account



We understand your world

Application No.: _____

I/We request you to open an investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later)

Name of the bank account holder

1st / sole holder	
2nd holder	
3rd holder	
Guardian Name (in case the first Applicant is a Minor)	
Karta Name (in case the first Applicant is a HUF)	

	PAN No*	Cust ID*
1st / sole holder		
2nd holder		
3rd holder		
Guardian		
Karta		

Email Id*:

(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

Contact Number*: (R) (O) (Mobile)

HDFC Bank Account Number (in case of existing customer):

AOF Application Number (in case of new account)

Nomination : I/We do hereby nominate the person on the day of in respect of units held by me/ us.

Name and Address of Nominee

Date of Birth (in case nominee is a minor) Relationship with Applicant:

Declaration
I/ We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. I/ We agree to abide by the same. I/ We declare that the particulars given above are true to the best of my/ our knowledge as on the date of making such applications. I/ We undertake to inform, in writing, of any change in the particulars furnished above. I/ We further agree that any false/ misleading information given by me/ us or suppression of any material fact will render my/ our account liable for termination. I/ We declare that all the details in my/ our relationship record are true and correct and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions entered in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof. I/ We agree and declare that any and all tax liability will be my/ our sole responsibility. I/ We shall execute and deliver to the Bank, from time to time such other documents as may be specified by the Bank for compliance or updating of records if any. I/ We have read and understand the terms and conditions applicable to the bank's Investment Services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/We agree that the Bank A/c linked to the Investment Services Account will not be closed till the time all my investment holdings are either redeemed or transferred to physical form method. I/ We undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on the applicants by use of the facility provided herein. I/ We will be jointly and severally bound by the terms and conditions of the Bank's Investment Services Account.

I/We agree to pay the quarterly maintenance charge for Investment Services Account Mandate for Investment Service Account

I/ We authorize HDFC Bank Ltd to link the above mentioned HDFC Bank Account/ New account maintained/ being opened by me/ us to the Investment services account and to transfer funds in any form and manner including but not limited to by way of debit/ credit of my/ our account and issue pay-orders/ demand drafts/ bankers cheque, from my/ our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the Instructions given by me/ us from time to time. I/ We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/ us. This mandate by me/ us is to be adhered to by the Bank in respect of actions permitted by the RBI and/ or relevant regulations as applicable train time to time.
I/ We, the second and third holders, irrevocably constitute the first holder as my/ our agent.
I/ We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds will be funded through the Bank account mentioned herein.
I/ We, the second and third holders agree that the instructions may be given by the first holder in name of the first holder only or first jointly with any other persons to the exclusion of second & third holders.
The second and the third holders will not raise any objections to the bank acting on such Instructions

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Sole/ first Bank account holder	Signature of the Second Bank account holder	Signature of the Third Bank account holder

*Mandatory
All applicants needs to be KYC compliant for opening Investment Services Account.

For Office use

Signature Verified ☐ Yes

Bank Account E/S Account OR Single ☐ Yes

Customer Details Verified ☐ Yes

Net Banking / Phone Banking Activated ☐ Yes (Application for Net Banking/ Phone Banking to be signed by the **First holder**)

RM Name

RM Signature

RM Employee Code

Primary RM Name:	<input type="text"/>	Primary RM CAMS Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shadow RM Name:	<input type="text"/>	Shadow RM CAMS Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Name:	<input type="text"/>	Branch Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LC Code (For use by Coex only):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of form filling:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby confirm that all the documents have been seen and verified with originals.

RM Name

RM Signature

RM Employee Code

BM Name

BM Signature

BM Employee Code

(To be verified either by RM/ BM or PBG Advisor)

	CHECKLIST	TICK HERE
1	Ensure that ----- NAME/ PAN NO / CUST ID of all the applicants are mentioned.	<input type="checkbox"/>
2	In case first applicant is MINOR ----- NAME/ PAN NO / CUST ID of Gaurdian is mentioned	<input type="checkbox"/>
3	In case applicant is HUF ----- NAME/ PAN NO / CUST ID of Karta is mentioned	<input type="checkbox"/>
4	HDFC Bank A/c. No is mentioned ----- In case of existing Bank Customers	<input type="checkbox"/>
5	Signature of all Bank Account Holder present on the form	<input type="checkbox"/>
6	Signatures Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
7	Customer Details Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
8	RM Name/ RM Signature/ RM EMP Code is present on the form	<input type="checkbox"/>
9	Primary RM CODE/ Shadow RM CODE (in case of shadow credit) is mentioned	<input type="checkbox"/>
10	Branch Name/ Branch Code of the RM is mentioned	<input type="checkbox"/>
11	Any alteration on the form is countersigned by all the applicants	<input type="checkbox"/>
12	Email ID & Contact Numbers of the Customers is mentioned	<input type="checkbox"/>
13	Application for Net banking / Phone banking to be signed by the First holder (if not registered)	<input type="checkbox"/>
14	CVL Print out of KYC verification is attached with ISA form with proper attestation	<input type="checkbox"/>
15	Debit Mandate attached	<input type="checkbox"/>

(i) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. **For example, For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C.... (ii) A & B..... (iii) A & C only.** The holding pattern once registered cannot be changed in future.

