

Scheme /Plan/ Option:

Payment Details: Amount ₹

## **APPLICATION FORM**

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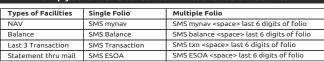
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Instrument No/Cash Deposit Slip No.\_

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(^ Default option if no	ot selected) ~	-Units will	be allotte	ed for the i	net amount m	inus the tra	nsaction charge	es if appli	cable. \$Inve	estors ar	e reques	ted to c	ollect th	ne cash	n depo	sit sl	ip fron	the C	OISC
Reason for Investm	ent: O Hou	use OCh	ildren's e	ducation	○ Children's	Marriage (	Car () Retire	ement (	Others _							_			
12. NOMINATION	I - I wish to	o Nomin	ate 🔠	Yes N	lo (Manda														
the below table will rep	lace the exist	ing details	registere	d in the rol	io. Signature o	rapplicants	Sweedise New	ou do not	wise to noi	minate.	Allacatio		-						
Nominee Name & Ad	ddress	AN of Nom (Optional		te of Birth Nominee	Nominee Rela With Invest		Guardian Nam case Nominee is		Guardian I with No		Allocatio (%)		gn of minee		gn of ardian	Sig	nature	of App	licants
																1s	t Appli	ant	
																2n			
																31	d Appli	cant	
13. POWER OF A	TORNEY	(POA) H	IOLDER	DETAIL	S (Refer I	nstruction N	lo. II. 1)								PAN	1^			
First Applicant POA	Name																		
Second Applicant P	OA Name	Mr./Ms./	M/s																
Third Applicant PO		Mr./Ms./													$\forall$	$\dashv$		+	
14. DECLARATION  I/We would like to invest			E		subject to ter	ms of the Stat	tement of Additi	onal Inforn	nation (SAI)	, Scheme	Informati	on Docui	ment (SII	D), Key	Inform	atior	n Memo	randun	n (KIM)
and subsequent amenda limited to Nippon India A	nents thereto. .ny Time Mone	I/We have i y Card. I/W	le have not	t received n	ore filling appl or been induce	ication form) : d by any rebat	and is/are bound te or gifts, direct	by the del ly or indire	tails of the ! ctly, in mak	SAI, SID & ing this in	KIM inclu vestment	ding det . I / We de	ails relat eclare th	ing to v at the a	various amounl	servi t inve	ices incl sted in	uding l the Sch	out not neme is
through legitimate source India or any Statutory Au	thority. Tacce	pt and agre	e to be bou	and by the s	aid Terms and (	Conditions inc	cluding those exc	luding/lim	niting the Re	eliance Nip	opon Life	Asset Ma	nageme	nt Limi	ted (RN	(MAI	liability	. I unde	erstand
that the RNAM may, at its to time. The ARN holder h the Scheme is being reco	has disclosed to	o me/us all t	the commis	ssions (in th	e form of trail c	ommission or	any other mode)	, payable t	o him for th	e differen	t compet	ing Scher	nes of va	rious M	1utual F	unds	from a	mongs	t which
(if applicable) shall be ded	ducted from th	ne subscript	ion amoun	t and the sai	id charges shall	be paid to the	e distributors.	-				-			-				_
☐ I confirm that I am re normal banking channels abroad through approve read with Rules 114F to 1	s or from fund: d banking char	s in my/our	Non-Resid	dent Externa	al /Ordinary Ac	count/FCNR /	Account. I/We un	dertake th	nat all additi	ional purd	hases ma	de under	this foli	o will a	en reini elso be	from	funds i	eceive	d from
read with Rules 114F to 1 knowledge and belief, tru	14H of the Inco	ome Tax Rul	les, 1962 ar	nd the infor	mation provide	d by me /us in	the Form, its sup	porting An	nnexures as	well as in I	the docun	nentary e	vidence	provide	ed by m	e/us	are, to t	he bes	tofour
++ I/We, have invested in investments under Direct			Mutual Fund	d under Dire	ect Plan. I/We h	ereby give yo	ou my/our conser	nt to share	/provide th	e transac	tions data	feed/ po	ortfolio l	nolding	s/ NAV	etc.	in resp	ect of n	ny/our
Asset Management Ltd a	nd its Associat	es to contac	ct me throu	igh any mod	le of communic	ation. This wil	ll override registr	y on DND/	DNDC, as tl	he case m	ay be.	المالية وح.		. cpi cs	CIICALIV	CJ 01	.veuail	111PP	JII LII C
SIGN	First / Sole	e Annlic	ant / Gi	iardian	/		Second A	pplicar	nt /				, Th	nird 4	Appli	can	F /		
HERE																			
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		imply see	aM2** h		convenier 0 1111 to ava		ır life with o	ur valu	e added										
		mipty sen	G SIVIS	-20-200 40	o-1111 to ava	below rac	anicies			Inv	estor Se	rvice. A	NIME	Virtua	al Brai	nch f	Ехрегі	ence.	







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