

COMMON APPLICATION FORM (For Resident Investors)

Please read the instructions carefully, before filling up the Common Application Form

Please fill all fields with black / blue ball point in block letters and complete mandatory fields

Application No. CAFR

Please fill all fields with black / blue ball point, in block letters at	-	For office use only	
Advisor Information (Refer Instructi Advisor's Name & Code	on A) Sub-Advisor's Name & Code	For office use only Sales Officer Code	Date & Time of receipt
ARN- 0988   Ganesh S. Shanbhag	37,00,000,000,000	34.05 0.11.00.	
Contact No. :			
Upfront commission shall be paid directly by the investor to the AMFI reg the distributor/advisor.	istered distributor/advisor based on	the investor's assessment of	various factors including the service rendered by
1. EXISTING UNIT HOLDER (Please fill in your Folio No. below. Pl	ease furnish only KYC and PAN d	etails in Section 2 (if not p	rovided earlier) and proceed to Section 5)
Please note that applicant details and mode of holding will be as per exist	ing Folio Number <b>F</b>	olio No.	
2. APPLICANT'S INFORMATION (Please fill in block letters, use	one box for one alphabet leaving	one box blank between tw	vo words)
Occupation <sup>\$</sup> [Please ✓]			Status [Please ✓]
Private Sector Service Public Sector / Government Service Business	Professional Agriculturist Reti	red	Partnership Company HUF Trust
Housewife Student Forex Dealer Defence Bureaucrat	Others (Pl. specify)	Society AOP /	BOI Bank Others
Sole / First Applicant's personal details			Date of birth*
Mr. Ms. M/s.			
Please submit anyone of the following mandatory documents to certion Birth Certificate of the Minor School Leaving Certificate / Marks She	•	Passnort of Minor An	v other proof evidencing date of hirth of the minor
Guardian Name (If sole / first applicant is a Minor)	et issued by fise / lese / ebse board	T assport of Million C All	y other proof evidencing date of bit in or the minor.
Mr. Ms. M/s.			
Natural Guardian (Father or Mother) Legal Guardian (court a		n's relationship with Minor	• •
*If sole/first applicant is a Minor, date of birth is mandatory.   *In case Name of Contact Person (In case of Non-individual investor only) / POA			
Mr. Ms. M/s.			
Name of second applicant    Mr.   M/s.			
Name of third applicant			
Mr. Ms. M/s.			
Address for Correspondence <sup>s</sup>			
City			Pin Code
State		Country	
Contact Details (Mandatory)  Phone (0)		Extn.	Fax
Phone (R)  \$ Please note that information sought here will be obtained from CVL also	and in case of any difference, the C	White will apply	10.
Receive Account Statement, Annual Reports and other information instan	· · · · · · · · · · · · · · · · · · ·		e wish to receive updates via SMS on my mobile (🗸)
I/We wish to receive the above documents by physical mode.			
E-mail			
	ardian	Second a	pplicant
Please ✓ ○ KYC compliant# (proof enclosed)	ase ✓ ○ KYC compliant# (proof enc	losed) Please ✓	KYC compliant# (proof enclosed)
Third applicant Po	A Holder	^ refer ins	struction L.
Please ✓ ○ KYC compliant# (proof enclosed)	ase ✓ ○ KYC compliant# (proof enc	losed) # For the k	KYC norms, refer instruction M.
<b>Mode of holding</b> [Please (✔)]  Single  Joint  Anyone or Survi	vor (In case of more than one applica	nt, default will be taken as join	t)
3. DOCUMENTS ENCLOSED (Please ✓) Total number of documen			
Resolution/Authorisation to invest List of authorized signatories wi			
○ Notarised PoA ○ Proof of Address ○ KYC Compliance Proof ○ Do ※			
ACUNIONI EDCEMENT SLID (7- b- fill-d in brothe investor)			
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. nodated	for Ps		
	151 (5).		
Drawn on Bank and Branch			ISC Stamp, Signature & Date
Please Note: All purchases are subject to realization of instruments and	furnishing of mandatory information	n / documents	ise stamp, signature & vale

4. BANK ACC	DUNT	DETA	ILS (I	Man	dato	ry a	s per	SEE	3I Gu	idel	ines	, re	fer i	insti	ructi	on	F)																			
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SYSTEMATIC IN	/ESTMI	ENT PI	LAN (S	5IP):	: Inves	stors	s can	opt 1	for SI	P by	/ fillir	ng S	IP /	Micr	o SIF	<sup>3</sup> Au	ito D	ebit /	EC:	S facilit	y - R	egist	ratio	on c	um N	Mano	date	Fori	n.							
7. DEMAT AC	COUN	T DE1	AILS	OF	FIRS	T /	JOIN	A TV	PPL	ICA	NT(	S) (	Refe	er in	stru	ctio	n I)																			
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Proof of Address (Mandatory for Micro SIP)

