

**COMMON APPLICATION FORM** (For Resident Investors)

ISC Stamp, Signature & Date

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 Co        | ode     |            |        |         | Sul        | o-Ad  | visor' | s Na  | me &  | ARN   | l Cod          | e                   | En     | ploy    | ee L  | Iniqu   | e Ide | entifi | icati | on No  | . (El | IIN)³ | k     |        |        | Da         | te & T | Гime  | of re  | eipt   |      |         |
| ARN-   | 83671   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         | Ε     | 10      | 05    | 00     | )     |        |       |       |       |        |        |            |        |       |        |        |      |         |
| the EUIN box has<br>the above distribunot charged any<br>Upfront commission tor/advisor.<br>TRANSACTION<br>In case the subscinvestor) will be  | * 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 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 U  |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         | s in  | Sect   | ion   | 2 (if  | not   | pro   | vide  | d ea   | arliei | r) aı      | nd pr  | roce  | ed to  | Sec    | tion | 5)      |
| Please note that   | applicant details   | s and m         | ode o   | f hold     | ling w | /ill be | as p       | er e  | xistin | g Fo  | lio N | umb   | er             |                     |        |         | Fo    | lio N   | lo.   |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| 2. APPLICANT   | Γ'S INFORMAT  | Γ <b>ΙΟΝ</b> (P | lease   | e fill i   | n blo  | ck le   | etters     | i, us | e on   | e bo  | x fo  | r on  | e alı          | oha                 | bet l  | eavi    | ing ( | one     | box   | blar   | ık b  | etwe   | en    | two   | wor   | ds)    |        |            |        |       |        |        |      |         |
| Occupation <sup>\$</sup> [Please ✓]  |   |                 |         |            |        |         |            |       |        |       |       |       |                | S                   | tatu   | [Ple    | ase 🕶 | <u></u> |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| O Private Sector S   | Service Public  | Sector / (      | Govern  | ment s     | Servic | e O     | Busine     | ess   | O Pro  | ofess | ional |       | Agri           | cult                | urist  | 0       | Retir | ed      | 0     | Indiv  | /idua |        | Mino  | or    | C     | ) Part | nersh  | nip (      | ⊃ Co   | mpar  | ny C   | HUF    |      | ) Trust |
| Housewife  | Student   | Forex D         | )ealer  | O D        | efence | e 🔘     | Burea      | ucra  | t C    | ) PEF |       | ) Oth | ers (F         | l. sp               | ecify) |         |       |         | 0     | Socie  | ety   |        | AOP   | / BO  |       | ) Ban  | k      | (          | Ot'    | hers  |        |        |      |         |
| Sole / First Appl  | licant's persona  | al detail       | ls      |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        | Da    | ite of | birth  | *    |         |
| Mr. Ms. M/s.   |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| 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)    |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
|  | (If sole / first ap   | plicant         | is a M  | linor)     |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      | . [     |
| _  | rdian (Father or  |                 |         | Leg        | •      |         |            |       |        |       | _     |       |                | lone                |        |         |       |         |       |        | •     | rith N |       |       |       |        |        | ffi d.     | uit o  |       |        |        |      |         |
| *If sole/first applicant is a Minor, date of birth is mandatory.  * 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.   |   |                 | Filluli | viuuai<br> |        |         | )<br> <br> |       | и по   | luei  | 2 00  | ztaii | <b>5</b> (1016 |                     | atory  | , II LI |       |         |       |        |       | <br>   | ue b  | y a t |       |        | eu At  |            | I      |       |        |        |      |         |
| Name of second   | applicant   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| Mr. Ms. M/s.   |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| Mr. Ms. M/s.   | pplicant  |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| Address for Corr   | respondence <sup>\$</sup>   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
|  |   |                 |         |            |        |         |            |       |        |       |       | _     |                | _                   | _      | _       |       | _       | _     |        |       |        |       |       |       |        |        | _          |        |       |        | _      |      |         |
| City   |   |                 |         |            |        |         |            |       |        |       |       | _     |                | _                   |        |         |       | _       | _     |        | _     |        |       |       |       |        |        | Dia        | Codo   |       |        | _      |      |         |
