

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
ARN - 0186 / BONANZA				<i>For office use only</i>

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. <input type="text"/>	The details in our records under the folio number mentioned alongside will apply for this application
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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"/>
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Third Applicant 's Name	FIRST	MIDDLE	LAST	KYC : <input type="checkbox"/>
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First Applicant PAN : <input type="text"/>	Second Applicant PAN : <input type="text"/>	Third Applicant PAN : <input type="text"/>
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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.	Taxpayer Identification No.	Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Taxpayer Identification No.	Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Taxpayer Identification No.
Country of Tax Residency* (other than India)		Country of Tax Residency* (other than India)		Country of Tax Residency* (other than India)	
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 : _____	SIGN HERE First Applicant/ Guardian	SIGN HERE Second Applicant	SIGN HERE Third Applicant
Place : _____			

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	

Please refer Annexure for definitions

PART A: APPLICANT DETAILS

Applicant Name:

PAN Folio Application No.

PART B

Incorporation/Formation/Tax Residency in India Yes No (If no, please specify the Country(ies) of Incorporation / Formation / Tax residency below)

Provide all Country(ies) of Incorporation / Formation / Tax Residency (including US) and Tax Identification Number below

Sr. No.	Country/ies	Tax Identification Number
1.		
2.		
3.		

Are you a Specified US Person? Yes (If yes, provide Tax Identification Number above) No

PART C

Are you a financial institution (including an FFI)? Yes No (Refer instructions) If yes, please provide the following information.

Please tick any one of the below:

Financial Institution incorporated in India

Financial Institution incorporated in another country that has an intergovernmental agreement (IGA) with the US on FATCA

FFI in a country without an IGA that has registered to obtain a GIIN

others _____ [please complete]

GIIN: _____
(Global Intermediary Identification Number) If GIIN not available (tick any one)

Applied for on _____ (please specify the date)

Not required to apply/not obtained for the following reasons:

We are a Non-participating FFI

We are a Non-reporting India Financial Institution under Annexure II of the Indian IGA because we are _____ (please specify)

We are a Certified deemed-compliant FFI under U.S. Treasury Regulations

We are an Exempt beneficial owner under U.S. Treasury Regulations

We have another reason: _____ (please specify)

PART D

1	Are you a listed company (that is, a company whose shares are regularly traded on a recognized stock exchange)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
2	Are you a 'Related Entity' / Subsidiary / Controlled by a listed company (Refer instruction b)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company 1. _____ 2. _____ Specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
3	Are you an Active NFFE (Refer instructions c & d). (Note: Details of controlling persons will not be considered for FATCA purpose)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the nature of business _____
4	Are you a Passive NFFE. (Refer instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the nature of business _____ For all Controlling Persons who are citizens/tax residents/green card holders of a country other than India [regardless of whether they are also Indian Citizens / Tax Residents], provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally
5	Are you any one of the following: <input type="checkbox"/> Participating FFI <input type="checkbox"/> Deemed Compliant FFI <input type="checkbox"/> Exempt Beneficial Owner <input type="checkbox"/> Non-Participating Financial Institution	

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end

Place :

Date :

Authorized Signatories
[with Company/Trust/Firm/Body Corporate seal]



Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant details:

Applicant Name:

PAN

Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that -

- Our company is a Listed Company listed on recognized stock exchange in India
- Our company is a subsidiary of the Listed Company
- Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed _____ Security ISIN _____

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part III: Non-individuals other than Listed Company / its subsidiary company

(i) Category [applicable category]:

- Unlisted Company
- Partnership Firm
- Limited Liability Partnership Company
- Unincorporated association / body of individuals
- Public Charitable Trust
- Religious Trust
- Private Trust
- Trust created by a Will
- Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgement copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

sign here

sign here

sign here

Date:

Place:

STP APPLICATION FORM

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :

Name of Sole/First Applicant (Leave space between first/middle/last name) Salutation Mr. Mrs. M/s.

STP Date 1st 7th 10th 15th

Application Number

Enrolment From : To

Transfer From :

Scheme Name Plan

Amount OR Capital Appreciation

Frequency : DAILY WEEKLY MONTHLY QUATERLY HALF YEARLY

Transfer To:

Folio/Account Number (for existing investor) Plan

SIGNATURE Sole/first Applicant Second Applicant Third Applicant

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :

Name of Sole/First Applicant (Leave space between first/middle/last name) Salutation Mr. Mrs. M/s.

STP Date 1st 7th 10th 15th

Application Number

Enrolment From : To

Transfer From :

Scheme Name Plan

Amount OR Capital Appreciation

Frequency : DAILY WEEKLY MONTHLY QUATERLY HALF YEARLY

Transfer To:

Folio/Account Number (for existing investor) Plan

SIGNATURE Sole/first Applicant Second Applicant Third Applicant

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :

Name of Sole/First Applicant (Leave space between first/middle/last name) Salutation Mr. Mrs. M/s.

STP Date 1st 7th 10th 15th

Application Number

Enrolment From : To

Transfer From :

Scheme Name Plan

Amount OR Capital Appreciation

Frequency : DAILY WEEKLY MONTHLY QUATERLY HALF YEARLY

Transfer To:

Folio/Account Number (for existing investor) Plan

SIGNATURE Sole/first Applicant Second Applicant Third Applicant