

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**

Advisor Information (Refer Instruction A)		For office use only	
Advisor's Name & Code	Sub-Advisor's Name & Code	Registrar's Serial No.	Date & Time of receipt
ARN- 13308			

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

1. EXISTING UNIT HOLDER (Please fill in your Folio No. below. Please furnish only KYC and PAN details in Section 2 (if not provided earlier) and proceed to Section 5)

Please note that applicant details and mode of holding will be as per existing Folio Number **Folio No.** _____

2. APPLICANT'S INFORMATION (Please fill in block letters, use one box for one alphabet leaving one box blank between two words)

Occupation ⁵ [Please ✓]	Status [Please ✓]
<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector / Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Defence <input type="radio"/> Bureaucrat <input type="radio"/> PEP <input type="radio"/> Others (Pl. specify) _____	<input type="radio"/> Individual <input type="radio"/> Minor <input type="radio"/> Partnership <input type="radio"/> Company <input type="radio"/> HUF <input type="radio"/> Trust <input type="radio"/> Society <input type="radio"/> AOP / BOI <input type="radio"/> Bank <input type="radio"/> Others _____

Sole / First Applicant's personal details
Mr. Ms. M/s. _____ Date of birth* _____

Please submit **anyone of the following mandatory documents to certify identification of Minor:**

Birth Certificate of the Minor School Leaving Certificate / Marks Sheet issued by HSC / ICSE / CBSE Board Passport of Minor Any other proof evidencing Date of Birth of the Minor.

Guardian Name (If sole / first applicant is a Minor)
Mr. Ms. M/s. _____

Natural Guardian (Father or Mother) **Legal Guardian⁺** (court appointed guardian) **Guardian's relationship with Minor applicant** _____

*If sole/first applicant is a Minor, date of birth is mandatory. ⁺ In case of legal guardian, please submit attested copy of the court appointment letter, affidavit etc.

Name of Contact Person (In case of Non-individual investor only)
Mr. Ms. _____

Name of second applicant
Mr. Ms. M/s. _____

Name of third applicant
Mr. Ms. M/s. _____

Nationality⁵ _____ **Country of Residence⁵** _____

POA Holder's Details (If the investment is being made by a Constituted Attorney, Name, PAN and KYC of the PoA holder is mandatory)

Mr. Ms. M/s. _____

Address for Correspondence⁵

City _____ Pin Code _____

State _____ Country _____

Contact Details (Mandatory) Phone (O) _____ Extn. _____ Fax _____
Phone (R) _____ Mobile No. _____

⁵ Please note that information sought here will be obtained from CVL also and in case of any difference, the CVL inputs will apply.

Receive Account Statement, Annual Reports and other information instantly by e-mail (Refer instruction E)

I/We wish to receive the above documents via e-mail instead of physical mode. I/We do not wish to receive the above by e-mail I/We wish to receive updates via SMS on my mobile (✓)

E-mail _____

Permanent Account Number (PAN) [Mandatory]

Sole / First applicant's	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [†]	Mode of holding [Please (✓)] <input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or Survivor (In case of more than one applicant, default will be taken as joint)
Guardian	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [†]	
Second applicant	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [†]	
Third applicant	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [†]	
PoA Holder	Please ✓ <input type="radio"/> PAN card copy [^] <input type="radio"/> KYC compliant [†]	

[^] refer instruction K.

[†] For the KYC norms, refer instruction L.

3. DOCUMENTS ENCLOSED (Please ✓) Total number of documents

Resolution/Authorisation to invest List of authorized signatories with specimen signature Memorandum & Articles of Association Trust Deed Bye-laws Partnership Deed
 Notarised PoA Proof of Address Copy of PAN Card KYC Compliance Proof DoB Certificate School Leaving Certificate Passport of Minor SIP/Micro SIP Form

----- ✂ ----- TEAR HERE ----- ✂ -----

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. no. _____ dated _____ for Rs. _____

Drawn on Bank and Branch _____

Please Note : All purchases are subject to realization of instruments and furnishing of mandatory information / documents

