NMF II Platform	IIN No.	Investor Form	NSE NMFII

Advisor/Distributor	

UnitHolder Information

Name of the First Applicant :

PAN/Exempt No.:   **Date of Birth :**   **Tax Status* :**

Father Name :   **Mother Name :**

Name of Guardian :   **PAN/Exempt No.:**

Contact Address :

City :   **Pincode :**   **State :**   **Country :**

Tel.(Off) :   **Tel.(Res) :**   **Email :**

Fax.(Off) :   **Fax.(Res) :**   **Mobile :**

Mode of Holding :   **Occupation :**   **DP ID :**

Name of Second Applicant :   **PAN/Exempt No.:**

Name of Third Applicant :   **PAN/Exempt No.:**

Other Details

Overseas Address
(If investor is NRI) :

City :   **Pincode :**   **Country :**

Bank Mandate Details

Name of Bank :   **Branch :**

A/c No. :   **A/c Type :**   **IFSC Code :**

Bank Address :

City :   **Pincode :**   **Country :**

Nomination Details

Nominee Name 1 :   **NOM1 DOB :**   **NOM1 Relationship :**

Gaurdian Name(If nominee 1 is minor) :   **NOM1 Guardian PAN :**

Nominee Address :

City :   **Pincode :**   **State :**

Nominee Name 2 :   **NOM2 DOB :**   **NOM2 Relationship :**

Gaurdian Name(If nominee 2 is minor) :   **NOM2 Guardian PAN :**

Nominee Name 3 :   **NOM3 DOB :**   **NOM3 Relationship :**

Gaurdian Name(If nominee 3 is minor) :   **NOM3 Guardian PAN :**

Declaration and Signature

I/We confirm that the information provided by me/us is true and correct. I/We acknowledge that the responsibility of the information provided in the registration form solely rests with me/us and that NSE / NSCCL will not be responsible or liable for any loss, claim, liability that may arise on account of any incorrect and/or erroneous data/information provided by me/us. I/We hereby confirm that I/we will comply with the terms and conditions for Know Your Customer (KYC).
I am aware that system generated User ID and password will be sent on the registered mail id. All correspondence/communication in respect of the transactions including the payment link for online fund transfer will be sent to the registered email address and SMS alerts will be sent to the registered mobile number provided at the time of registration on NMF II. I/we also hereby confirm that the email id and the mobile no. provided at the time of registration by the distributor in the NMF II is pertaining to me/us and all communication/correspondence/transactions related alerts shall be sent to same email id/mobile no.

I/We confirm that for existing investments, I/we had gone through, understood the contents of the Scheme Information Document and Key Information Memorandum, addenda issued from time to time regarding each Mutual Fund Scheme, in which I/We had choosen to subscribe / redeem. I/We will also ensure that I/we shall go through, understand the contents of the Scheme Information Document and Key Information Memorandum, issued from time to time regarding each Mutual Fund Scheme, in which I/We will choose to subscribe to / redeem.

I/We hereby authorize NSE to collect the following data/ information pertaining to my / our mutual fund investments from all Asset Management Companies (AMCs) and their respective Registrar and Transfer Agents with whom I/We transact: -
1. Distributor wise transaction data for historical, present and future transactions carried out through various transaction platforms including transaction request submitted at any point of acceptance of the AMCs subject to the condition that the Distributor is registered with NSE NMF II platform.
2. Scheme wise consolidated unit balance available in my account(s) as and when required.

Date :   Place :

Signature 1st Applicant :

Signature 2nd Applicant :

Signature 3rd Applicant :

*Documents Required:

Trust	: Trust Deed and Authorised Signatory List
Partnership Firm	: Partnership Deed and Authorised Signatory List.
Societies	: Bye-Laws and Authorised Signatory List
FII & LLP	: Overseas Auditors Certificate,Authorised Signatory List ,Board Resolution/Authorisation to Invest
Corporate	: Board Resolution and Authorised signatory List
Minor	: Proof of Date of Birth

For all investors, a Cancelled cheque should also be mandatorily submitted as proof of bank account.
Individual Investor – Additional KYC and FATCA compliance mandatory for IIN activation.
Corporate / HUF Investor – Additional KYC, FATCA and UBO compliance mandatory for IIN activation.
Note: For Corporate and HUF investors all forms have to be submitted in physical post making necessary submissions on NMF II platform. Once the submissions are made on the platform printed version of forms will be generated from NMF platform.

This Investor Form was generated through NMF II platform.

✂ - ✂

| Write **Name of your Bank** (as in Cheque/pass book) **Mandatory** | Write **Your Bank a/c no.** (as in Cheque/pass book) **Mandatory** | Mention any one of **Your bank code IFSC or MICR code** (as in Cheque/pass book) **Mandatory** | Tick **Bank account type** **Mandatory** | Mention the date |

NSE NMF II

| UMRN | F O R   O F F I C E   U S   O N L Y | Date ①| | | | | | |

Sponsor Bank Code: HDFC0999999   Utility Code: NACH00000000002146 ②

Tick(✓)
- CREATE ✓
- MODIFY ✕
- CANCEL ✕

③ I/We hereby authorize NATIONAL SECURITIES CLEARING CORPORATION LTD. **to debit tick (✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others

Bank A/c number

④ with Bank ____   ⑤ IFSC ____   or MICR ____

an amount of Rupees ____   ⑥   ₹ ⑦ ____

FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☑ As & when presented   DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount

IIN ____   Mobile No. ____

Mandate ID: F O R   O F F I C E   U S E   O N L Y   Email ID ____

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

⑧ From D D M M Y Y Y Y
To   D D M M Y Y Y Y
Or ✓ Until Cancelled

⑨ Signature of Primary Account Holder   Signature of Account Holder   Signature of Account Holder

1. Name as in bank records   2. Name as in bank records   3. Name as in bank records

● This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
● I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/ammendent request to the user entity/corporate or the bank where I have authorised the debit.

| Write **Payment Start date** **Mandatory** | **Sign as per Bank records** (Sign of all account holders primary & Joint required) **Mandatory** | Write **Name of Bank account** holders - as per bank records (All signatories name required) **Mandatory** | Write **Mandate Amount (In both figure & words)** To be debited **Mandatory** |

Mandatory columns to be filled		
① Date in DD/MM/YYYY format	② Select the Account type	③ Customer's bank account number
④ Name of the bank	⑤ IFSC code of customer bank	⑥ Amount in Words
⑦ Amount in figures	⑧ ACH start date	⑨ Name(s) of the customer(s) and Signature(s)