(ii) **KYC certification for all the holders of the ISA account is mandatory.** Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.

CLIENT RISK PROFILE AND SUITABILITY FORM
(For Offline Mutual Fund transactions)

Customer ID : Attach Barcode sticker (FTS)->

Customer Name : 1st Holder ,

2nd Holder

3rd Holder

Bank Account Number :

Pan No :

CLIENT RISK PROFILE QUESTIONNAIRE

1. What would you do if your investment falls 10%? (Please tick on any one option)

Sell Off		Hold On		Buy More	
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2. What shall be your priority for investments? (Please tick on any one option)

Preserve Money		Grow Money		Maximise Money	
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Your Risk Profile is (Please turn Overleaf to identify the same)

(Lumpsum \ SIP)

Sr No	I/We would like to invest in the following scheme/s	Plan/Option	Investment Amt	Recommended \ Non - Recommended	Product Risk Rating	Permissible Risk Rating
1						
2						
3						

(Switch)

Sr No	I/We would like to Switch from	Plan/Option	I/We would like to Switch in	Plan/Option	Switch Amt	Switch Units	Product Risk Rating	Permissible Risk Rating
1								
2								
3								

Declaration:

I/We agree with my/our risk profile as above and after taking into account the recommended asset allocation relevant to my risk profile, SEBI Risk-O-Meter of the fund and other suggestions mentioned overleaf I/We confirm that:

(Tick any one)

- ☐ The fund is appropriate for My/Our risk profile (Permissible Risk Rating >= Product Risk Rating)
- ☐ The fund is not appropriate for My/Our risk profile but I would like to still invest on “execution only basis”
(Permissible Risk Rating < Product Risk Rating OR
No Product Risk Rating assigned as the fund is not part of current Recommended list of HDFC Bank)

1st/Sole Holders Signature

2nd Holders Signature

3rd Holders Signature

(For Bank Use Only)

Signature Verified: Bank Account E/S Account or Single: Customer Details Verified:

Is the client Risk profile matching with the Investment (Yes / No)

RM Name: RM Signature RM Emp Code
(Only AMFI certified RMs with valid EUIN can fill the same)

Application Receipt Date: DD /MM/YYYY Time of Receipt: HH/MM

Primary RM Name		Primary RM CamsCode	
Shadow RM Name		Shadow RM CamsCode	
Branch Name		Branch Code	

Any offline transaction done without submission of this form to TPP Operations shall be highlighted as an exception

INSTRUCTIONS

1. This form needs to be filled up to complete the client profiling and suitability as required by SEBI guidelines.
2. This form should not be submitted to the AMC.
3. To identify customer’s Risk Profile basis the response to questionnaire use below table:

Action	Priority	Risk Profile
Sell Off	Preserve money	Conservative
Sell Off	Grow Money	Conservative
Sell Off	Maximise Money	Moderate
Hold On	Preserve money	Conservative
Hold On	Grow Money	Moderate
Hold On	Maximise Money	Aggressive
Buy More	Preserve money	Moderate
Buy More	Grow Money	Aggressive
Buy More	Maximise Money	Aggressive

4. Product Risk Rating and Recommendations

Scoring of Recommended Funds		SEBI Riskometer					
No	SEBI Fund category	Low Risk	Low to Moderate Risk	Moderate Risk	Moderately High Risk	High Risk	Very High Risk
1	Overnight funds	1	2	3	4	5	6
2	Liquid funds	1	2	3	4	5	6
3	Ultra Short duration		2	3	4	5	6
4	Low duration		2	3	4	5	6
5	Money market		2	3	4	5	6
6	Floater fund		2	3	4	5	6
7	Short duration		2	3	4	5	6
8	Banking & PSU fund		2	3	4	5	6
9	Arbitrage fund		2	3	4	5	6
10	Medium duration fund			3	4	5	6
11	Medium to Long duration fund			3	4	5	6
12	Long duration fund			3	4	5	6
13	Dynamic Bond			3	4	5	6
14	Gilt funds			3	4	5	6
15	FMP's			3	4	5	6
16	Corporate Bond fund			3	4	5	6
17	Conservative Hybrid fund			3	4	5	6
18	Aggressive Hybrid fund				4	5	6
19	Gilt with 10 year constant duration				4	5	6
20	Dynamic Asset Allocation or Balanced Advantage fund				4	5	6
21	Equity Savings fund				4	5	6
22	Multi-Asset Allocation				4	5	6
23	Index funds				4	5	6
24	Large cap funds				4	5	6
25	Gold funds				4	5	6
26	ELSS				4	5	6
27	Multi Cap funds					5	6
28	Dividend Yield funds					5	6
29	Large & Mid cap funds					5	6
30	Value & Contra fund					5	6
31	Focussed funds					5	6
32	Credit Risk funds						6
33	Mid cap funds						6
34	Small Cap funds						6
35	Sectoral/Thematic funds						6
36	FOF- Overseas funds						6

