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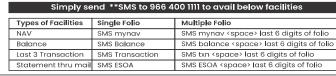
APPLICATION FORM

(To be filled in CAPITAL letters) MFD /RIA INFORMATION (Refer Instruction No. I.9 & 10) Sub Agent Code / Bank Branch Code / Internal Code | *Employee Unique Identification Number Name & ARN Code Sub Agent ARN Code RIA Code E-179996 ARN-118214 *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. HERE 1. INVESTOR'S FOLIO NUMBER [Please tick (v) 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. form matches with that of the account held with any one of the Depository Participar 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) :
Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS) 3. GENERAL INFORMATION APPLICATION FOR

Zero Balance Folio \bigcirc Investment \land MODE OF HOLDING : [Please tick(\checkmark)] \bigcirc Single \bigcirc Joint (Default) \bigcirc Any one or Survivor 4. FIRST APPLICANT DETAILS PAN / PEKRN^** Name of Guardian if first applicant is minor / Contact Person for non individuals Date of Birth Guardian's Relationship With Minor (Mandatory in Proof of Date of Birth and Guardian's Relationship with Minor case of Minor) O Father O Mother OCourt Appointed Guardian of 1st Applicant O Birth Certificate O Passport O Others STATUSA: O Resident Individual O PSU 0 AOP/BOI O Minor through Guardian O HUE O Trust /Charities / NGOs O Society O FI NRI 0 O Company/Body Corporate O Sole Proprietor O Defence Establishment O Bank 0 FPI^{^^^} O Government Body (^^^as and when applicable) O Others O PIO O Partnership Firm Are you involved / providing any of the mentioned services : O Foreign Exchange / Money Changer Services O Gaming / Gambling / Lottery / Casino Services (Applicable only for Non Individuals) O Money Lending / Pawning O 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^ Specific CAF / 29th Sep 2022 / Ver 5.8 PAN / PEKRN^** STATUS^: O Resident Individual O NRI 6. THIRD APPLICANT DETAILS NAME/ PAN / PEKRN^** STATUS^: O Resident Individual O 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) City/ Town State City/ Town State & Sector Country Pin Code Pin Code Country Tel. (Res.) Tel. (Off.) Mobile No. Dependent children Mobile No. provided pertains to 🗌 Self □ Spouse □ Dependent Siblings Dependent Parents Email ID (CAPITAL letters only) Email ID provided pertains to 🔲 Self 🔝 Spouse 🔛 Dependent children 🔛 Dependent Siblings 🔛 Dependent Parents 🔲 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. 🔲 I hereby authorize NAM India 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/IDCW/Refunds, if any (Refer Instruction No. III) Account No. A/c. Type (\checkmark) \bigcirc SB \bigcirc Current \bigcirc NRO \bigcirc NRE \bigcirc FCNR Name of Bank **Bank Branch Branch City** PIN IFSC Code **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 get payouts via electronic mode in to your bank account. 🚓 Nippon ਨਿਕੀਂਬ Mutual Fund ACKNOWLEDGMENT SLIP (Please retain this slip) To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information. Name of the Investor Mr/Ms/M/s: _ APP No.: Scheme /Plan/ Option:

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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 hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that I naces of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio. SIGNATURE OF UNIT HOLDER(S) FOR NOMINATION: [To be signed by all unit holders including joint holders, irrespective of mode of holding). II S. POWER OF ATTORNEY (POA) HOLDER DETAILS Second Applicant POA Name Mr. Mark Mr. Second Applicant POA Name Mr. Mr. Mr. IVE DECLARATION AND SIGNATURE IVE Needed the 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 subsequer amendments thereto. I/We have read, understood (before filling application form) and is fare bound by the details of the SAI, 3Ds. Akin including details relating to various services. I/We have read, understood (before filling applications form) and is fare bound by the details of the SAI, 3Ds. Akin including details relating to various services. I/We have read, understood (before filling applications form) and is fare bound by the details of the SAI, 3Ds. Akin including details relating to various services. I/We have read, understood (before filling applications form) and is fare bound by the details of the SAI, 3Ds. Akin including details relating to various services. I/We have not received nor been included by any persenter of any active from a membrand and persenter of the purpose of controvention of evasion of any Act / Regulations / Rules / Neutricotions of any other more of the purpose of the purpose of the purpose of the services complete			(optional)	+		VVIC	ITITIVESTOI	(III cuse	Normineers	WIIIOI	/ With	Nomir	iee	(76)	(N)	(11)	1 case No	minee	IS MINOR	
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Third Applicant POA Name Mr./Ms.//s 14. DECLARATION AND SIGNATURE 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 subsequer 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 bee induced by any rebate or gilts, directly or indirectly, in making this investment. I/ I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose 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 script of the services completely or partially without any prior notice to me. I agree NAM India can debit from my follo for the service charges as applicable from time to time. The ARN holder has disclosed to me/us hereby declare that the forms 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 hereby declare that the above information is given by the undersigned and particulars given by rela serve care and complete. Further, I garee that the transaction charge (if applicable) shall be deducted from subscription amount and the said charges shall be paid to the distributors: I confirm that I am resident of India. II/We confirm base have non-Resident Extend I/Ordinary Account/FONR Account, I/We understood by the destruction of the particular services of the services of form funds in my/our Non-Resident Extend I/Ordinary Account/FONR Account. I/We understood that the funds of the services and the information provided by me/us are, to the best of our knowledge and belief, true, correct and complete. +	First Applicant	POA Name	Mr./M	s./M/s	3													\perp		
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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 subsequer 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 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 bee induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the emount 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 particulty without any prior notice to me. I agree NAM India can debit from my folio for the services 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 all the commissions of the bove information is given by the undersigned and particulars given by me/us are correct and complete. Further, largere that the transaction harge (if applicable) shall be paid to the distributors. I confirm that I am resident of India. I/I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that I am resident of India. I/I/We confirm tha	Third Applicant	POA Name	Mr./M	s./M/s	3															
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