

Please read the instructions carefully, before filling up the Common Application Form
Fill in 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 & Code	Sub-Advisor's Name & Code	Registrar's Serial No.	Date & Time of receipt
ARN-28905			

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.

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 ⁵ [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
Mr. Ms. M/s. _____ 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)
Mr. Ms. M/s. _____

Natural Guardian (Father or Mother) **Legal Guardian⁺** (court appointed guardian) **Guardian's relationship with Minor applicant** _____

*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)
Mr. Ms. _____

Name of second applicant
Mr. Ms. M/s. _____

Name of third applicant
Mr. Ms. M/s. _____

Nationality⁵ _____ **Country of Residence⁵** _____

POA Holder's Details (If the investment is being made by a Constituted Attorney, Name, PAN and KYC of the PoA holder is mandatory)

Mr. Ms. M/s. _____

Address for Correspondence⁵

City _____ Pin Code _____

State _____ Country _____

Contact Details (Mandatory)
Phone (O) _____ Extn. _____ Fax _____
Phone (R) _____ Mobile No. _____

⁵ 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 via e-mail instead of physical mode. I/We do not wish to receive the above by e-mail I/We wish to receive updates via SMS on my mobile (✓)

E-mail _____

Permanent Account Number (PAN) [Mandatory]

Sole / First applicant's	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [^]	Mode of holding [Please (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (In case of more than one applicant, default will be taken as joint) [^] refer instruction K. [#] For the KYC norms, refer instruction L.
Guardian	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [^]	
Second applicant	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [^]	
Third applicant	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [^]	
PoA Holder	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [^]	

3. DOCUMENTS ENCLOSED (Please ✓) Total number of documents _____

Resolution/Authorisation to invest List of authorized signatories with specimen signature Memorandum & Articles of Association Trust Deed Bye-laws Partnership Deed
 Notarised PoA Proof of Address Copy of PAN Card KYC Compliance Proof DoB Certificate School Leaving Certificate Passport of Minor SIP/Micro SIP Form

----- ✂ ----- TEAR HERE ----- ✂ -----

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. _____ 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

4. BANK ACCOUNT DETAILS (Mandatory as per SEBI Guidelines, refer instruction F)

A/c. No. _____ Account Type Savings Current Others (please specify) _____
 Bank Name _____
 Branch Address _____
 City _____ Pin Code _____
 MICR Code _____ RTGS IFSC Code _____ (For Rs) 2 lakhs and above _____ NEFT IFSC Code _____ (For upto Rs. 2 lakhs)
(9 digit number next to your Cheque No.)
 Please also provide a cancelled cheque leaf of the same bank account as mentioned above

Mentioning your RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

5. SCHEME DETAILS (Refer instruction G)

Scheme **DAIWA** Plan _____
 Option _____ Sub-option _____ Dividend Frequency _____

6. INVESTMENT AND PAYMENT DETAILS (Refer instruction H)

Investment Amount (Rs.) (A)	Cheque / DD / FT No.
DD Charges (Rs.) (B)	Date
Net Amount (Cheque / DD amount) (Rs.) (A minus B)	Cheque / DD Drawn on Bank
Amount in words	Branch
Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Fund Transfer	A/c. Type <input checked="" type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> Others
A/c. No.	

MANDATORY DECLARATION: The details of the bank account provided above pertain to my / our own bank account in my / our name (Please Yes / No. If No, Please attach 'Third Party Payment Declaration Form' along with necessary proofs. Application Form without this information is liable to be rejected. Third Party Declaration Form submitted Yes / No.

SYSTEMATIC INVESTMENT PLAN (SIP): Investors can opt for SIP by filling SIP / Micro SIP Auto Debit / ECS facility - Registration cum Mandate Form.

7. NOMINATION DETAILS (To be filled by individual(s) applying single or jointly, refer instruction I)

(MANDATORY)

I / We _____ and _____
 (strike out whichever is not applicable)

- A. do not wish to nominate anyone to receive the units allotted to my/our credit in my Folio in the event of my / our death.
- B. do hereby nominate the undermentioned Nominee(s) to receive the units allotted to my/our credit in my Folio in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) acknowledging receipt thereof shall be a valid discharge by the Mutual Fund / Trustee / AMC.

Name of the First nominee* _____ **Date of birth (if nominee is minor)** _____
 Mr. Ms. M/s. _____
Address of the First nominee (Please provide full address) _____ **Allocation %** _____ **Signature of First nominee/Guardian (if nominee is minor)** _____

 _____ **Pin code** _____

If Nominee is a Minor, Name and Address of the Guardian :

Mr. Ms. M/s. _____

Name of the Second nominee _____ **Date of birth (if nominee is minor)** _____
 Mr. Ms. M/s. _____
Address of the Second nominee (Please provide full address) _____ **Allocation %** _____ **Signature of Second nominee** _____

 _____ **Pin code** _____

Name of the Third nominee _____ **Date of birth (if nominee is minor)** _____
 Mr. Ms. M/s. _____
Address of the Third nominee (Please provide full address) _____ **Allocation %** _____ **Signature of Third nominee** _____

 _____ **Pin code** _____

*Nomination is not allowed in a folio held on behalf of a minor. Nomination Form cannot be signed by PoA Holders.

