

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. MFD / RIA INFORMATION

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code / Internal Code	*Employee Unique Identification Number	RIA Code*
ARN-ARN-64917 (here)	ARN-		E434563	

*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
------------------	----------------------------------------------------------	-----------------------------------------	----------------------------------------

2. Investor Details (Refer Instruction No.5,6 & 13)

Name of Applicant	FOLIO NO.	PAN No / PEKRN.	KYC
Name of First applicant Mr./Ms./M/s		MANDATORY	<input type="checkbox"/>
Name of Guardian (In case of Minor) Mr./Ms.		MANDATORY	<input type="checkbox"/>
Name of Second Applicant Mr./Ms.		MANDATORY	<input type="checkbox"/>
Name of Third Applicant Mr./Ms.		MANDATORY	<input type="checkbox"/>

3. Unitholding Option - Demat Mode Physical Mode

These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. 10. 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. <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									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)

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

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

LEI No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Valid Upto:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Note : LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.

Cheque/DD/RTGS/NEFT No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Payment Date/Instrument Date ___/___/___

Net Amount ₹ _____ DD Charge ₹ _____ Bank Name: _____ Branch: _____ City: _____

Scheme _____ Plan _____ Option _____

5. Redemption (Refer Instruction No.4.3 & 4.4)

Partial Redemption OR Full Redemption

Amount: ₹ _____ or Units: _____

Scheme _____ Plan _____ Option _____

LEI No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Valid Upto:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.

*Bank Account No: _____ Bank Name: _____

(*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

Note: In case Change of bank details request has been submitted in last 10 days, we may HOLD the redemption payout for 7 calendar days as cooling period. The payout will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption payout will be made on the next working day.

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Partial Switch OR Full Switch

Amount: ₹ _____ or Units: _____

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of NIMF

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)

Mobile No / Tel No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile No. provided pertains to Self spouse Dependent children Dependent Siblings Dependent Parents A Guardian in case of a minor

8. Declaration

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. **Applicable for NRI Investors:** 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 its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be. If the balance in my/our account does not cover the amount / units of the redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.

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

Folio/Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 APP No.:

Received from Mr./Mrs. _____

Additional Purchase Redemption Switch

Note: For NAV applicability, please refer scheme Information Document (SID) of the respective scheme in which you are investing.

Common Transaction Slip / 10th Feb 2023 / Ver 4.0

Folio/Account No:

Investor can opt for multiple requests in one single application form.

ARN-64917 E434563
1. Investor Details

Name of First / Sole applicant	<input type="text"/>
Name of Guardian (In case of Minor)	<input type="text"/>
Name of Second Applicant	<input type="text"/>
Name of Third Applicant	<input type="text"/>

2. Change / Updation of Contact Details of Sole / First Applicant

Mobile no. <small>(For Receiving Transaction Alerts via SMS)</small>	<input type="text"/>	Tel. No. STD Code	<input type="text"/>	Office	<input type="text"/>	Residence	<input type="text"/>
----------------------------------------------------------------------	----------------------	-------------------	----------------------	--------	----------------------	-----------	----------------------

 Mobile No. provided pertains to Self spouse Dependent children Dependent Siblings Dependent Parents A Guardian in case of a minor

Email ID (CAPITAL letters only)	<input type="text"/>	<small>(For Receiving Transaction Alerts Via Email)</small>
---------------------------------	----------------------	-------------------------------------------------------------

 Email ID provided pertains to Self spouse Dependent children Dependent Siblings Dependent Parents A Guardian in case of a minor

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

I hereby authorize the representatives of Nippon Life India Asset Management Limited (NAM India) and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

3. Change of Mode Of Operation (Applicable only if there are more than one applicant in the Folio)
 Joint Any One or Survivor(s)

4. Change of Status *Please refer the instructions for the documents to be submitted.

 Resident Indian to Non Resident Indian Non Resident Indian to Resident Indian

BANK ACCOUNT DETAILS (Applicable only if investor has given Change of Status from RI to NRI or vice versa)

Account No.	<input type="text"/>	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	<input type="text"/>	Bank Branch	<input type="text"/>
--------------	----------------------	-------------	----------------------

Branch City	<input type="text"/>	PIN	<input type="text"/>	IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>
-------------	----------------------	-----	----------------------	-----------	----------------------	-----------	----------------------

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.

5. Registration of Power of Attorney (POA) *Please refer the instructions for the documents to be submitted.

Name of POA Holder: _____	PAN No.	<input type="text"/>
---------------------------	---------	----------------------

6. Cancellation of Power of Attorney (POA)

Name of POA Holder: <input type="text"/>

7. Change of Income Distribution cum capital withdrawal Option

Scheme	Option
<input type="checkbox"/> Payout to Reinvestment	<input type="checkbox"/> Reinvestment to Payout

8. Updation/Correction of PAN *Please refer the instructions for the documents to be submitted.

First / Sole applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed	<input type="checkbox"/>
Guardian (In case of Minor)	PAN No.	<input type="text"/>	PAN Proof Enclosed	<input type="checkbox"/>
Second Applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed	<input type="checkbox"/>
Third Applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed	<input type="checkbox"/>

9. KYC Updation (Please Tick) First / Sole applicant Guardian (In case of Minor) Second Applicant Third Applicant

*Please refer the instructions for the documents to be submitted.

10. Signature/s

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

 Received from Mr./Mrs. _____ Folio/Account No:

- | | | | |
|------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Change/Updation of Contact Details | <input type="checkbox"/> Change of Mode of Operation | <input type="checkbox"/> Change of Status | <input type="checkbox"/> KYC Updation |
| <input type="checkbox"/> Registration of Power of Attorney (POA) | <input type="checkbox"/> Cancellation of Power of Attorney (POA) | <input type="checkbox"/> Change of In come Distribution cum capital withdrawal Option | |
| <input type="checkbox"/> Updation/Correction of PAN | | | |