

NFO Opening Date : September 11th, 2024 NFO Closing Date : September 25th, 2024 Scheme Re-opening Date : On or before October 08th, 2024

|   |  |  |
|---|--|--|
| This product is suitable for investors who are seeking*   | Nippon India Nifty 500 Momentum 50 Index Fund  | Nifty 500 Momentum 50 TRI  |
| <ul style="list-style-type: none"> <li>Long Term Capital Growth</li> <li>Investments in equity and equity related securities and portfolio replicating the composition of the Nifty 500 Momentum 50 Index, subject to tracking errors</li> <li>* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</li> </ul> | <p>Riskometer</p> <p>Investors understand that their principal will be at Very High risk</p> | <p>Riskometer</p> <p>Benchmark Riskometer is at Very High risk</p> |

**1. MFD /RIA INFORMATION (Refer Instruction No. 33 & 34)**

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

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| SIGN HERE | First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
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**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. 30.

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) |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DP ID No. Beneficiary Account No. <table border="1" style="display: inline-table; margin-left: 10px;"> <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" style="display: inline-table; margin-left: 10px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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  Investment **MODE OF HOLDING :** [Please tick(✓)]  Single  Joint (Default)  Any one or Survivor

**4. FIRST APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)**

NAME^  DOB^ 

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PAN / PEKRNA\*\* 

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 CKYC Id^\*\* 

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Name of Guardian  PAN^\*\* 

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(In case of minor) / Contact person for non individuals / PoA holder name

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|---|--|---|---|---|---|---|---|---|---|--|
| <b>Guardian's Relationship With Minor</b><br><input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian | <b>Date of Birth of Guardian^</b> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> (Mandatory in case of Minor) | D | D | M | M | Y | Y | Y | Y | <b>Proof of Date of Birth and Guardian's Relationship with Minor</b><br><input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify) |
| D   | D  | M | M | Y | Y | Y | Y |   |   |  |

**STATUS^**

|   |                           |   |  |   |   |   |
|---|---------------------------|---|--|---|---|---|
| <input type="radio"/> Resident Individual     | <input type="radio"/> PSU | <input type="radio"/> AOP/BOI                             | <input type="radio"/> Minor through Guardian | <input type="radio"/> Trust /Charities / NGOs | <input type="radio"/> HUF                     | <input type="radio"/> Defence Establishment |
| <input type="radio"/> Private Limited Company | <input type="radio"/> FI  | <input type="radio"/> NRI                                 | <input type="radio"/> Body Corporate         | <input type="radio"/> Sole Proprietor         | <input type="radio"/> Society                 | <input type="radio"/> Bank                  |
| <input type="radio"/> Public Limited Company  | <input type="radio"/> PIO | <input type="radio"/> FPI^*** (^^^as and when applicable) | <input type="radio"/> Government Body        | <input type="radio"/> Partnership Firm        | <input type="radio"/> Others (please specify) |   |

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)

Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  Money Lending / Pawning  None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No.39 & 40 \*\*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.17,18 & 38.

**5. SECOND APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)**

NAME^  STATUS^:  Resident Individual  NRI

DOB^ 

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**6. THIRD APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)**

NAME^  STATUS^:  Resident Individual  NRI

DOB^ 

|   |   |   |   |   |   |   |   |
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 PAN / PEKRNA\*\* 

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**7. CONTACT DETAILS OF SOLE / FIRST APPLICANT**

|  |   |  |   |  |  |   |           |          |  |
|--|---|--|---|--|--|---|-----------|----------|--|
| <b>Correspondence Address</b> *** (P.O. Box is not sufficient)<br>***Please note that your address details will be updated as per your KYC records with CKYC / KRA |   |  |   |  | <b>Overseas Address</b> (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 |  |
| First Holder   | Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>  |  | Tel. No. STD Code   |  | Office   |   | Residence |          |  |
|  | Mobile No. provided pertains to<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS |  |   |  |  |   |           |          |  |
|  | Email ID (CAPITAL letters only)   |  |   |  |  | <small>(For Receiving Transaction Alerts Via Email)</small>   |           |          |  |
| Second Holder  | Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>  |  | Mobile No. provided pertains to<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS |  |  |   |           |          |  |
|  | Email ID (CAPITAL letters only)   |  |   |  |  | Email ID provided pertains to<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS |           |          |  |
|  | <small>(For Receiving Transaction Alerts Via Email)</small>   |  |   |  |  |   |           |          |  |
| Third Holder   | Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>  |  | Mobile No. provided pertains to<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS |  |  |   |           |          |  |
|  | Email ID (CAPITAL letters only)   |  |   |  |  | Email ID provided pertains to<br><input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS |           |          |  |
|  | <small>(For Receiving Transaction Alerts Via Email)</small>   |  |   |  |  |   |           |          |  |

**8. INVESTMENT DETAILS**

**Scheme / Plan**  Nippon India Nifty 500 Momentum 50 Index Fund - Regular Plan  Nippon India Nifty 500 Momentum 50 Index Fund - Direct Plan

**Option**  Growth<sup>AA</sup>  Reinvestment of Income Distribution cum capital withdrawal option  Payout of Income Distribution cum capital withdrawal option

**9. PAYMENT DETAILS** (Multiple cheques not permitted with single application form (Refer instruction no. 19 - 25))

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

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

| Investment Amount (₹) | Net Amount- (₹) | Instrument No/UTR No. | Date     | Drawn on Bank | Bank Branch | City |
|-----------------------|-----------------|-----------------------|----------|---------------|-------------|------|
| I                     | I minus II      |                       | DDMMYYYY |               |             |      |

(<sup>AA</sup> Default option if not selected) -Units will be allotted for the net amount post deducting the transaction charges if applicable.