| City   |   |                 |         |            |        |         |            |       |        | _     | _     | _     | _              | _                   | _      | _       | _     | _       | +     | _      |       |        |       | _     |       |        |        | PIII       | Code   |       |        | _      |      |         |
| State  |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         | _     |         | _     | C      | ount  | ГУ     |       |       |       |        |        |            |        |       |        |        |      |         |
| Contact Details<br>(Mandatory)   | Phone (O) Phone (R)   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       | Extn.   |       |        |       | M      | obile |       | ax    |        |        | L          |        |       |        |        |      |         |
| \$ Please note that<br>Receive Account<br>\(\text{\text{\$I/We wish to r}}\)   | Statement, Ann  | ıual Repo       | orts a  | nd otl     | her ir | nform   |            |       |        |       |       |       | ,              |                     |        |         |       | /L in   | puts  | will   | арр   | ly.    | ) 1/  | 'We \ | wish  | to re  | ceive  | e upc      | lates  | via S | SMS o  | n my   | mob  | ile (✔) |
| E-mail   |   |                 | $\perp$ |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |
| Permanent Acco   |   | 'AN)^ [N        | /landa  | itory,     | exce   | pt in   | case       | 1.0   | nvest  |       |       | n th  | e sch          | em                  | ies of | Dai     | wa I  | Mutu    | ıal F | und    | (inc  |        | _     |       | upto  |        | 50,0   | 000        | /- pe  | r inv | vesto  | r per  | yea  | r]      |
| Please ✓ O KY  |   | oof enc         | .losed) |            |        |         |            | F     | Please | ✓     | O F   | KYC   | comp           | oliar               | nt# (p | roof    | encl  | osec    | )     |        |       |        |       |       |       |        | nplia  | <br>ant# ( | (proo  | f en  | close  | <br>(t |      |         |
| Third applicant  | 1   |                 |         |            |        |         |            |       | PoA I  | Hold  | ler   |       |                |                     |        |         |       |         |       |        |       | ^ re   | fer i | nstr  | uctic | n I .  |        |            |        |       |        |        |      |         |
| Please ✓ ○ KY  | 'C compliant# (pr   | oof enc         | losed)  | )          |        |         | '          | F     | lease  | ✓     | O F   | KYC   | comp           | oliar               | nt# (p | roof    | encl  | osec    | )     |        |       |        |       |       |       |        |        | r ins      | tructi | ion I | M.     |        |      |         |
|  | ng [Please (✔)](  |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        | _     |       |       |        |        |            |        |       |        |        |      |         |
|  |   |                 |         |            |        |         |            |       |        |       |       |       | TEAF           | HE                  | RE —   |         |       |         |       |        |       |        |       | -     |       | -      |        | ×€ -       |        |       |        |        |      |         |
| ACKNOWLE   | DGEMENT S   | LIP (To         | o be f  | illed i    | in by  | the i   | nvest      | tor)  |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       | Ap    | plic  | atio   | n No.  | . C/       | ٩FR    | ł     |        |        |      |         |
| Received from: N   |   |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       | -     |       |        |        |            |        |       |        |        |      |         |
| Application for ur   | nits of: DAIWA  | Α               |         |            |        |         |            |       |        |       |       |       |                | Pla                 | n      |         |       |         |       |        |       |        |       | _     |       |        |        |            |        |       |        |        |      |         |
| Option   |   |                 |         | S          | ub-op  | otion   |            |       |        |       |       |       |                | D                   | iv. Fr | eque    | ncy   |         |       |        |       |        |       | _     |       |        |        |            |        |       |        |        |      |         |
| Cheque / D.D. No   | ). / F. T. (UTR No.)  | )               |         |            |        |         |            |       | _ dat  | ed_   |       |       |                |                     | fo     | r Rs.   |       |         |       |        |       |        |       | _     |       |        |        |            |        |       |        |        |      |         |
| Drawn on Bank a  | and Branch  |                 |         |            |        |         |            |       |        |       |       |       |                |                     |        |         |       |         |       |        |       |        |       |       |       |        |        |            |        |       |        |        |      |         |

