



# COMMON APPLICATION FORM

APP. No \_\_\_\_\_

Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / ARN HOLDER INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN code column) (Refer Instruction 2 & 3)

ARN Code	Sub-broker Code	Employee Unique Identification Number (EUIIN)	Sub-broker Code (as allotted by ARN holder)	RM Code	Time Stamp No
Bonanza - 0186					For office use only

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No.3)

"I / We hereby confirm that the EUIIN box has been intentionally left blank by me / us as this is an "execution-only" transaction without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick (✓) and sign)

SIGN HERE First/ Sole Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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**TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY [Refer Instruction 4 ]**

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1- EXISTING UNIT HOLDER INFORMATION (If you have existing folio, please fill in section 1 and proceed to section 11.)**

<b>Folio No.</b> _____	The details in our records under the folio number mentioned alongside will apply for this application.
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**2. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders)**

<b>SOLE/FIRST APPLICANT NAME</b>	FIRST _____	MIDDLE _____	LAST _____	KYC: <input type="checkbox"/>																																				
<b>DOB</b> <table border="1"><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> DOB is mandatory in case of unit holder is minor. Proof attached. Please (✓) <input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y																																
D	D	M	M	Y	Y	Y	Y																																	
<b>SECOND APPLICANT'S NAME</b>	FIRST _____	MIDDLE _____	LAST _____	KYC: <input type="checkbox"/>																																				
<b>THIRD APPLICANT'S NAME</b>	FIRST _____	MIDDLE _____	LAST _____	KYC: <input type="checkbox"/>																																				
<b>FIRST APPLICANT PAN:</b> <table border="1"><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></tr></table>													<b>SECOND APPLICANT PAN:</b> <table border="1"><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></tr></table>													<b>THIRD APPLICANT PAN:</b> <table border="1"><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></tr></table>														
<b>NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)</b>																																								
FIRST _____	MIDDLE _____	LAST _____																																						
<b>PAN:</b> <table border="1"><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></tr></table>													KYC: <input type="checkbox"/>	Relationship with Minor Please(✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Legal Guardian																										

**3. TAX STATUS Please tick (✓)**

Resident Individual  FIIs  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Others (Please Specify) \_\_\_\_\_

**4. KYC DETAILS (Mandatory)**

**OCCUPATION Please tick (✓)**

<b>FIRST APPLICANT</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify) _____
<b>SECOND APPLICANT</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify) _____
<b>THIRD APPLICANT</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others ..... (please specify) _____

**GROSS ANNUAL INCOME [Please tick (✓)]**

**FIRST APPLICANT**  Below 1 Lac  1-5 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore  
 Net worth (Mandatory for Non - Individuals Rs. \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 [Not older than 1 year]

**SECOND APPLICANT**  Below 1 Lac  1-5 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

**THIRD APPLICANT**  Below 1 Lac  1-5 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

For Individuals	For Non-Individual Investors (Companies, Trust, Partnership etc.)
<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed <input type="checkbox"/> Not Applicable	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:(If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

**5. MODE OF HOLDING Please tick (✓)**  Joint  Single  Anyone or Survivor (Default option is anyone or survivor)

**6. MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 11)**

Landmark \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pincode 

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 Country \_\_\_\_\_



(TO BE FILLED IN BY THE INVESTOR)

**ACKNOWLEDGEMENT SLIP**

APP. No \_\_\_\_\_

Received an application for purchase of unit of LIC Nomura MF _____ (Scheme Name with option) _____ alongwith _____ from Mr/Mrs/M/s. _____ (Name of the investor) _____ Cheque/Draft No./Payment Instrument No. _____ Date _____ Bank _____ For ₹ _____ Branch _____ Bank Charges (in cases of Draft) of ₹ _____ Date _____ Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.	Time Stamp No. _____ ISC Signature, Stamp & Date
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**7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id. Refer Instruction No. 11)**

^E mail id \_\_\_\_\_ (Please Specify) Mobile No \_\_\_\_\_

Tel no (Resi) STD Code \_\_\_\_\_ Off STD Code \_\_\_\_\_

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory and other documents by email.

**8. OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)**

Landmark \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

**9. DEMAT ACCOUNT DETAILS\* - (Optional - refer instruction 14)**

	NSDL	CDSL
DP NAME		
DP ID		
Beneficiary Account No		

\* Investors opting to hold units in demat form should provide a copy of DP statement to match the demat details as stated in the application form.

**10. BANK ACCOUNT DETAILS OF THE FIRST APPLICANT (refer instruction 8) As per SEBI Regulations it is mandatory for investors to provide their bank account details**

Account No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_

Type of A/c  SB  Current  NRE  NRO  FCNR  Others P/s specify \_\_\_\_\_ Branch \_\_\_\_\_ Bank City \_\_\_\_\_

IFSC code \_\_\_\_\_ MICR no \_\_\_\_\_ Refer Instruction 8.3 (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank) In case if the bank details provided by you is different from the payment bank account please enclosed a canceled cheque.

**11. INVESTMENT DETAILS [Please tick (✓)] (Refer Instruction No. 2, 3 & 10) (If this section is left blank, only folio will be created)**

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

* Cheque / DD Favouring Scheme Name (refer Instruction 2 & 3)	Plan/Option	Amount Invested (Rs.)	^DD Charges	Net Amount Paid (Rs.)	Cheque/DD No./ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number

Account Type (Please tick (✓))  SB  Current  NRE  NRO  FCNR  Others (Ps Specify)

\*All purchases are subject to realization of funds ^Refer to Instruction No. 10

**12. NOMINATION DETAILS (Mandatory) (Refer Instruction No. 16)**

I/We wish to nominate  I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
			Total = 100%	

**DECLARATION & SIGNATURE/S**

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) For NRIs: I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c.) 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. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) 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.

SIGN HERE First Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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Date : \_\_\_\_\_ Place : \_\_\_\_\_

For any queries please contact our nearest Investor Service Centre or

Call Toll Free Number 1800-258-5678

Email : service@licnomuramf.com

Website : www.licnomuramf.com