



EUIN - E019976

SERIAL NO. CAF

COMMON APPLICATION FORM

Name of the Authorised Centre:		FOR OFFICE USE ONLY	
AGENT/ BROKER	SUB-BROKER CODE (if any)	RM CODE	
ARN No. 6574		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	
NAME			
Tel. No.			

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. 30)
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 investor other than the 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.

(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)
(FILL IN ALL THE PARTICULARS IN CAPITAL LETTERS. DO NOT SPLIT THE WORD, USE NEXT LINE)

A. EXISTING UNITHOLDERS INFORMATION : (If you have existing folio, please fill in your Folio Number /Account Number complete details in section G and proceed to section N., Refer Instruction No. 3.)
Folio No./Account No.

B. Name of Sole /First Applicant : Mr./Mrs./M/s

C. Name of Parent or Guardian in case Sole/ First Applicant is a Minor : Mr./Mrs./M/s **DOB of Minor :** / /
Date of Birth (Compulsory for ULIS & Minor)*
 DD MM YY
(*please refer instruction no.23)

D.i) Address in full of Sole /First Applicant /Parent or Guardian of Minor(Strike off whichever is not applicable)

PIN STATE TEL. NO.
MOBILE NO. E-mail-ID

D.ii) Foreign Address of Non-Resident Indian (NRI)

E. Name of the Second Applicant : Mr./Mrs./M/s

F. Name of the Third Applicant : Mr./Mrs./M/s

G. PAN AND KYC COMPLIANCE STATUS DETAILS (Mandatory)

	PAN * (Refer instruction No. 8)				KYC Compliance ** (if Yes, attach proof)	
First/Sole Applicant/ Guardian ***	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No.

*Attach PAN Proof, If PAN is already validated, don't attach any proof, ** Refer instruction No. 10, *** If the Sole/ First Applicants is a minor, then state detail of guardian

H. Mode of Holding
 1 Single
 2 Joint
 3 Anyone or Survivor(s)

I. Occupation of Sole/ First Applicant/Parent or Guardian of Minor.
 1. Professional
 2. Service
 3. Business
 4. Agriculture
 5. Housewife
 6. Retired
 7. Student
 8. Others

J. Status of Sole /First Applicant (Please tick whichever is applicable)
 1 Resident Individual 2 Karta of HUF 3 Minor through Guardian 4 Company 5 Body Corporate 6 Trust 7 Society
 8 Association of Persons/Body of Individuals 9 Bank & Fis 10 NRI -Repatriable 11 NRI- Non- Repatriable 12 Others.

K. BANK ACCOUNT DETAILS: (Please note that as per SEBI Regulations, it is mandatory for investors to provide their bank account details) (see instruction no. 12)
Name of the Bank _____ Name of the Branch _____
Account No. _____ Bank City _____ Pin Code _____
Type of A/c. Current Saving NRO NRE FCNR NRSR OTHERS
9 Digit Code No. of the Bank appearing in MICR Band for ECS PAYMENT
RTGS: IFSC CODE
E-mail Communication (refer instruction no.24) I/wish to receive the Statement of Account via E-mail Physical

L. PAYMENT OF DIVIDEND / REDEMPTION (Please refer instructions no. 22)

M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 6&7)

Name of Authorised Signatory/ Attestor	Designation/ Occupation	Signature
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

N. INVESTMENT DETAILS	Scheme Name	Plan	Option
	For G-Sec Fund	Regular <input type="checkbox"/> PF <input type="checkbox"/>	Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. reinvestment <input type="checkbox"/>
	For Index Fund	Sensex <input type="checkbox"/> Nifty <input type="checkbox"/>	for MIPs for Income Plus Fund, Savings Plus Fund and Floating Rate Fund
	Sensex Advantage <input type="checkbox"/>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

**ACKNOWLEDGEMENT SLIP
COMMON APPLICATION FORM**

SERIAL NO. CAF

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. _____ Dated _____ Drawn on _____ For ₹ _____ excluding Bank Charges(in cases of Draft) of Rs. _____ Date _____	Signature, Stamp & Date
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Cheque/DD No. _____	Amount of investment(I) _____	PIF NO. _____
Date _____	DD Charges if any (II) _____	LODG. DATE _____
Bank _____	Net Amount Paid (I-II) _____	LODG. BANK _____
Type of A/c. <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS		

P. SWITCH IN	Switch-out Scheme Name: _____	Folio No. _____
	Option: Growth / Dividend	Units _____

Q. NOMINATION FORM

Nominee's Full Name (Mr./Mrs) _____ Relationship with the Applicant _____

Nominee's Address _____

PIN _____ TEL. NO _____ E-MAIL ID _____

Second Nominee's Full Name(Mr./Mrs) _____ Relationship with the Applicant _____

Third Nominee's Full Name(Mr./Mrs) _____ Relationship with the Applicant _____

Name of Parent /Guardian (in case Nominee is a Minor) _____ Date of Birth of Nominee (If Minor) _____