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

| 4. BANK ACCO   | UNT DET   | AILS  | (Mar   | ndat  | ory                                       | as per   | SEBI G  | iuid  | lelines  | , refe   | r ins  | truct  | tion I  | F)   |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
|--|---|---|--|---|---|--|---|---|--|--|--|--|---|--|--|--|---|---|---|--|--|---|--|--|--|--|--|---|--|---|---|--|---|--|--|
| A/c. No.   |   |   |  |   |   |  |   |   |  |  |  |  | Ac  | coun   | nt Type  | e ( <b>√</b>   | ) (   | ) Sa  | ving  | s C  | ) Cu   | ırre  | nt (   | 0 (  | ther   | s (p   | olease   | spe   | ecify)   | )   |   |  |   |  |  |
| Bank Name  |   |   | Ī  | Ī   |   |  |   | ī   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Branch Address   |   |   | Ī  | Ī   | Ī   |  |   | Ī   |  |  |  |  | İ   | ĺ  |  |  |   |   |   |  |  |   | Ī  | Ì  |  |  |  | Ī   |  |   |   | Ī  |   |  | $\overline{\Box}$  |
| City   |   |   |  |   |   |  |   |   |  |  |  |  |   | İ  |  |  |   |   |   |  | Ĺ  |   | Ĺ  | Ì  |  |  |  | Pin   | Code   | ة   | Ī   |  |   |  |  |
| MICR Code  |   |   |  |   |   |  | RTGS  | SIFS  | SC Cod   | e  |  | (For   | Rs <sub>1</sub> 2                                     | lakh   | ns <sub>l</sub> and                                  | dabo   | ove)  |   |   |  | NE   | FT  | FSC  | Coc  | de   |  |  | (F  | or u   | pto F   | ₹5. <sub> </sub> 2                                  | lakhs  | )   |  |  |
|  | (9 digit n  | umber   | next to  | o you   | ır Che                                    | que No.)   | _   |   |  |  |  |  |   |  | P  | lease  | e also  | pro   | ovide   | a c  | ance   | ellec                                       | l che  | que  | leaf   | of   | the sa   | ame   | bank   | accc  | unt a   | ıs mei   | ntion   | ed a   | bove   |
|  | Mentionir   | -   |  |   |   | ode or N   | IEFT IF   | SC C  | Code, a  | s appl   | icabl  | e, wil   | ll hel  | p us t   | transi   | fer tl   | he am   | ıou   | nt to   | you  | ur ba  | ank   | acc  | oun  | t qui  | icke   | er, ele  | ctro  | nica   | ily.  |   |  |   |  |  |
| 5. SCHEME DE   |   | efer i  | nstru  | ction   | n G)                                      |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Scheme <b>DAIW</b>   | А   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   | . Pla  | n  |  |  |  |   |  |   |   |  |   |  |  |
| Option   |   |   |  |   |   |  |   | _ Su  | ıb-opti  | on   |  |  |   |  |  |  |   |   |   |  | . Div  | ide   | nd F   | req  | uenc   | ΣУ _   |  |   |  | _   | _   | _  | _   |  |  |
| 6. INVESTME  | NT AND I  | PAYM  | ENT  | DET   | ΓAIL                                      | S (Refe  | er instr  | uct   | ion H)   |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Investment Amo   |   | Α)  |  |   |   |  |   |   |  |  |  |  |   |  |  | _  | hequ  | ıe /  | DD  | No.,   |  |   | ITR I  |  | +  |  |  |   | _  |   |   |  |   |  |  |
| DD Charges (Rs.)   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  | _ L  | Date  |   |   |  |  | D   |  | D  |  | M  |  | M   |  | Υ   | Υ   |  | Υ   |  | Υ  |
| Net Amount (Che  |   | amou  | nt) (R   | !S.) (A   | 4 mir                                     | nus B)   |   |   |  |  |  |  |   |  |  |  | Thequ<br>Orawn  |   |   | nk   |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Mode of Paymen   | -   |   | T  | Chr   | 00110                                     |  |   | ınd   | Transf   | or   |  |  |   |  |  | +  | Brancl  |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| A/c. No.   | IL  | 1   | 1  | CITE  | eque                                      | . ( ) DD   | FL  | JIIU  | II diisi   | ei   |  |  |   | 1  | 1  | _  | A/c. Ty   |   | <b>(√)</b>  |  |  | ) Cu  | rrer   | ıt (   | S  | avii   | ngs  |   | Othe   | rs  |   |  |   |  |  |
