

COMMON APPLICATION FORM



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

Application No. _____

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	Sub-broker ARN Code	Employee Unique Identification Number (EUIIN)	Time Stamp No
15114			E023534	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 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." (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 ARN HOLDER ONLY [Refer Instruction 4]

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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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, with PAN & KYC validation please fill in section 1 and proceed to section 4-.)

Folio No. The details in our records under the folio number mentioned alongside will apply for this application

2. APPLICANT(S) DETAILS (In case of Minor, there shall be no joint holders) (Mandatory information – If left blank the application is liable to be rejected.)

Sole/First Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
DOB <input type="text"/>	DOB is mandatory in case of unit holder is minor. Proof attached. Please (√) <input type="checkbox"/>			

Second Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
Third Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>

First Applicant PAN : Second Applicant PAN : Third Applicant PAN :

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

FIRST	MIDDLE	LAST
PAN: <input type="text"/> 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 (√))

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI-NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Others	<input type="checkbox"/> Company <input type="checkbox"/> LLP

4. KYC Details (Mandatory) Occupation Please tick (√)

FIRST APPLICANT	<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)					
SECOND APPLICANT	<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)					
THIRD APPLICANT	<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	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore	Net worth (Mandatory for Non-Individual Rs. _____ as on <input type="text"/> (Not older than 1 year)
SECOND APPLICANT	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year)						
THIRD APPLICANT	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ (Not older than 1 year)						

For Individual <input type="checkbox"/> I am Politically Exposed Person (Also applicable for authorized signatories/ Promoters/Karta/Trustee/Whole time Directors) please mention <input type="checkbox"/> I am Related to Politically Exposed <input type="checkbox"/> Not Applicable	For Non-Individual Investors (Companies, Trust, Partnership etc.) Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No. please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration) Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. MODE OF HOLDING [Please tick (√)] Joint Single Anyone of Survivor (Default option is Anyone of Survivor)

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

Landmark	City	State	Pincode <input type="text"/>	Country
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(TO BE FILLED IN BY THE INVESTOR)

ACKNOWLEDGEMENT SLIP

APP. No _____

Received an application for purchase of units of LIC Nomura MF _____ (Scheme Name with option) from Mr/Mrs/M/s. _____ (Name of the investor) _____ alongwith Cheque/Draft No./Payment Instrument No. _____ Dated _____ Bank _____ Branch _____ Drawn on _____ For ₹ _____ 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. and Email Id. Refer Instruction No. 11)

Email Id (Please Specify)		Mobile No.
Tel no (Resi) (STD Code)	(Off) (STD Code)	

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		

10. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FACTA details form

Do you have any non-Indian Country (ies) of Birth / Citizenship / Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory).

Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you e US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.
Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.	Country of Tax Residency* (other than India)	Taxpayer Identification No.
1		1		1	
2		2		1	

* Please indicate all countries in which you are a resident for tax purpose and associated Tax Payer Identification number. In case of association with POA, the POA holder shoulder fill form to provide the above details mandatorily.

11. 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 <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <i>Ps specify</i>	Branch	Bank City
IFSC code**	MICR no	Refer Instruction 8.3 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account where the investment is made) For unit holders opting to hold units in demat form, please ensure that the bank account is mentioned here. (**Mandatory to credit via NEFT/RTGS)

12. 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
LIC Nomura MF						

*All purchases are subject to relaiization of fund (Refer to Instruction No. 10) Account Type (Please tick (√)) SB Current NRE NRO FCNR Others (Per Specify)

13. Option for Switch

Switch in To	LIC Nomura MF	Plan		Option
		Regular	Direct	Growth /Dividend / Div Reinvestment /Div Payout
Amount: Rs _____				
From Scheme Name		Plan		Option
		Regular	Direct	Growth /Dividend / Div Reinvestment /Div Payout
Folio No.				
Amount : Rs.		Units:		

14. NOMINATION DETAILS (Refer Instruction No. 16)

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

Nominee 1	Nomination Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee / Guardian Signature
			100%	

To register multiple nominee please fill separate Nomination Form

15. POA (Power of Attorney) REGISTRATION DETAILS (Refer Instruction overleaf)

Name of the POA holder _____ Attached KYC Letter (Mandatory)
 PAN of the PoA holder _____ Notarized copy of PoA

16. DECLARATION & SIGNATURE/S

a) Having read & understand 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 authorised 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 Resident 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 commission (In the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me / us.

Date : _____ Place : _____

SIGN HERE First Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
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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

Folio No./ Application No. _____ Received from: Mr./ Ms. /M/s _____ Dated ____/____/____

SIP Mandate Form NACH/ECS/PDC



SIP REGISTRATION CUM MANDATE FORM (NACH / ECS / DIRECT DEBIT/PDC)

New Investors subscribing to the scheme through SIP must complete this form compulsorily alongwith Common Application Form

Application should be submitted atleast 30 days before the 1st debit

Please (✓) SIP Registration SIP Renvwal SIP Mandate Modification SIP Cancellation For Office use only: RM Code

ARN Code and Name of Distributor	Sub-Broker Code	Sub-Broker ARN Code	EUIN* (Employee Unique Identification Number)

Declaration for "execution-only" transaction (only where EUIN box is left blank)

* 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.

SIGNATURE(S)			
1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY
In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS

Folio No./Application No. _____ (Existing unitholders: Please mention your Folio Number.
New applicants: Please mention Common Application No.

Name of 1st Applicant _____

Name of Guardian (in case of minor) _____

PAN / PERKIN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant

SIP Details	<input type="checkbox"/> SIP with first Cheque	<input type="checkbox"/> SIP without Cheque	<input type="checkbox"/> SIP through Post Dated Cheque
Scheme Name	Plan	Option	SIP Installment Amount (Rs.)
			SIP Date (Please ✓ one)
			Frequency (Please ✓ One)
			Start Month / Year
			End Month/Year (Default Dec. 2099)
			<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
			<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
			<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th
			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

SIP THROUGH POST DATED CHEQUES

No. of cheques enclosed including first cheque _____ Drawn on Bank and Branch _____
Account type _____ Cheque No. should be in contineous series From To

DECLARATION: I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of LIC Nomura Mutual Fund. I/We are aware that LIC Nomura Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through ECS / Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform LIC NOMURA Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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 and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of LIC Nomura Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

First Applicant / Guardian

Second Applicant

Third Applicant

	UMRN <input type="text"/>	F o r O f f i c e U s e <input type="text"/>	Date <input type="text"/>
Sponsor Bank Code <input type="text"/>	For office use only <input type="text"/>	Utility Code <input type="text"/>	
(Please ✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We, hereby authorize <input type="text"/>	To debit (Please ✓) <input type="text"/>	
Bank a/c number <input type="text"/>			
with Bank <input type="text"/>	Applicant's Bank Name <input type="text"/>	IFSC <input type="text"/>	or MICR <input type="text"/>
an amount of Rupees <input type="text"/>	In words <input type="text"/>	₹ <input type="text"/>	in figures <input type="text"/>
FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Folio No. <input type="text"/>	Mobile No. <input type="text"/>		
Reference 2 <input type="text"/>	Email ID <input type="text"/>		
PERIOD From <input type="text"/>	Signature of 1st Applicant _____	Signature of 2nd Applicant _____	Signature of 3rd Applicant _____
To <input type="text"/>	Name as in bank records _____	Name as in bank records _____	Name as in bank records _____
Or <input type="checkbox"/> Until cancelled			

This is to confirm that the declaration has been carefully read, understood & made by me/us.