

Please read the instructions carefully, before filling up the Common Application Form  
Please fill all fields with black / blue ball point, in block letters and complete mandatory fields.

Application No. **CAFR**

Advisor Information (Refer Instruction A)			For office use only
Advisor's Name & ARN Code	Sub-Advisor's Name & ARN Code	Employee Unique Identification No. (EUIIN)*	Date & Time of receipt
<b>ARN- 83671</b>		<b>E100500</b>	

\* Investors should mention the EUIIN of the person who has advised the investor. If left blank, the Mutual Fund will assume following declaration by the investor. "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 in-appropriateness, 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".

Upfront commission shall be paid directly by the investor to the AMFI registered distributor/advisor based on the investor's assessment of various factors including the service rendered by the distributor/advisor.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY.** (Refer Section A of Instructions)

In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive transaction charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for existing investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**NOTE:** Please refer Checklist on reverse page for submission of Mandatory Documents alongwith this application.

**1. EXISTING UNIT HOLDER** (Please fill in your Folio No. below. Please furnish only KYC and PAN details in Section 2 (if not provided earlier) and proceed to Section 5)

Please note that applicant details and mode of holding will be as per existing Folio Number **Folio No.** \_\_\_\_\_

**2. APPLICANT'S INFORMATION** (Please fill in block letters, use one box for one alphabet leaving one box blank between two words)

Occupation <sup>§</sup> [Please ✓]	Status [Please ✓]
<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector / Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired	<input type="radio"/> Individual <input type="radio"/> Minor <input type="radio"/> Partnership <input type="radio"/> Company <input type="radio"/> HUF <input type="radio"/> Trust
<input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Defence <input type="radio"/> Bureaucrat <input type="radio"/> PEP <input type="radio"/> Others (Pl. specify) _____	<input type="radio"/> Society <input type="radio"/> AOP / BOI <input type="radio"/> Bank <input type="radio"/> Others _____

**Sole / First Applicant's personal details** \_\_\_\_\_ Date of birth\* \_\_\_\_\_

**Please submit anyone of the following mandatory documents to certify identification of Minor:**  
 Birth Certificate of the Minor  
 School Leaving Certificate / Marks Sheet issued by HSC / ICSE / CBSE Board  
 Passport of Minor  
 Any other proof evidencing date of birth of the minor.

**Guardian Name** (If sole / first applicant is a Minor) \_\_\_\_\_

**Natural Guardian** (Father or Mother)  
 **Legal Guardian<sup>†</sup>** (court appointed guardian)  
**Guardian's relationship with Minor applicant** \_\_\_\_\_

\*If sole/first applicant is a Minor, date of birth is mandatory.  
<sup>†</sup> In case of legal guardian, please submit attested copy of the court appointment letter, affidavit etc.

**Name of Contact Person** (In case of Non-individual investor only) / **POA Holder's Details** (Mandatory, if the investment is being made by a Constituted Attorney)  
 Mr. Ms. M/s. \_\_\_\_\_

**Name of second applicant**  
 Mr. Ms. M/s. \_\_\_\_\_

**Name of third applicant**  
 Mr. Ms. M/s. \_\_\_\_\_

**Address for Correspondence<sup>§</sup>**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**City** \_\_\_\_\_ **Pin Code** \_\_\_\_\_  
**State** \_\_\_\_\_ **Country** \_\_\_\_\_

**Contact Details (Mandatory)**  
 Phone (O) \_\_\_\_\_ Extn. \_\_\_\_\_ Fax \_\_\_\_\_  
 Phone (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

<sup>§</sup> Please note that information sought here will be obtained from CVL also and in case of any difference, the CVL inputs will apply.  
 Receive Account Statement, Annual Reports and other information instantly by e-mail (Refer instruction E)  
 I/We wish to receive the above documents by physical mode.  
 I/We wish to receive updates via SMS on my mobile (✓)

E-mail \_\_\_\_\_

**Permanent Account Number (PAN)<sup>^</sup> [Mandatory, except in case of investments in the schemes of Daiwa Mutual Fund (including SIPs) upto Rs. 50,000/- per investor per year]**

**Sole / First applicant** \_\_\_\_\_ **Guardian** \_\_\_\_\_ **Second applicant** \_\_\_\_\_  
 Please ✓  KYC compliant<sup>#</sup> (proof enclosed)  
 Please ✓  KYC compliant<sup>#</sup> (proof enclosed)  
 Please ✓  KYC compliant<sup>#</sup> (proof enclosed)

**Third applicant** \_\_\_\_\_ **PoA Holder** \_\_\_\_\_  
<sup>^</sup> refer instruction L.  
 Please ✓  KYC compliant<sup>#</sup> (proof enclosed)  
 Please ✓  KYC compliant<sup>#</sup> (proof enclosed)  
<sup>#</sup> For the KYC norms, refer instruction M.

**Mode of holding** [Please (✓)]  Single  
 Joint  
 Anyone or Survivor (In case of more than one applicant, default will be taken as **joint**)

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**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

Application No. **CAFR**

Received from: Mr. / Ms. / M/s. \_\_\_\_\_

Application for units of: **DAIWA** \_\_\_\_\_ **Plan** \_\_\_\_\_

**Option** \_\_\_\_\_ **Sub-option** \_\_\_\_\_ **Div. Frequency** \_\_\_\_\_

Cheque / D.D. No. / F. T. (UTR No.) \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_

Drawn on Bank and Branch \_\_\_\_\_

**Please Note :** All purchases are subject to realization of instruments and furnishing of mandatory information / documents

ISC Stamp, Signature & Date



New investors subscribing to the scheme through Auto Debit or ECS facility are requested to complete this Form compulsorily alongwith Common Application Form. Application should be submitted at least 30 days before the 1st Debit Clearing date.