ISC Stamp, Signature & Date

4. BANK ACCOUNT DETAILS (Mandatory as per SEBI Guidelines, refer instruction F)

A/c. No. _____ Account Type (✓) Savings Current Others (please specify) _____
 Bank Name _____
 Branch Address _____
 City _____ Pin Code _____
 MICR Code _____ RTGS IFSC Code _____ (For Rs) 2 lakhs and above _____ NEFT IFSC Code _____ (For upto Rs. 2 lakhs)
(9 digit number next to your Cheque No.) Please also provide a cancelled cheque leaf of the same bank account as mentioned above

Mentioning your RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

5. SCHEME DETAILS (Refer instruction G)

Scheme **DAIWA** Plan _____
 Option _____ Sub-option _____ Dividend Frequency _____

6. INVESTMENT AND PAYMENT DETAILS (Refer instruction H)

Investment Amount (Rs.) (A)	Cheque / DD / FT No.
DD Charges (Rs.) (B)	Date
Net Amount (Cheque / DD amount) (Rs.) (A minus B)	Cheque / DD Drawn on Bank
Amount in words	Branch
Mode of Payment <input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Fund Transfer	A/c. Type (✓) <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> Others
A/c. No.	

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. Third Party Declaration Form submitted Yes / No.

SYSTEMATIC INVESTMENT PLAN (SIP): Investors can opt for SIP by filling SIP / Micro SIP Auto Debit / ECS facility - Registration cum Mandate Form.

7. NOMINATION DETAILS (To be filled by individual(s) applying single or jointly, refer instruction I)

(MANDATORY)

I / We _____ and _____ (strike out whichever is not applicable)

- A. do not wish to nominate anyone to receive the units allotted to my/our credit in my Folio in the event of my / our death.
- B. do hereby nominate the undermentioned Nominee(s) to receive the units allotted to my/our credit in my Folio in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) acknowledging receipt thereof shall be a valid discharge by the Mutual Fund / Trustee / AMC.

Name of the First nominee* _____ Date of birth (if nominee is minor) _____
 Mr. Ms. M/s. _____
 Address of the First nominee (Please provide full address) _____ Allocation % _____ Signature of First nominee/Guardian (if nominee is minor) _____
 _____ Pin code _____

If Nominee is a Minor, Name and Address of the Guardian :

Mr. Ms. M/s. _____

Name of the Second nominee _____ Date of birth (if nominee is minor) _____
 Mr. Ms. M/s. _____
 Address of the Second nominee (Please provide full address) _____ Allocation % _____ Signature of Second nominee _____
 _____ Pin code _____

Name of the Third nominee _____ Date of birth (if nominee is minor) _____
 Mr. Ms. M/s. _____
 Address of the Third nominee (Please provide full address) _____ Allocation % _____ Signature of Third nominee _____
 _____ Pin code _____

*Nomination is not allowed in a folio held on behalf of a minor. Nomination Form cannot be signed by PoA Holders.

8. DECLARATION AND SIGNATURES

To, The Trustee, Daiwa Mutual Fund,
 I/We have read and understood the contents of the Scheme Information Document 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 as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have read and understood the details of the Scheme 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 authorised to make this investment and that the investment and the amount invested in the Scheme 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 Advisor / 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.

SIGNATURE(S)		
Date D D M M Y Y Y Y	XX Sole / First Applicant / Guardian / PoA XX	XX Second Applicant XX
		XX Third Applicant XX

Application 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.

CHECKLIST (Please submit the following document with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorized Signatory/Notary Public)

Document	Minors	Individuals	Companies	Societies	Partnership Firms	Investment through PoA	Trust
Resolution/Authorization to invest			✓	✓	✓		✓
List of authorized signatories with specimen signatures			✓	✓	✓	✓	✓
Memorandum & Articles of Association			✓				
Trust Deed							✓
Bye-laws				✓			
Partnership Deed					✓		
Notarized PoA						✓	
Proof of Address						✓	
Copy of PAN Card		✓	✓	✓	✓	✓	✓
KYC		✓	✓	✓	✓	✓	✓
Proof of Address (Mandatory for Micro SIP)		✓					
DoB Certificate or School Leaving Certificate or Passport of Minor	✓						