		Asset Allocation				
Client Profile	Permissible Fund Score	Debt	Equity	Gold	Other Conditions	Suitability
Conservative	Upto 4	70%	25%	5%	Non Recommended Funds	Not suitable
Moderate	Upto 5	40%	55%	5%	Closed Ended funds / FMPs	Upto 15% of client portfolio
					Single Fund exposure	Upto 10% of client portfolio
Aggressive	All	20%	75%	5%	Single AMC exposure	Upto 25% of client portfolio

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-0005			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 not with standing 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] <input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> 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 II. Mode of holding will be as per existing folio number.)												
2. UNITHOLDING OPTION - <input type="checkbox"/> Demat Mode <input type="checkbox"/> 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.						Target ID No.						
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)												
3. GENERAL INFORMATION APPLICATION FOR <input type="radio"/> Zero Balance Folio <input type="radio"/> Investment <input checked="" type="radio"/> AMODE OF HOLDING : [Please tick(✓)] <input type="radio"/> Single <input type="radio"/> Joint (Default) <input type="radio"/> Any one or Survivor												
4. FIRST APPLICANT DETAILS												
NAME^												
PAN / PEKRN^**												
CKYC Id^**												
Name of Guardian if first applicant is minor / Contact Person for non individuals												
Guardian's Relationship With Minor												
Date of Birth of 1st Applicant												
Proof of Date of Birth and Guardian's Relationship with Minor												
STATUS^												
Are you involved / providing any of the mentioned services : <input type="radio"/> Foreign Exchange / Money Changer Services <input type="radio"/> Gaming / Gambling / Lottery / Casino Services <input type="radio"/> Money Lending / Pawning <input type="radio"/> 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^												
PAN / PEKRN^**												
CKYC Id^**												
STATUS^: <input type="radio"/> Resident Individual <input type="radio"/> NRI												
6. THIRD APPLICANT DETAILS												
NAME^												
PAN / PEKRN^**												
CKYC Id^**												
STATUS^: <input type="radio"/> Resident Individual <input type="radio"/> NRI												
7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)												
Correspondence Address*** (P.O. Box is not sufficient)						Overseas Address (Mandatory for NRI / FPI 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.)			Tel. (Off.)			Mobile No.			Country Code			
Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor												
Email ID (CAPITAL letters only)												
Email ID provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor												
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. <input type="checkbox"/> I hereby authorize NAM India to send important information and regular updates to me on WhatsApp. (Refer instruction no. XV for Terms and Conditions.) <input type="checkbox"/> 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/IDCW/Refunds, if any (Refer Instruction No. III)												
Account No.						A/c. Type (✓) <input type="radio"/> SB <input type="radio"/> Current <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR						
Name of Bank						Bank Branch						
Branch City						MICR Code						
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 aet pavouts via electronic mode in to your bank account.												

9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily 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 ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	Identification Type
1								
2								
3								
Country of Birth***			Country of Birth***			Country of Birth***		
Country of Nationality***			Country of Nationality***			Country of Nationality***		

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

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 DETAILSA**	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1 st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	DDMMYYYY
2 nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	DDMMYYYY
3 rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	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)

Scheme / Plan
(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^^ ☐ Payout of Income Distribution cum capital withdrawal option
☐ Reinvestment of Income Distribution cum capital withdrawal option ☐ Frequency of Income Distribution cum capital withdrawal option

Mode of Payment : ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT

LEI No. Valid Upto: DDMMYYYY Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TD65RF98.

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument 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.

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

12. POWER OF ATTORNEY (POA) HOLDER DETAILS

(Refer Instruction No. II. 1)

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

PANA

13. NOMINATION – (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register / modify any of the nomination details, Registration / Cancellation of Nominee form shall be provided separately.

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 / Guardian (in case Nominee is Minor)
		DD MM YYYY					
		DD MM YYYY					
		DD MM YYYY					

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/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. 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. ++ 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.

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

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
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

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