



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. Ganesh S. Shanbhag			
NAME ARN - 0988		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	
Tel. No.			

(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 :** / /

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

Date of Birth (Compulsory for ULIS & Minor)*
 DD MM YY
 (*please refer instruction no.23)

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/we 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"/> 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"/>

DIV. PAYOUT/REINVESTMENT MODE (Refer Inst. 13 (f))
 for MIPs for Income Plus Fund, Savings Plus Fund and Floating Rate Fund

ACKNOWLEDGEMENT SLIP COMMON APPLICATION FORM SERIAL NO. CAF

(TO BE FILLED IN BY THE APPLICANT)

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

O. PAYMENT DETAILS Please [✓] <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form') (see instruction no. 13 & 14)		
Cheque/DD No. _____	Amount of investment(i) _____	PIF NO. _____
Date _____	DD Charges if any (ii) _____	LODG. DATE _____
Bank _____	Net Amount Paid (-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 _____	
PIN _____ TEL. NO _____ E-MAIL ID _____	

R. ADDITIONAL INFORMATION FOR LIC NOMURA MF ULIS ONLY	
(i) REGULAR PREMIUM TERM: <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER TARGET AMOUNT : ₹ _____ (₹ _____) MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/> CONTRIBUTION AMOUNT : ₹ _____ (₹ _____)	(ii) SINGLE PREMIUM TERM: <input type="checkbox"/> 5Years <input type="checkbox"/> 10Years TARGET AMOUNT : ₹ _____ (₹ _____)

HEALTH QUESTIONAIRE	
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 <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> 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

CORPORATE OFFICE LIC NOMURA Mutual Fund 4 th Floor, Industrial Assurance Building Opp. Churchgate Station, Churchgate, Mumbai - 400 020 Tel.: 022-2285 1661; Fax: 022-2288 0633 E-mail: corp.office@licnomuramf.com Website: www.licnomuramf.com	AREA OFFICES ● AHMEDABAD: 9375090006 / 9924403147 / 9328638838 / 9998559460 ● BANGALORE: 9845172957 / 9972092957 / 9986500721 / 9880058223 ● BHUBANESHWAR: 9438132162 ● CHENNAI: 9382315850 / 9940286305 / 9500038285 / 8754479990 / 9500038285 ● DEHRADUN: 9412039057 / 9410702598 / 9208402495 / 9897056231 ● ERNAKULAM: 9895036554 / 9745612888 / 9946710555 / 9388755722 / 9447742733 ● GOA: 8055538358 / 9890711551 / 9370643076 ● GURGAON: 9811464244 / 9654228220 / 9555542769 ● GUWAHATI: 9435040478 / 9435070561 / 9435105196 ● HUBLI: 9035484001 / 9845205168 ● HYDERABAD: 9332471583 / 9000444850 / 9000559850 ● INDORE: 9888050250 / 9425870126 / 9815114335 ● JAIPUR: 9468873120 / 9823088323 / 9923089005 ● KANPUR: 9451448305 / 9984006600 / 9838038440 / 9389052340 / 9889085736 ● KOLKATA: 9432128113 / 9830689965 / 9432391810 / 9051068127 / 9474424374 / 9336531895 / 9330662779 ● LUCKNOW: 9415060134 / 9453016072 / 9415482270 / 9559431860 ● LUDHIANA: 9814703558 / 9915099333 ● MADURAI: 942109039 / 9840626085 ● MANGALORE: 9845190466 / 9980950466 / 9845758228 ● MUMBAI: I: 9324543832 / 9320762764 / 9789028905 / 9820137844 / 9930957772 / 9892550455 / 9820469996 ● MUMBAI - II: 9820002994 / 9702882224 / 9371617717 / 9595977222 / 9930476555 ● NAGPUR: 9422113800 / 9975724030 / 9422728151 ● NASHIK: 9922996155 / 9823386379 / 9595075700 ● NEW DELHI: 9716481681 / 9818610867 / 9818630124 / 9818191263 / 9871814850 / 9999340088 / 9971672830 ● PATNA: 9431447848 / 9431023274 / 9472082999 ● PUNE: 9822474488 / 9325523480 / 9767868611 ● RAIPUR: 9329731077 / 9329100009 / 9407646661 ● RANCHI: 9470524099 / 9835197681 / 9835708803	REGISTRARS M/s. Karvy Computershare Pvt. Ltd. Unit : LIC Nomura Mutual Fund Karvy Plaza, House No. 8-2-596 Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034 Tel. 040 - 4467 7131- 40 Fax : 040 - 2338 8705 Email : service_licm@karvy.com Web : www.karvycomputershare.com / www.karvymf.com
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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.