| MANDATORY DECI   | LARATION  | : The   | detai  | ils of  | the l                                     | bank ac  | count p   | rov   | ided a   | bove p   | ertai  | in to r  | mv / o  | our o  | wn ba  |  |   |   |   | //0  | ur n   | am  | e (P   |  |  |  |  |   |  |   | o. Ple  | ease a   | attac   | h 'Ti  | hird   |
| Party Payment Do   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   | -  |  |   |  |  | ty D   | ecl  | aratio   | n Fo  | orm s  | subm  | itted   | <u> </u>   | 'es /   | 0  | No.  |
| 7. DEMAT ACC   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  | ,  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Depo   | ository Pa  | rticip  | ant (  | DP)   | ID  |  | Benef   | icia  | ıry Acc  | ount   | Num  | ber  |   |  |  |  |   | De  | epos  | itor   | уР   | arti  | cipa   | ant  | (DP)   | ) ID   | & B  | enef  | ficiai   | у Ас  | cour  | nt Nu  | mbe   | r  |  |
| NSDL O   |   |   |  |   |   |  |   |   |  |  |  |  |   | OR (   | CDSL   | 0  |   |   |   |  |  |   | Ĺ  |  |  |  |  |   |  |   |   |  |   |  |  |
| 8. NOMINATIO   | ON DETA   | ILS (   | To be  | fille   | d by                                      | individ  | dual(s)   | app   | plying   | singly   | or jo  | ointly   | , ref   | er in:   | struc  | tion   | J)  |   |   |  |  |   |  |  |  |  |  |   |  |   |   | (M   | AND   | )ATO   | RY)  |
| I/We   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  | _ 6   | an d   | _  |  |  |  |   |  |   |   |  |   |  |  |
| A. do not wis  | h to nomi   | inate   | anvor  | ne to   | rece                                      | eive the   | units a   | llot  | ted to   | mv/ou  | r cre  | dit in   | mv F  | olio   | in the   | e eve  | nt of   | mv  | / / ni  | ır de  |  |   | ou.  | wh   | iche   | ver  | is no  | ıt ap   | plica  | ble)  |   |  |   |  |  |
| B. do hereby   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   | of m   | y / c  | our c  | leat   | th. I/V  | Ne a  | ılso u   | nder  | stand   | d that   | all r   | oaym   | nents  |
| and settlen  |   |   | uch N  | 10mir   | nee(                                      | s) ackno   | owledgi   | ing ı   | receipt  | there  | of sh  | all be   | e a va  | alid d   | lischa   | rge t  | by the  | e Mi  | utua  | l Fu   | nd /   | Tru   | stee   | 2 / A  | MC.  |  |  |   |  |   |   |  |   |  |  |
| Name of the First  | nominee   | *   |  |   |   |  |   |   |  |  |  |  |   |  |  | 1  |   |   |   |  |  |   |  |  |  |  |  |   | Date   | of bi   | rth (if   | f nomi   | inee  | is mi  | nor)   |
| Mr. Ms. M/s.  Address of the Fir   | rst nomin   | ee (Pl  | ease   | nrov.   | ide f                                     | ull addr   | PSS)  |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  | ΔΙ   | llocat   | _ L<br>tion   |  | Signa   | ature   | of Fir   | st no   | omin   | IEE/   |
|  |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  | %  |   |  |   |   | if nom   |   |  |  |
|  |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  | Pin  | code  | ō   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| If Nominee is a M  | inor, Nam   | ie and  | l Add  | ress  | of th                                     | he Guar  | rdian :   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| Mr. Ms. M/s.   |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
|  |   |   |  |   |   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  | _  | _   |  | _   |   |  |   |  | Щ  |