Address of Parent/ Guardian _____ DD MM YY

PIN _____ TEL. NO _____ E-MAIL ID _____

R. DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the below details
National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. _____	Target ID No. _____
Beneficiary Account No. _____	

S. ADDITIONAL INFORMATION FOR LIC NOMURA MF ULIS ONLY

(i) REGULAR PREMIUM	(ii) SINGLE PREMIUM
TERM : <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER	TERM : <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years
TARGET AMOUNT : ₹ _____	TARGET AMOUNT : ₹ _____
(₹ _____)	(₹ _____)
MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/>	
CONTRIBUTION AMOUNT : ₹ _____	
(₹ _____)	

HEALTH QUESTIONNAIRE

Do you have a regular income (YES/NO) At present are you of sound health? (YES/NO)

Have you ever suffered from any of the following diseases?

Hypertension Insanity Diabetes Paralysis Tuberculosis Cancer (Yes/No.)

Do you have any Physical Deformity or Handicap (YES/NO)? If YES, please give the following details.

1. Date of Occurrence 2. Extent of Deformity 3. Present Condition.

Are you already a member of LIC Nomura MF ULIS? (YES/NO) If yes please give the total of Target Amounts under both options for such earlier Memberships in force:

Declaration by Applicant:

Having read and understood the provisions of LIC Nomura MF ULIS Scheme, I agree to abide by the same and hereby apply for the Membership of the scheme as a citizen of India. I declare that the Total Target Amounts of all my Memberships under both options of ULIS scheme, including the one being applied for, do not exceed Rs. 15 lakhs. I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of insurance to my life to the LIC of India or any other Life Insurer has ever been deferred/declined.

I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to the LIC Nomura MF ULIS Scheme of LIC Nomura Mutual Fund.

* In case of monthly mode Due Date is 15th of every month and 12 PDCs have to be given in the beginning of the each year

Date : _____ Place _____ Signature of First Applicant. _____

The applicant has completed and signed the application in my presence. From his/her appearance and to the best of my judgment, I find that he /she is in good health and eligible for insurance.

Signature of Authorised Witness _____ Date : _____ Place _____

Name of Authorised Witness _____ Official Seal _____

Status : (AMC Official/ ARN Holder)

DECLARATION

To LIC NOMURA Mutual Fund

Dear Sirs,

Having read and understood the Scheme Information Document and conditions of LIC NOMURA Mutual Fund - Common Application Form. I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. "I/We have understood the detail of the scheme and I/We have not received or being induced by any rebate or gifts, directly or Indirectly, in making this investments". "I/We confirm that I/We have not received and will not receive any commission or brokerage or any other incentive in any form, directly for subscribing to the scheme"

(Non Residents Indians only) I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non-Resident External /FCNR Account.

I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPIN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.

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

Date : _____

Place : _____

SIGNATURE OF APPLICANTS	First Applicant/ Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder	Third Applicant/ Power of Attorney Holder
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CORPORATE OFFICE **AREA OFFICES** **REGISTRARS**

<p>LIC NOMURA Mutual Fund 4th Floor, Industrial Assurance Building Opp. Churchgate Station, Churchgate, Mumbai - 400 020 Tel.: 022-2285 1661; Fax: 022-2288 0633 Toll Free No.: 1800 258 5678 E-mail: corp.office@licnomuramf.com Website: www.licnomuramf.com</p>	<p>● MUMBAI - I, 9324543832 ● DELHI, 9711558228 ● CHENNAI, 9382315850 ● BANGALORE, 9845172957 ● KANPUR, 7275430214 ● KOLKATA, 9432128113 ● INDORE, 9589050250 ● HYDERABAD, 9392471583 ● ERNAKULAM, 9895036554 ● NASHIK, 9922996155 ● AHMEDABAD, 9375090006 ● PATNA, 9431447848 ● RAIPUR, 9425026437 ● RANCHI, 8986771069 ● BHUBANESHWAR, 9437569719 ● JAIPUR, 9461658875 ● GOA, 888884898 ● GUWAHATI, 9435769432 ● LUDHIANA, 9814703558 ● MANGALORE, 9845190466 ● NAGPUR, 9422113800 ● MUMBAI - II, 9320762764 ● PUNE, 9423447604 ● LUCKNOW, 9651534267 ● MADURAI, 9443457635 ● DEHARADUN, 9412965570 ● HUBLI, 9490015842 ● GURGAON, 9811464244 ● RAJKOT, 8690444022</p>	<p>M/s. Karvy Computershare Pvt. Ltd. Unit : LIC Nomura Mutual Fund Karvy Plaza, House No. 8-2-586 Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034 Tel. 040 - 4467 7131- 40 Fax : 040 - 2338 8705 Email : service_licmf@karvy.com Web. : www.karvycomputershare.com / www.karvyms.com</p>
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All future communications in connections with this applications should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole/First Applicant and the Application Serial Number.