**10. BANK ACCOUNT DETAILS MANDATORY for Redemption/IDCW/Refunds, if any** (Refer Instruction No. 23 & 25)

**Account No.**  **A/c. Type** ( SB)  Current  NRO  NRE  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.

**11. 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 <sup>*</sup> | Identification Type | Country #***                          | Tax Payer Ref. ID No <sup>*</sup> | Identification Type | Country #***                          | Tax Payer Ref. ID No <sup>*</sup> | Identification Type |
| 1                                     |                                   |                     |                                       |                                   |                     |                                       |                                   |                     |
| 2                                     |                                   |                     |                                       |                                   |                     |                                       |                                   |                     |
| 3                                     |                                   |                     |                                       |                                   |                     |                                       |                                   |                     |
| Country of Birth <sup>AA*</sup>       |                                   |                     | Country of Birth <sup>AA*</sup>       |                                   |                     | Country of Birth <sup>AA*</sup>       |                                   |                     |
| Country of Nationality <sup>AA*</sup> |                                   |                     | Country of Nationality <sup>AA*</sup> |                                   |                     | Country of Nationality <sup>AA*</sup> |                                   |                     |

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. <sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent

**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    |



Investor Service. A NIMF Virtual Branch Experience.

For more details : Visit : <https://mf.nipponindiaim.com>

You can also follow us on

\*\*SMS charges apply

## 12. ADDITIONAL KYC DETAILS

| OCCUPATION <sup>***</sup>  | Professional          | Agriculturist         | Housewife             | Retired  | Government Service/PublicSector | Business   | Forex Dealer          | Student  | Private Sector Service | Others   |   |   |   |   |   |   |
|--|-----------------------|-----------------------|-----------------------|--|---------------------------------|--|-----------------------|--|------------------------|--|---|---|---|---|---|---|
| 1 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 DETAILS <sup>Λ**</sup>                           |                       | Below 1 Lac           | 1-5 Lacs              | 5-10 Lacs  | 10-25 Lacs                      | 25 Lacs-1 Crore                                    | >1 Crore              | NET-WORTH <sup>***</sup> in ₹                      | Date                   |  |   |   |   |   |   |   |
| 1 <sup>st</sup> Applicant  |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/>           | <input type="radio"/>                              | <input type="radio"/> | (Net worth should                                  | D                      | D  | M | M | Y | Y | Y | Y |
| 2 <sup>nd</sup> Applicant  |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/>           | <input type="radio"/>                              | <input type="radio"/> | not be older                                       | D                      | D  | M | M | Y | Y | Y | Y |
| 3 <sup>rd</sup> Applicant  |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/>           | <input type="radio"/>                              | <input type="radio"/> | than 1 year)                                       | D                      | D  | M | M | Y | Y | Y | Y |
| Guardian   |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                              | <input type="radio"/>           | <input type="radio"/>                              | <input type="radio"/> |  | D                      | D  | M | M | Y | Y | Y | Y |
| PEP DETAILS <sup>***</sup>   |                       |                       |                       | 1st Applicant                                      |                                 | 2nd Applicant                                      |                       | 3rd Applicant                                      |                        | Guardian   |   |   |   |   |   |   |
| Are you a Politically Exposed Person (PEP) <sup>Λ**</sup>            |                       |                       |                       | 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) <sup>Λ**</sup> |                       |                       |                       | 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"/> |   |   |   |   |   |   |

## 13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. 9)

| POA HOLDER DETAILS        |             | PANA |  |  |  |  |  |  |  |
|---------------------------|-------------|------|--|--|--|--|--|--|--|
| First Applicant POA Name  | Mr./Ms./M/s |      |  |  |  |  |  |  |  |
| Second Applicant POA Name | Mr./Ms./M/s |      |  |  |  |  |  |  |  |
| Third Applicant POA Name  | Mr./Ms./M/s |      |  |  |  |  |  |  |  |

## 14. NOMINATION – (Ref. Instruction No. 26) In case of existing investor, Nomination details shall be replicated from the follo mentioned above. If investor wishes to register / modify any of the nomination details, Registration / Cancellation of Nominee form shall be provided separately. (Write in capital letters)

| Nominee Name & Address | PAN of Nominee/ Guardian (Optional) | Allocation (%) | Date of Birth of Nominee | Nominee Relation With Investor | Guardian Name (in case Nominee is Minor) | Guardian Relation with Nominee | 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.

## 15. I WISH TO OPT FOR SIP Yes No (The first SIP Debit directly from your bank account should be on or after October 25th, 2024)

Note : It is mandatory to submit SIP Enrolment Cum Auto Debit / One Time Bank Mandate Form incase you have opted for SIP.

## 16. 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 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

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 hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, 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 |
|--------------------------|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/>                | <input type="checkbox"/>               |