

This Form is for use only by the existing Unitholders of the schemes of Daiwa Mutual Fund.
Please use a separate form for each transaction.

ADVISOR'S NAME AND CODE	SUB-ADVISOR'S NAME AND CODE	FOR OFFICE USE ONLY
ARN- 13308		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor/advisor, based on his assessment of various factors including the service rendered by the distributor/advisor.

UNITHOLDER INFORMATION (MANDATORY)

Folio Number(s)	Sole / First Unitholder's Name			
	Mr. Ms. M/s.			
Enclosed (✓)	<input type="radio"/> Sole / First Unitholder <input type="radio"/> KYC Compliance Proof*	<input type="radio"/> Guardian <input type="radio"/> KYC Compliance Proof*	<input type="radio"/> Second Unitholder <input type="radio"/> KYC Compliance Proof*	<input type="radio"/> Third Unitholder <input type="radio"/> KYC Compliance Proof*

* Please refer instruction 7 for the KYC norms.

ADDITIONAL PURCHASE

(See instructions 1-5)

Scheme Name	DAIWA		
Plan		Option	
Sub-option		Dividend Frequency	
Investment Amount (Rs.) (A)		DD Charges (Rs.) (B)	Net Amount (Cheque/DD/ FT Amount) (Rs.) (A-B)
(Rs. in words)			
Mode of Payment	<input type="radio"/> Cheque / DD <input type="radio"/> Fund Transfer	Cheque / DD No.	Dated <u> </u> / <u> </u> / <u> </u>
A/c. No.		Account Type (✓) <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO* <input type="radio"/> NRE* <input type="radio"/> Others	(* For NRI investors)
Drawn on Bank			
Branch			
City			
RTGS IFSC Code^ (Mandatory)	(For Rs. 2 lakhs and above)	^ (11 digit code printed on your cheque)	NEFT IFSC Code^ (Mandatory)
			(For upto Rs. 2 lakhs)

MANDATORY DECLARATION: The details of the bank account provided above pertain to my / our own bank account in my / our name (Please ✓) ☐ Yes / ☐ No. If No, Please attach 'Third Party Payment Declaration Form' along with necessary proofs. Application Form without this information is liable to be rejected.

REDEMPTION

(See instructions 1, 2, 3 & 6)

I/we wish to receive credit of the redemption amount requested by me to my bank (registered bank account as per multiple registration with Daiwa Mutual Fund).

Scheme Name	DAIWA		
Plan		Option	
Sub-option		Dividend Frequency	
<input type="radio"/> Amount (Rs. in figures)		OR <input type="radio"/> No. of Units	OR <input type="radio"/> All Units
(Rs. in words)			

SWITCH

(See instructions 1-3)

Switch From	Switch to
Scheme Name	DAIWA
Plan	
Option	
Sub-option	
Dividend Frequency	
<input type="radio"/> Amount (Rs. in figures)	OR <input type="radio"/> No. of Units
(Rs. in words)	

....continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Folio Number(s)	Scheme			DAIWA
Name				
Received from the above mentioned investor the following:				
<input type="radio"/> Additional Purchase	Total Amount (Rs.)		Cheque No.	Fund Transfer
Drawn on (Bank & Branch) :				
<input type="radio"/> Redemption or <input type="radio"/> Switch	Amount (Rs.)		OR Units	
<input type="radio"/> STP <input type="radio"/> SWP				
Please Note : All purchases are subject to realization of instruments and furnishing of mandatory information / documents				Signature, Stamp & Date

SYSTEMATIC WITHDRAWAL PLAN (SWP) (For scheme(s) where applicable)☐ Registration☐ Cancellation

Scheme Name	<input type="text" value="DAIWA"/>	Plan	<input type="text"/>
Option	<input type="text"/>	Sub-option	<input type="text"/>
SWP Date (✓)	<input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> All Dates		
Withdrawal Options	<input type="radio"/> Fixed Amount <input type="radio"/> Capital Appreciation*		Withdrawal Amount <input type="text"/>
Period of enrolment	From <input type="text" value="M M / Y Y Y Y Y Y"/>	To <input type="text" value="M M / Y Y Y Y Y Y"/>	(Minimum withdrawal amount is Rs. 1,000/- and in multiples of Re. 1/- thereafter)

* Amount will equal appreciation

SYSTEMATIC TRANSFER PLAN (STP) (For scheme(s) where applicable)☐ Registration☐ Cancellation