DoB Certificate or School Leaving Certificate or Passport





Please read the instructions carefully, before filling up the Common Application Form

Application No. CAFN

Please fill all fields with black / blue ba			- "	
Advisor Inf Advisor's Name & Cod	formation (Refer Inst	struction A) Sub-Advisor's Name & Code	For office use only Sales Officer Code	Date & Time of receipt
		Sub-Advisor's Name & Code	Sales Officer Code	Date & Time of receipt
<b>ARN-</b> 0988   Ganesh S. S	Shanbhag			
Contact No.:				
Upfront commission shall be paid directly by the	investor to the AMFI registe	ered distributor/advisor based on the investor's	assessment of various factors includ	ling the service rendered by the distributor/advisor.
1. EXISTING UNIT HOLDER (Please fil	ll in your Folio No. bel	low. Please furnish only KYC and PAN	details in Section 2 (if not pro	ovided earlier) and proceed to Section 5)
Please note that applicant details and mode	of holding will be as per	r existing Folio Number <b>F</b>	olio No.	
2. APPLICANT'S INFORMATION (Plea	ase fill in block letters	s, use one box for one alphabet leavin	g one box blank between two	words)
		upation <sup>\$</sup> [Please ✓]		Status [Please ✓]
			Retired	Minor FII NRI
Housewife Student  Sole / First Applicant's personal details	Forex Dealer De	efence   O Bureaucrat   O PEP	Others (Please specify)	Others Date of birth*
Mr. Ms. M/s.				
Please submit anyone of the following ma	andatory documents to	certify identification of Minor:		
☐ Birth Certificate of the Minor ☐ School L Guardian Name (If sole / first applicant is a		ks Sheet issued by HSC / ICSE / CBSE Board	Passport of Minor Any oth	ner proof evidencing date of birth of the minor.
Mr. Ms. M/s.				
	O Legal Guardian + (co	ourt appointed guardian) Guardia	n's relationship with Minor appl	icant
*If sole/first applicant is a Minor, date of bir	th is mandatory. + In	n case of legal guardian, please submit att	ested copy of the court appointme	ent letter, affidavit etc.
Name of Contact Person (In case of Non-in	dividual investor only) /	POA Holder's Details (Mandatory, if the i	nvestment is being made by a Co	nstituted Attorney)
Mr. Ms. M/s.  Name of second applicant				
Mr. Ms. M/s.				
Name of third applicant				
Mr. Ms. M/s.				
Resident Address				
City				Pin Code
State			Country	
Nationality <sup>\$</sup>		Country of Residence <sup>5</sup>		
Overseas Address (refer instruction D)				
City				Pin Code
State			Country	
Contact Details (Mandatory) Phone (0)			Extn. Fax	
Phone (R)			Mobile No.	
Please note that information sought here values are receive Account Statement, Annual Reports			VL inputs will apply.	
I/We wish to receive the above documents by		ilistality by e-iliali (Refer ilistruction E)	I/We wish	to receive updates via SMS on my mobile (✔)
E-mail				
Permanent Account Number (PAN) [Mand	latory]^			
Sole / First applicant		Guardian	Second applic	
Please ✓ ○ KYC compliant# (proof enclose	ed)	Please ✓ ○ KYC compliant# (proof end	:losed) Please ✓ ○ k	(YC compliant# (proof enclosed)
Third applicant		PoA Holder	^ refer instruc	
Please ✓ KYC compliant# (proof enclose		Please ✓ ○ KYC compliant# (proof end		norms, refer instruction M.
Mode of holding [Please (✓)] ○ Single	O Joint O Anyone or	Survivor (In case of more than one applica	nt, default will be taken as joint)	
3. DOCUMENTS ENCLOSED (Please >				
Foreign Inward Remittance Certificate	O DoB Certificate	otarised PoA by Indian Consulate	oort of Minor SIP/Micro SIP	
ACKNOWLEDGEMENT SLIP (To be				<del>%</del>
	,		A	pplication No. CAFN
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 re	ealization of instruments	s and furnishing of mandatory information	n / documents	ISC Stamp, Signature & Date