Application No. SIP

ADVISOR INFORMATION			For office use only
Advisor's Name & ARN Code	Sub-Advisor's Name & Code	Employee Unique Identification No. (EUIN)*	Date & Time of receipt
ARN- 83671		E100500	

\* Investors should mention the EUIN of the person who has advised the investor. If left blank, the Mutual Fund will assume following declaration by the investor. "I/We hereby confirm that the EUIN 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 in-appropriateness, 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". Upfront commission shall be paid directly by the investor to the AMFI registered distributor/advisor based on the investor's assessment of various factors including the service rendered by the distributor/advisor.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Instruction 3)**

In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive transaction charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for existing investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Please  any one only  New Registration  Cancellation  Change in Bank Account  SIP Registration-by New Investor  SIP Registration-by Existing Investor

#### APPLICANT'S INFORMATION (MANDATORY)

Folio Number (for existing investor)	Common Application Form No. (for new investor)
Name of the First Applicant	Mr./Ms./M/s/
PAN (Mandatory) <sup>5</sup>	Enclosed (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Compliance Proof (Mandatory)
Name of the Second Applicant	Mr./Ms./M/s/
PAN (Mandatory) <sup>5</sup>	Enclosed (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Compliance Proof (Mandatory)
Name of the Third Applicant	Mr./Ms./M/s/
PAN (Mandatory) <sup>5</sup>	Enclosed (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Compliance Proof (Mandatory)
Date of Birth	DD / MM / YY
Type of supporting document	Identification number details

<sup>5</sup>Except in case of investments in the schemes of Daiwa Mutual Fund (including SIPs) upto Rs. 50,000/- per investor per year.

#### SIP INVESTMENT DETAILS

Scheme Name	DAIWA	Plan	Option	Sub-Option
Amount: Rs. in figures		Rs. in words	Minimum installment amount through SIP is Rs. 500/-	
Payment Mechanism (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Auto Debit or ECS Facility (Please complete the SIP Auto Debit or ECS Facility Form below) <input type="checkbox"/> Cheque (Please provide the details below)				
Total No. of Cheques	Cheque No. From	To	Period of enrolment (MM / YYYY) (Mandatory)	
Drawn on Bank	From	MM / MM / YYYY		
Branch	A/c. No.	To	MM / MM / YYYY	
Frequency (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th <input type="checkbox"/> All Dates	No. of months / quarters		

#### SIP AUTO DEBIT OR ECS FACILITY FORM - Registration cum Mandate Form

First SIP Instalment via Cheque drawn on bank details provided below

#### ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below)

I / We hereby authorize Daiwa Asset Management (India) Pvt. Ltd., Investment Manager to Daiwa Mutual Fund, acting through their authorized service providers to debit my / our following bank account Auto Debit or ECS Facility for collection of SIP payments.

Name of the Account Holder as in Bank Records	Mr./Ms./M/s/
A/c. No.	Account Type ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Others
Bank Name	
Branch Address	City
MICR Code* (Mandatory)	PIN
RTGS IFSC Code* (Mandatory)	NEFT IFSC Code* (Mandatory)
(* 9 digit number next to your Cheque No.)	(* 11 digit code printed on your cheque)

#### DECLARATION AND SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document and the Statement of Additional Information of Daiwa Mutual Fund ("DMF"). I/We hereby apply for allotment/purchase of Units in the Scheme as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have read and understood the details of the Scheme and have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorize DMF, its investment manager and its agents to disclose details of my investment to my bank(s), DMF's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby declare that the details provided by me/us above are true and correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold DMF, its investment manager, their appointed service providers or representatives responsible. 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/We have read, understood and agreed to the Terms and Conditions for Auto Debit or ECS facility and will inform DMF about any changes in my/our bank Account. **Applicable to NRIs:** I/We confirm that I am / we are Non-Resident(s) of Indian nationality / origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / 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.

Date	XX	XX	XX
	Sole / First Applicant / PoA	Second Applicant	Third Applicant
For Office use only (Not to be filled in by investor)	Recorded on	Recorded by	Credit Account Number

#### AUTHORISATION OF THE BANK ACCOUNT HOLDER [(to be signed by the Account Holder(s)) (to be retained by the bank)]

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Daiwa Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Daiwa Asset Management (India) Pvt. Ltd. (Investment Manager to Daiwa Mutual Fund), acting through their service providers and representatives carrying the Auto Debit or ECS mandate Form to get it verified and executed.

Account Number	XX	XX	XX
	Signature as in Bank Record First Applicant	Signature as in Bank Record Second Applicant	Signature as in Bank Record Third Applicant

#### ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Received from	Mr./Ms./M/s/	Application No. SIP
SIP application for Units of	DAIWA	
Plan	Option	Sub-Option
<input type="checkbox"/> No. of Cheques	<input type="checkbox"/> SIP Auto Debit or ECS Facility Total Amount (Rs.)	
Date	DD / MM / YY	
Please Note : All purchases are subject to realization of instruments and furnishing of mandatory information / documents		ISC Stamp & Signature