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| *Nomination is n<br>Nomination Form  |   | a in a  | TOIIO  | ) nei   | a on                                      | benan  | гогаг   | nınc  | or. No   | minati   | юп ғ   | огт  | cann  | 10t D  | e sigi   | nea  | ру Р  | 0A  | HOI   | iers   | . 10   | э ге  | gisi   | er i   | nore   | e tr   | тап о  | пе і  | Nom  | inee,   | piea  | ise u  | 5e 50   | epar   | ate  |
| 9. DECLARATI   | ION AND   | SIGN  | IATU   | RES   | 5   |  |   |   |  |  |  |  |   |  |  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| I / We have read a 'Who cannot inves and agree to abid any rebate or gifts invested in the Scl Directions issued and / or Distribute reasons of incomplisclosed to me / which the Scheme | st', 'Preven<br>e by the te<br>s, directly<br>heme is th<br>by any reg<br>or / Broke<br>plete or in<br>us all the | ition of<br>erms,<br>or incorough<br>rough<br>gulato<br>r / Invicorre<br>comm | of Mor<br>condidirectly<br>legition<br>ry aut<br>vestme<br>ct info<br>missio | ney La<br>itions<br>ly, in<br>imate<br>thorit<br>ent A<br>orma<br>ons (in | aunces, rule make sou it y in Advisation. | dering',<br>les and I<br>king this<br>urces ar<br>I India. I<br>sor. I/We<br>I, I/We v<br>e form o | 'Know<br>regulat<br>invest<br>ad does<br>/We he<br>hereb<br>would r | You<br>ions<br>mer<br>not<br>reb<br>y de<br>not l | or Custons of the ont. I / Note that the one of the one | omer' a<br>e Sche<br>Ve her<br>ve and<br>orize E<br>that th<br>MF, its | and 'I<br>me. I<br>eby o<br>is no<br>OMF,<br>ne de<br>s inve | Investiged Investigation Inv | tor Pi<br>have<br>re the<br>igneovi<br>vestn<br>provi | roted<br>read<br>at I /<br>d for<br>nent<br>ided l<br>anag | ction'.<br>I and<br>' We a<br>the p<br>mana<br>by me | I/We<br>unde<br>im /<br>urpo<br>iger<br>e/us<br>neir a | e here<br>are a<br>ose of<br>and in<br>above<br>appoi | eby<br>od t<br>auth<br>an<br>ts a<br>e ai<br>inte | app<br>he d<br>loris<br>y con<br>lgen<br>re tr<br>ed se | ly for etail | or all<br>Is of<br>o ma<br>vent<br>o disc<br>und o<br>e pr | lotn<br>f the<br>ake<br>ion<br>clos<br>corr | nent<br>e Sc<br>this<br>or e<br>e de<br>ect. | / pr<br>hem<br>inv<br>vas<br>tail<br>If th<br>or | urch<br>estm<br>ion o<br>s of<br>ne tr<br>repr | ase<br>nd h<br>nen<br>of a<br>my<br>ans<br>ese | of Unave retand and ny Actions investigation of the contraction of the | nits ineith that the the the the the the the the the th | in the ner real the ules, ent to dela response | e Sch<br>eceiv<br>inve<br>Regu<br>o my<br>yed o | ed no<br>stme<br>ulatio<br>bank<br>or no<br>ole. Tl | as indor been tank ins, No<br>(s) / I<br>t effe<br>he AF | dicaten in<br>d the<br>otific<br>DMF<br>cted<br>RN he | ed a<br>duce<br>e am<br>catio<br>'s ba<br>at a<br>olde | above<br>ed by<br>nount<br>ons or<br>ank(s)<br>all for<br>or has |
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| D D M M  | Y   Y   Y   | Υ   | x  | ίX  | Sole                                      | e / First  | t Appli   | can   | t / Gua  | ardian   | / Po   | A  | xx  |  |  | Se   | econo   | d Aı  | pplic   | ant  |  |   |  | ,  | ×χ   |  |  |   | Th   | ird A   | pplic   | ant  |   |  |  |
| Default options wi   | ill be appli  | ed in   |  |   |   |  |   |   |  |  |  |  |   | or has   | s any  |  |   |   |   |  |  |   |  |  |  |  |  |   |  |   |   |  |   |  |  |
| CHECKLIST (Ple<br>Trustee/Compar   |   |   |  |   |   |  |   |   |  |  | catio  | n (w   | here  | e apı  | plical   | ble).  | . All   | do  | cum   | ent  | s sh   | าดเ   | ıld I  | oe d   | orig   | ina  | l/tru  | e co  | opie <sup>.</sup>                              | s cer   | rtifie  | d by   | аſ  | Dire   | ctor/  |

