		CC	OMMON APPI	LICATION FORM	[
MUTUAL FUND	Display 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 HOLDEF	R INFORMATION (Investors	11.7 0	ect Plan must mention "Direct" in Al Sub-broker ARN Code	RN Code column.) (Refer Instruction 2 & 3) Employee Unique	Time Stamp No				
				Identification Number (EUIN)	For office use only				
Declaration for "executiv	on-only" transaction	(only where FI	IIN hoy is left blank) (Refer	Instruction No 3)	F	or office use only			
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No.3) '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 employer relationship manager / sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sa person of the distributor and the distributor has not charged any advisory fees on this transaction." (please tick ($$)) and sign)									
First/ Sole	SIGN HERE Applicant/ Guardia	n		HERE SIGN HERE Applicant Third Applicant					
			N HOLDER ONLY [Refer Ins	1					
	hat I am a First time				am an existing inves				
(Rs. 150 deductible as Transaction Charge and payable to the Distributor) (Rs. 100 deductible as Transaction Charge and payable to the Distributor In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.									
	LDER INFORMATIO	N (If you have e	xisting folio, with PAN & KY	C validation please fill in section					
	Folio No. The details in our records under the folio number mentioned alongside will apply for this application								
2. APPLICANT(S) DET Sole/First Applicant		or, there shall b FIRST	e no joint holders) (Mandat	ory information – If left blank the MIDDLE		e to be rejected.j	KYC :		
DOB D D M M			case of unit holder is minor. Pro		LA	1.5.1	KIC.		
					· ·				
Second Applicant 's N		FIRST		MIDDLE		AST	KYC :		
Third Applicant 's Nat	me	FIRST		MIDDLE	AST	KYC :			
First Applicant PAN :			Second Applicant PAN :		hird Applicant PAN :				
NAME OF GUARDIAN (i	,	Applicant is a M	inor) / NAME OF CONTACT I MIDDLE	PERSON – DESIGNATION (in case o	of non-individual Inve	estors)			
	FIRST								
PAN:		YC F	elationship with minor Ple	ase ($$) Father Mother	Court Appointed	l Legal Guardian			
3. TAX STATUS (Please Resident Individual Trust	FIIS NR	I-NRO HU k&FI S	, ,	PIO Body Corporate artnership Firm QFI		ment Body Others 🗌 Company	y 🗌 LLP		
4. KYC Details (Manda	atory) Occupation	Please tick ($$)							
FIRST APPLICANT	Private Sector Student	Public Sector Forex Dealer		Business Professional A	0	Retired	Housewife		
SECOND APPLICANT	Private Sector Student	Public Sector Forex Dealer		Business Professional A		Retired	Housewife		
THIRD APPLICANT	Private Sector Student	Public Sector Forex Dealer	Government Service		Retired	Housewife			
GROSS ANNUAL INCO	ME [Please tick ($$)]								
FIRST APPLICANT	Net worth (Mandat	ory for Non-Ind		as on	D D M M Y	Y Y Y (Not	older than 1 year		
SECOND APPLICANT				Lacs - 1 Crore OR Net Worth (Not older than 1					
THIRD APPLICANT	THIRD APPLICANT Below 1 lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net Worth (Not older than								
For Individual				ies, Trust, Partnership etc.)			Yes No		
I am Politically (Also applicable for aut Promoters/Karta/Truste Directors) please mentio I am Related to Politi Not Applicable	ee/Whole time on)	Listed Compa Foreign Excha Gaming / Gam Money Lendir	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						
5. MODE OF HOLDOING [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 County									
	(TO BE FILLED IN	I BY THE INVESTO		DGEMENT SLIP	APP. No				
Received an application for	r purchase of units of LIO	C Nomura MF				Time Star	mp No.		
from Mr/Mrs/M/s				(Scheme Name with option)	alongwith				
Cheque/Draft No./Paymer	nt Instrument No		(Name of the investor) _ Dated Bank	<u></u>					

___ For₹_ __ Date ___

	(Name of the investor)							
Cheque/Draft No./Payment Instrument No.	Dated	Bank						
Branch	Drawn on							
Bank Charges (in cases of Draft) of ₹								
Please Note : All purchases are subject to realisation of Cheque / Demand Draft / Payment Instrument.								