Transfer from		Transfer to	
Scheme Name	<input type="text" value="DAIWA"/>	Scheme Name	<input type="text" value="DAIWA"/>
Plan	<input type="text"/>	Plan	<input type="text"/>
Option	<input type="text"/>	Option	<input type="text"/>
Sub-option	<input type="text"/>	Sub-option	<input type="text"/>
Transfer Amount Rs.	<input type="text"/>	STP Frequency (✓)	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly
		(Minimum transfer amount is Rs. 1000/- and in multiples of Rs. 1/- thereafter)	
STP Date (✓)	<input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> All Dates		
Period of enrolment	From <input type="text" value="M M / Y Y Y Y Y Y"/>	To <input type="text" value="M M / Y Y Y Y Y Y"/>	(Minimum withdrawal amount is Rs. 1000/- and in multiples of Rs. 1/- thereafter)

DECLARATION AND SIGNATURES

To The Trustee of Daiwa Mutual Fund

I/We have read and understood the contents of the Scheme Information Document(s) and the Statement of Additional Information of Daiwa Mutual Fund, including the sections on "Who cannot invest", "Prevention of Money Laundering", "Know Your Customer" and "Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme(s) as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme(s). I/We have read and understood the details of the Scheme(s) and have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme(s) is through legitimate sources and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorize Daiwa Mutual Fund, Daiwa Asset Management (India) Private limited (Investment Manager to Daiwa Mutual Fund) and its agents to disclose details of my investment(s) to my bank(s), Daiwa Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby declare that the details provided by me/us above are true and correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Daiwa Mutual Fund, its investment manager, their appointed service providers or representatives responsible. 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.

Applicable to NRIs: I/We confirm that I am / we are Non-Resident(s) of Indian nationality / origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I/We undertake that all additional purchases made under this folio will also/be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account.

SIGNATURES	<input type="text" value="XX"/>	<input type="text" value="Sole / First Unitholder / Guardian / PoA"/>	<input type="text" value="XX"/>	<input type="text" value="Second Unitholder"/>	<input type="text" value="XX"/>	<input type="text" value="Third Unitholder"/>

Date

Applications from investors residing in USA or Canada shall be rejected

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy

GENERAL INSTRUCTIONS :

1. This Form is for use only by the existing unitholders of the Schemes of Daiwa Mutual Fund. Please use a separate Form for each transaction. **2.** Investors should refer to the Scheme Information Document (SID) & KIM of the respective Scheme(s) carefully before filling this Form. **3.** Please refer to the relevant SID for cut-off timings, available product features, add-ons and dividend frequency, minimum additional purchase amounts etc. **4.** Additional Purchases-Cheques/DD must be drawn in name of the Scheme or its abbreviation as applicable and crossed "Account Payee only." Outstation cheque will not be accepted. **5.** Bank charges for demand drafts will be borne by the AMC only in case of equity schemes of the Mutual Fund and will be limited to the bank charges stipulated in the Statement of Additional Information (SAI). Outstation cheques / outstation demand drafts will not be accepted. **6.** Redemption amounts should not be less than minimum redemption amount as mentioned in the relevant SID. **7.** KYC is mandatory for all investors effective January 1, 2011. Please enclose a copy of the KYC Acknowledgement Letter for each applicant to evidence fulfillment of KYC requirements. For minor applicants, the Guardian needs to fulfill KYC requirements and enclose a copy of his/her KYC Acknowledgement Letter. Where the investment is made on behalf of an applicant by a Power of Attorney (POA) Holder, the POA Holder needs to fulfill KYC requirements and submit a copy of his/her KYC Acknowledgement Letter. In case you are not yet KYC-compliant, please approach a Point of Service (PoS) of CDSL Ventures Limited to obtain KYC compliance and submit a copy of your KYC Acknowledgement Letter to us. Applications not complying with the above requirement may not be accepted / processed. **8. DECLARATION AND SIGNATURES:** a) All signatures should be in English or any Indian language. Thumb impressions should be of the left hand for males and right hand for females and in all cases be attested by a Magistrate, Notary Public or Special Executive Magistrate. b) Applications by minors should be signed by their guardians. In the case of a Hindu Undivided Family (HUF), the Karta should sign on behalf of the HUF. c) Authorized officials should sign the Form under their official designation and company seal. A list of authorized officials, duly certified and attested, should also be attached to the Form. In the case of a trust fund, a resolution from the trustee(s) authorizing such purchase or investment must be submitted. d) If you are investing through your constituted attorney, please ensure that the POA documents are signed by you and your Constituted Attorney. The signature in the Form, then, needs to clearly indicate that the signature is by the Constituted Attorney on your behalf.