| Document  | Minors       | Individuals | Companies | Societies | Partnership Firms | Investment through PoA | Trust | Please (√) |           |
|---|--------------|-------------|-----------|-----------|-------------------|------------------------|-------|------------|-----------|
| Resolution/Authorization to invest                        |              |             | ✓         | √         | V                 |                        | √     |            | number of |
| List of authorized signatories with specimen signatures   |              |             | ✓         | √         | V                 | √                      | √     |            | documents |
| Memorandum & Articles of Association                      |              |             | ✓         |           |                   |                        |       |            |           |
| Trust Deed  |              |             |           |           |                   |                        | √     |            |           |
| Bye-laws  |              |             |           | √         |                   |                        |       |            |           |
| Partnership Deed  |              |             |           |           | V                 |                        |       |            |           |
| Notarized PoA   |              |             |           |           |                   | V                      |       |            |           |
| KYC   | √ (Guardian) | √           | √         | V         | V                 | V                      | √     |            |           |
| DoB Certificate or School Leaving Certificate or Passport | √            |             |           |           |                   |                        |       |            |           |



## SIP AUTO DEBIT OR ECS FACILITY - REGISTRATION CUM MANDATE FORM

For Terms & Conditions please refer overleaf.

For office use only

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.

ADVISOR INFORMATION

Application No. SIP

| 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 intentionally left blank by me/us as this is an "executi the advice of in-appropriateness, if any, provided b Upfront commission shall be paid directly by the invest  | ion-only" transaction<br>by the employee/rela<br>tor to the AMFI registe  | a without any interaction or advio<br>ationship manager/sales perso<br>ered distributor/advisor based on   | ce by the employee/relationship manager/sale<br>n of the distributor and the distributor has n<br>the investor's assessment of various factors inc   | s person of the above distributor or notwithstanding ot charged any advisory fees on this transaction".  |
| TRANSACTION CHARGES FOR APPLICATIONS In case the subscription amount is ₹ 10,000/- or m will be deducted from the subscription amount and  | nore and your distril   | outor has opted to receive tran  | saction charges, ₹ 150/- (for first time mutu  | al fund investor) or ₹ 100/- (for existing investor)   |
| Please ✓ any one only  |   | •  |  | SIP Registration-by Existing Investor  |
| APPLICANT'S INFORMATION (MANDATO   |   |  | <u></u>  |  |
| Folio Number (for existing investor)   |   | Com  | mon Application Form No. (for new inv  | restor)  |
| Name of the First Applicant Mr.   Ms.   I  | M/s.  |  |  |  |
| PAN (Mandatory)\$  |   | Enclosed (Plea   | se $\checkmark$ ) $\bigcirc$ KYC Compliance Proof (Manda   | atory)   |
| Name of the Second Applicant Mr. Ms. I   | M/s.  | Enclosed (Plea   | so () W/C Compliance Broof (Mand   | oton)  |
| Name of the Third Applicant  Mr. Ms. I   | M/s.  | Enclosed (Plea   | se ✔) ○ KYC Compliance Proof (Manda  |  |
| PAN (Mandatory)\$  |   | Enclosed (Plea   | se ✔) ○ KYC Compliance Proof (Manda  | atory)   |
| Date of Birth   D   D   /   M   M   /   Y   Y   Y  |   | orting document  | Identification nu  | mber details   |
| \$Except in case of investments in the scheme:   | s of Daiwa Mutual   | Fund (including SIPs) upto   | Rs. 50,000/- per investor per year.  |  |
| Scheme Name DAIWA  | Plai  | n  | Option   | Sub-Option   |
| Amount: Rs. in figures   |   | in words   | Minimum installment amount thr   |  |
|  | ebit or ECS Facility  | (Please complete the SIP Aut   | o Debit or ECS Facility Form below) 🥒 C  | heque (Please provide the details below)   |
| Total No. of Cheques Cheque No. Fro  | om  |  | То   | Period of enrolment (MM / YYYY) (Mandatory)  |
| Drawn on Bank Branch   |   | A/c. No.   |  | From   M   M   /   Y   Y   Y   Y   Y   Y   Y   Y   Y   |
| Frequency (Please ✓)   | terly SIP [   |  | th 14th 21st 28th All Date   |  |
|  |   | TEAR HEF   | RE — — — — — — — — — — —   |  |