8. DECLARATION AND SIGNATURES

To, The Trustee, Daiwa Mutual Fund,
 I/We have read and understood the contents of the Scheme Information Document and the Statement of Additional Information of Daiwa Mutual Fund, including the sections on 'Who cannot invest', 'Prevention of Money Laundering', 'Know Your Customer' and 'Investor Protection'. 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 authorised to make this investment and that the investment and 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 Daiwa Mutual Fund, Daiwa Asset Management (India) Private Limited (Investment Manager to Daiwa Mutual Fund) and its agents to disclose details of my investment(s) to my bank(s) / Daiwa Mutual Fund's bank(s) and /or Advisor / 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 Daiwa Mutual Fund, 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.

SIGNATURE(S)		
Date D D M M Y Y Y Y	XX Sole / First Applicant / Guardian / PoA XX	XX Second Applicant XX
		XX Third Applicant XX

Application from investors residing in USA or Canada shall be rejected. Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

CHECKLIST (Please submit the following document with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorized Signatory/Notary Public)

Document	Minors	Individuals	Companies	Societies	Partnership Firms	Investment through PoA	Trust
Resolution/Authorization to invest			✓	✓	✓		✓
List of authorized signatories with specimen signatures			✓	✓	✓	✓	✓
Memorandum & Articles of Association			✓				
Trust Deed							✓
Bye-laws				✓			
Partnership Deed					✓		
Notarized PoA						✓	
Proof of Address							
Copy of PAN Card		✓	✓	✓	✓	✓	✓
KYC		✓	✓	✓	✓	✓	✓
Proof of Address (Mandatory for Micro SIP)		✓					
DoB Certificate or School Leaving Certificate or Passport of Minor	✓						

New investors subscribing to the scheme through Auto Debit 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 & Code	Sub-Advisor's Name & Code	Registrar's Serial No.	Date & Time of receipt
ARN- 28905			

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. Please ✓ any one only New Registration Change in Bank Account SIP Registration-by New Investor Cancellation SIP Registration-by Existing Investor Micro SIP Registration-by New Investor Micro 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)	Enclosed (Please ✓) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Name of the Second Applicant	Mr./Ms./M/s.
PAN (Mandatory)	Enclosed (Please ✓) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Name of the Third Applicant	Mr./Ms./M/s.
PAN (Mandatory)	Enclosed (Please ✓) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Micro SIP (PAN is not Mandatory in case of Micro SIP) (Please refer to the Terms and Conditions overleaf)	
Date of Birth	DD / MM / YYYY Type of supporting document Identification number details

SIP / MICRO SIP INVESTMENT DETAILS	
Scheme Name	DAIWA Plan Option Sub-Option
Amount: Rs. in figures	Rs. in words
Payment Mechanism (Please ✓) <input type="radio"/> Auto Debit Facility (Please complete the SIP / Micro SIP Auto Debit Facility Form below) <input type="radio"/> 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 type="radio"/> Monthly <input type="radio"/> Quarterly	SIP / Micro SIP Date (Please ✓) <input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> All Dates No. of months / quarters

SIP / MICRO SIP AUTO DEBIT (ECS) FACILITY FORM - Registration cum Mandate Form for ECS (Debit Clearing)
First SIP / Micro 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 by ECS (Debit Clearing) for collection of SIP / Micro SIP payments.	
Name of the Account Holder as in Bank Records	Mr./Ms./M/s.
A/c. No.	Account Type (✓) <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> Cash Credit <input type="radio"/> Others
Bank Name	
Branch Address	City PIN
MICR Code* (Mandatory)	RTGS IFSC Code^ (Mandatory) (for Rs. 2 lakhs and above) NEFT IFSC Code^ (Mandatory) (For upto Rs. 2 lakhs)
(* 9 digit number next to your Cheque No.) ^ (11 digit code printed on your cheque)	

DECLARATION AND SIGNATURE(S)
To, The Trustee of Daiwa Mutual Fund,
I/We have read and understood the contents of the Scheme Information Document and the Statement of Additional Information of Daiwa Mutual Fund, including the sections on "Who cannot invest", "Prevention of Money Laundering", "Know Your Customer" and "Investor Protection". 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 Daiwa Mutual Fund, Daiwa Asset Management (India) Private Limited (Investment Manager to Daiwa Mutual Fund) and its agents to disclose details of my investment to my bank, Daiwa Mutual Fund'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 Daiwa Mutual Fund, 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 confirm that I/ We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year (Applicable for Micro SIP investments only). I/We have read, understood and agreed to the Terms and Conditions for Auto Debit/ECS facility and will inform Daiwa Mutual Fund 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.
I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Daiwa Asset Management (India) Pvt. Ltd., (Investment Manager to Daiwa Mutual Fund), their appointed service provider or representatives responsible. I/We will also inform Daiwa Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

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 ECS mandate Form to get it verified and executed.

Account Number	XX Signature as in Bank Record First Applicant	XX Signature as in Bank Record Second Applicant	XX Signature as in Bank Record Third Applicant
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ACKNOWLEDGEMENT SLIP (To be filled by the investor)		Application No. SIP
Received from	Mr./Ms./M/s.	
SIP / Micro SIP application for Units of DAIWA		
<input type="radio"/> No. of Cheques <input type="radio"/> SIP / Micro SIP Auto Debit Facility Total Amount (Rs.)		
Date	DD / MM / YYYY	
Please Note : All purchases are subject to realization of instruments and furnishing of mandatory information / documents		ISC Stamp & Signature