4. BANK ACCO	UNT DETAILS (N	/landa	itory as	s per SEE	31 Guid	deline	es, ref	er inst	ructi	on F)								
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Branch Address																		
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	(9 digit number nex											Please also	provide a					account as mentioned a
	Mentioning your R	RTGS II	FSC Cod	e or NEF1	T IFSC	Code,	as app	plicable	e, will	help u	s tran	sfer the ar	nount to	your bank acc	ount q	uicke	er, electronical	у.
	TAILS (Refer inst	ructio	on G)															
Scheme <b>DAIW</b>	Α													Pla	an			
Option					5	sub-op	tion _							Dividend I	Freque	ncy_		
6. INVESTME	NT AND PAYMEN	NT DE	TAILS	(Refer in	ıstruci	tion H	I)											
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Party Payment D	eclaration Form' a	along v	with nec	cessary pr	roofs.	Applic	ation	Form w	ithou	t this ir	nforma	ation is lia	ble to be r	ejected. Third	l Party	Decl	aration Form s	ubmitted 🔘 Yes / 🔘
SYSTEMATIC INV	ESTMENT PLAN (S	IP): In	ivestors	can opt f	for SIP	by fil	ling SI	P / Mic	ro SIF	Auto	Debit ,	/ ECS facil	ity - Regis	tration cum N	1andat	e For	m.	
7. DEMAT ACC	OUNT DETAILS	OF FI	RST /	JOINT A	PPLI	CANT	(S) (F	Refer i	ıstruc	tion J	)							
Dep	ository Participan	t (DP)	) ID	Ве	neficia	ary Ac	count	t Numl	oer				Deposi	tory Participa	ant (D	P) ID	& Beneficiar	y Account Number
NSDL O L										OF	CDSI	-0 [		<u>.                                     </u>				
8. NOMINATI	ON DETAILS (To I	he fill	ed by it	ndividual	l(s) an	nlvin	g çing	ly or io	intly	refer	instru	ction I)						(MANDATO
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$\sim$															y / oui	r deat	th. I/We also ur	nderstand that all paym
	ments made to such	h Nom	ninee(s)	acknowle	edging	recei	pt ther	reof sh	all be	a valid	disch	arge by th	e Mutual	Fund / Trustee	e / AM	C.		
Name of the First	nominee*																Date o	of birth (if nominee is mi
Mr. Ms. M/s.																		
Address of the Fi	rst nominee (Pleas	se pro	vide full	l address)	)										. 1	Α		<b>Signature of First nomin</b> <b>uardian</b> (if nominee is m
																		, , , , , , , , , , , , , , , , , , , ,
												Pin cod	e			L		
If Nominee is a M	inor, Name and A	ddres	s of the	: Guardia	ın:													
Mr. Ms. M/s.																		
Name of the Seco	ond nominee																Date	<b>of birth</b> (if nominee is mi
Mr. Ms. M/s.																		
Address of the Se	econd nominee (Pl	ease p	orovide 1	full addre	ess)										. 1	Α		gnature of Second nom uardian (if nominee is m
																	/	Tal alan (ii nominee is iii
												Pin cod	e			L		
Name of the Thir	d nominee																Date o	of birth (if nominee is mi
Mr. Ms. M/s.																		
Address of the Th	<b>nird nominee</b> (Plea	ase pro	ovide ful	II address	5)											Α	llocation S	<b>Signature of Third nomi</b> l <b>uardian</b> (if nominee is m
															Ш		70   0	ad ulan (ii nommee is iii
												Pin cod	e					
*Nomination is n	ot allowed in a fol	lio he	ld on be	ehalf of a	a mino	r. No	minat	ion Fo	rm ca	nnot k	oe sigi	ned by Po	A Holder	s <b>.</b>				
8. DECLARAT	ION AND SIGNA	TURE	S															
To, The Trustee, Daiwa																		
I/We have read and u	nderstood the contents o																	n of Money Laundering', 'Kno
																		have read and understood the that the investment and the a
																		by any regulatory authority in
																		Daiwa Mutual Fund's bank(s) a
Mutual Fund, its invest	ment manager, their appo	ointed s	service pro	oviders or rep	presenta	tives re	sponsibl	le. The Al	RN hold	er has di	. cransal sclosed	to me/us all	the commiss	ions (in the form (	of trail co	ommis:	sion or any other m	ormation, I/We would not hold ode), payable to him for the d
competing schemes of	various mutual funds fro	m amor	ngst which	n the Scheme	e is beinį	g recom	ımended	d to me /	US.									
	n / We are Non-Resident(: this folio will also be fro														ius in m	y / Our	NKE/FUNK account	t. I/We undertake that all add
			,,,,,,,,		508			,ai					TURE(S					
Date												JIGNA	(3	,				
1																		
D D M M	Y Y Y Y	XX	Sole	/ First Ap	oplicar	nt / Gi	uardia	an / Po	A	×		Secor	nd Applica	ant	XX	κ	Thi	rd Applicant
Default options w	ill be applied in cas				-						has an			-	1,1,			
	• •								_				,	hun Di /=	sto- /c		Cogreta /* 11	sized Cignotes - // C
	ibmit the following doc	ument	with your	application	n (where								es certified l	·	stee/Co	mpany	· · ·	rized Signatory/Indian Const
Document							Minor	S	Inv	estme	nt thro	ough PoA		NRI	_		Flls	PIO
Resolution/Autho		i									,				+		√	
	signatories with spe	ecimer	ı sıgnatı	ures							√ /				_		√	
Notarized PoA						- 1	(Cuard	ian)			√ ./			J	+		J	,
KYC						√ (	(Guard	ıd[l)			√			√			√	√

Foreign Inward Remittance Certificate

DoB Certificate or School Leaving Certificate or Passport