7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No. and Email Id. Refer Instruction No. 11)																					
Email Id (Please Specify) Mobile No.																					
Tel no (Res						(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 ACCO			refer instru	uction 14)																	
		- CP		NSDI							CDSL										
DP NAME																					
DP ID Beneficiary Account No																					
10. FATCA Detail (For Individuals & HUF (Mandatory) Non Individual investors should mandatoryly 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 Imandatory).																					
Sole/First Applica	Sole/First Applicant/Guardian Yes No 2nd Applicant Yes No 3rd Applicant Yes No or POA Yes No							No or POA Yes No													
Country of Birth				-	Country of Birth					ountry of Birth											
County of Citizensh	ip/Nationality			Coun	try of Citizenshi Nationality	p/				Country of Citizenship/ Nationality											
Are you e US Spec	cified Person?	Yes	No	Are you a	a US Specified Pe	erson?	Yes No		А	Are you a US Specified Person?		Yes No									
Country of Tax	Dagidan gr*	please provide Taxpayer Iden		Countr	y of Tax Resider	au*	please provide Tax Payer Id.					please provide Tax Payer Id. Taxpayer Identifiation No.									
(other than		Taxpayer Tuerr	lillatioli ino.		ther than India)	icy.	Taxpayer Identifiation No.		I INO.	(other than		Taxpayer Identifiation No.									
1 2				1				1													
	untries in which v	l /ou are a residend fo:	r tax purpose a		Fax Payer Indentif	ication num	ber. In case of a	association v	vith POA, the	POA holder should	ler fill form to p	rovide the above details mandatorily.									
												nk account details									
Account No.						Nan	ne of the Ba	nk													
Type of A/c	SB Curr	ent NRE	NRO FC	CNR Oth	ers Ps sp	Joony	anch				Bank City										
IFSC code**			MICR no						y to attach proof, in case the pay-out bank account is different from nent is made) For unit holders opting to hold units in demat form,												
						1-				mentioned here.	(**Mandatory	to credit via NEFT/RTGS)									
12. INVESTMEN																					
			1	ment, drawn lan / Option	Amount	DD			1		1	the Plan / Option / Sub Option. Branch and Account Number									
* Cheque / DD Favouring Plan / Option Amount DD Net Amount Paid Cheque/DD No./UTR NO				'																	
LIC Nomura MI	7																				
*All purchases ar 13. Option for S	,	elaization of fur	d (Refer to	Instruction	No. 10) Acco	unt Type	(Please tic	κ (√)) □	SB Cur	rent NRE	NRO FC	NR Others (Per Specify)									
Switch in To	LIC Nomura	Plan Option Regular Direct Growth /Dividend / Div Reinvestment /																			
	Amount: Rs		_			10	guiai	Direc				Kenivestinent / Div Layout									
From								Plan			0]	ption									
Scheme Name						Re	egular	Direc	Direct Growth /Dividend / Div Reinvestmen		Reinvestment /Div Payout										
	Folio No.																				
14 NOMINATIO	Amount : R	-	n No. 1()					Units:													
14. NOMINATIO		1		ninate and s	ign here			1st A	pplicatnt	Signature (Mar	idatory)										
I/We wish to nominate I/We DO NOT wish to nominate and sign here 1st Applicatnt Signature (Mandatory) Nomination Name and Address Guardian Name (in case of Minor) Allocation % Nominee / Guardian Signature							/ Guardian Signature														
Nominee 1									10	00%											
To register multiple nominee please fill seperate 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 Attached KYC Letter (Mandatory) PAN of the PoA holder Notarized copy of PoA																					
16. DECLARATION & SIGNATURE/S																					
in the scheme is through lightmate 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 Overpution Laws or any other applicable laws enacted by the Covt of India from time to time. I/We have understood the details of the scheme laws I/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by any relate or gifts, directive or indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indirective in making this invested in the Scheme lawsI/We have nor recived nor have been induced by the Covet of Indi form III we context of the Scheme lawsI/We have nore recived nore																					
/ us, in the event "Know Tour Customer" process is not completed by me / us to the satisfaction of the AMC.1 / 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: 1 / We confirm that I am/ we are Non Resident of Indian Nationality / Origin & that 1 / we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-																					
1) 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 ligitimate sources only & does not involve & is not designed for the purpose of the contravantion of any Act, Rules, Regulations, Notifications or Directions of the Income Tax Act, Anti Money Jaundering Laws, Anti Corruption Laws or any other applicable by the Gvv. J finding from time to time. I/We how remenstood the details of the scheme & I/We have no received on thav been induced by any related or gits, directively or indirectly in making this invested in the Scheme, Lagul 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 have non recivered the AMC, to redeem the funds invested in the Scheme, in favour of the applicable RAV prevalued by any related in the AMC. I/We confirm that the quality of the advect and the scheme is being reconstructed. J was needed by the over of Indian Nationality. I origin & Hatt I/We have remitted funds from abroved barring for scheme 5 with reconstructed that may be required by the Law. J for RNs 1-I/We confirm that the quality confirm that the dual is movided by me / us are true & correct. C) The ARN holder has disclosed to me / us all the commission or any other mode) payable to him for the different competing Schemes of various Mutual Fund from amongst which the Scheme is being reconstructed. The Scheme is being reconstructed to scheme is being reconstructed to scheme is being reconstructed. The Scheme is being reconstructed to scheme is being reconstructed to scheme is being reconstructed. The ARN holder has disclosed to me / us all the commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being reconstructed to sche																					
Date :	Date : SIGN HERE SIGN HERE SIGN HERE																				
Place : First Applicant/ Guardian Second Applicant Third Applicant																					
For any queries please contact our nearest Investor Service Centre or																					
					prease conta	ci our ne	arest nive														
	Call	Toll Free Numb	er 1800-2	58-5678				Ema	ail : servi	ice@licnomur	amt.com										
					Website : v	www.licn	omuramf.	com				Website : www.licnomuramf.com									