| <b>SIP AUTO DEBIT OR ECS FACILITY FORM</b> First SIP Instalment via Cheque drawn on bar  |   |  |  |  |
| ECS DEBIT BANK ACCOUNT DETAILS (MA   |   |  | hank, details provided below)  |  |
| I / We hereby authorize Daiwa Asset Manage   | ement (India) Pvt   | . Ltd., Investment Manager   | •  | their authorized service providers to debit  |
| my / our following bank account Auto Debit of Name of the Account Holder   Mr. Ms. M/s.  | or ECS Facility for   | collection of SIP payments.  |  |  |
| as in Bank Records A/c. No.  |   | A consumt Tuno   | (A) Cautions Coursest Cook Cook  | t Othoro   |
| Bank Name  |   | Account Type   | (✓) ○ Savings ○ Current ○ Cash Cred  | t Others   |
| Branch Address   |   |  | City   | PIN  |
| MICR Code*   | RTGS IFS  | (1011)3.21   | akhs and above)   NEFT IFSC Code   | ^       (For upth Rs. 2 lakhs)   |
| (Mandatory) (* 9 digit number next to your Ch  | eque No.) <sup>(Mandato</sup>   | ory) ^(11 digit code printe  | ed on your cheque) (Mandatory)   | ^(11 digit code printed on your cheque)  |
| <b>DECLARATION AND SIGNATURE(S)</b> I/We have read and understood the contents of the S  | chama Information F   | accument and the Statement of  | Additional Information of Daiwa Mutual Fund (  | DME") I/Wa haraby apply for allatment/purchase of  |
| Units in the Scheme as indicated above and agree to a nor been induced by any rebate or gifts, directly or inc is through legitimate sources and does not involve a authority in India. I/We hereby authorize DMF, its inve hereby declare that the details provided by me/us abo investment manager, their appointed service provider to him for the different competing schemes of various for Auto Debit or ECS facility and will inform DMF abo have remitted funds from abroad through approved barceived from abroad through approved banking char | abide by the terms, c<br>directly, in making thi,<br>and is not designed fo<br>estment manager and<br>ove are true and corre<br>is or representatives in<br>s mutual funds from a<br>but any changes in my<br>anking changels or from | onditions, rules and regulations is investment. I/We hereby declain or the purpose of any contraven its agents to disclose details of ct. If the transaction is delayed esponsible. The ARN holder has amongst which the Scheme is be allowed to the second the second to th | of the Scheme. I/We have read and understood<br>re that I/We am/are authorized to make this inv<br>tion or evasion of any Act, Rules, Regulations,<br>my investment to my bank(s), DMF's bank(s) an<br>or not effected at all for reasons of incomplete<br>disclosed to me / us all the commissions (in the<br>ing recommended to me / us. I/We have read. | the details of the Scheme and have neither received estement and that the amount invested in the Scheme Notifications or Directions issued by any regulatory d / or Distributor / Broker / Investment Advisor. I/We in incorrect information, I/We would not hold DMF, its form of trail commission or any other mode), payable understood and agreed to the Terms and Conditions. |
| Date   | xx  |  | xx   | xx   |
| D D / M M / Y Y Y Y  |   | Applicant / PoA  | Second Applicant   | Third Applicant  |
| For Office use only (Not to Recorded on  | Recoi   | rded by  | Credit Acco  | ount Number  |
| be filled in by investor)  |   | — — — — — TEAR HEF   | 25 — — — — — — — — — — —   |  |
| AUTHORISATION OF THE BANK ACCOUN   | IT HOLDER [(to l  |  |  | ank)   |
| This is to inform that I/We have registered for the RBI's El<br>bank account number with your bank. I/We authorize Dai<br>Debit or ECS mandate Form to get it verified and execute   | iwa Asset Managemen   | ice (Debit Clearing) and that my/ou<br>t (India) Pvt. Ltd. (Investment Man   | r payment towards my/our investment in Daiwa M<br>ager to Daiwa Mutual Fund), acting through their   | utual Fund shall be made from my/our below mentioned service providers and representatives carrying the Auto   |
| Account Number   |   |  |  |  |
|  |   | Signature as in Bank Reco<br>First Applicant   | Second Applicant   | XX Signature as in Bank Record Third Applicant   |
| ACKNOWLEDGEMENT SLIP (To be filled   |   | — — — — — TEAR HEF   | KE — — — — — — — — — — — — — — — — — — —   | ·  |
| Received from Mr.   Ms.   M/s.   |   |  |  | oplication No. SIP   |
| SIP application for Units of DAIWA   |   |  |  |  |
| Plan Option  |   | Sub-Option   |  |  |
|  | ebit or ECS Facility  | Total Amount (Rs.)   |  |  |
| Date D D M M M M V Y Y Y Y  Please Note: All purchases are subject to realization  | ation of instruments  | s and furnishing of mandatory  | information / documents  | ISC Stamp & Signature  |