

## SERIAL NO. CAF

## COMMON APPLICATION FORM

ARN -13308  Uptorti contribution shall be paid directly by the investor to the AM MAN. MIN. Company   Uptorti contribution shall be paid directly by the investor to the AM MAN. MIN. Company   Uptorti contribution shall be paid directly by the investor to the AM MAN. MIN. Company   Uptorti contribution shall be paid directly by the investor to the AM MAN. MIN. Company   Uptortion   Uptort	Name of the	Authorised Centre:		FOR OFFICE USE ONLY								
CPLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM)   CPLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM OF THE WORLD AND		AGENT/ BROKER		RM CODE								
(FILL IN ALL THE PARTICULARS IN CAPITAL ETTERS DO NOT SPLIT THE WORD, USE REXT LINE  Date of Birth complete details in section of and proceed to section N, after instruction No. 3.1  Name of Stor First Applicant IM M/Ms. M/s  Name of the Second Applicant I M. M/ms. M/s  Name of the Second Applicant IM M/ms. M/s  PARIAND KYC COMPLIANCE STATUS DETAILS (Mandatory)  PRESIDENT Applicant IM M/ms. M/s  Name of the Second Applicant IM M/ms. M/s  Name of the Second Applicant IM M/ms. M/s  PRESIDENT Applicant IM M/ms. M/s  Name of the Second App	IAME	ARN-13308		registered Dist	tributors based on the inve	stors' assessment of variou						
MOBILE NO	complete Folio No. Name of: Name of: Name of:	(FILL IN ALL THE P DUNTHOLDERS INFORMATION : details in section Q and proceed Account No. Sole / First Applicant: Mr./Mr./M/s Parent or Quardian in case Sole/F in full of Sole / First Applicant / Par	ARTICULARS IN CAPITAL LETTI (If you have sxisting folio, pleasting folio), pleating to section N, Refer instruction No. 3.  irrst Applicant is a Minor: Mr./Mrs./M/s eent or Guardian of Minor(Strike off w	ERS. DO NOT SPI in your Folio Number )	LIT THE WORD, USE NEX //Account Number	Date of Sinth (Computiony for ULIS & Minor (Computiony for ULIS & Minor (Topic MM YY (Topic MM Y (Topic MM YY						
Name of the Second Applicant : Mr.Mrs.Mrs    A Agriculture	MOBILE	NO.	E-mail-ID			First Applicant/Paren or Guardian of Minor.  1. Professional 2. Service						
PAN AND KYC COMPLIANCE STATUS DETAILS (Mandatory)  PAN (Refer instruction No. 8) KYC Compliance " (if Yes, attach proof)   GRetired   7 Student   7 Student   7 Student   7 Student   8 Others   9 Oth			5			4. Agriculture						
First Sole Applicant	2	KYC COMPLIANCE STATUS DET.				6 Retired						
Status of Sole First Applicant (Please tok whichever is applicable)    Resident Individual	Second A Third Ap	e Applicant/  Applicant  plication		Yes Yes Yes	No.	8 Others						
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  NRSR   OTHERS  Pro Code  Driver   Pro Code    Pro Code    Pro Code   Pro	Status of	Sole /First Applicant (Please tick with Individual 2 Karta of HUF	rhichever is applicable)  3 Minor through Guardian 4 C	ompany 5 Body	Corporate Trust	Society						
Name of Authorised Signatory/ Attestor    Name of Authorised Signatory/ Attestor   Designation / Occupation   Signature	BANK AC Name of the Account N Type of A 9 Digit Co RTGS: IF	COUNT DETAILS: (Please note that the Bank	as per SEBI Regulations, it is mandatory	for investors to provid  Name of the Br City  FCNR  NR	e their bank account details) (see ranch Pin Code SR OTHERS							
Name of Authorised Signatory/ Aftestor  1. Designation/ Occupation  1. Signature  1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.												
For G-Sec Fund Regular   PF   Growth   Dix Payout   Dix reinvestment   For Index Fund Sensex   Nihy   For Imper For Index Fund Sensex Advantage   Protection   Pr												
ACKNOWLEDGEMENT SLIP COMMON APPLICATION FORM  SERIAL NO. CAF  ACKNOWLEDGEMENT SLIP COMMON APPLICATION FORM  SERIAL NO. CAF  (Scheme Name with option) alongwith  (Name of the Investor)	DETAILS	For G	-Sec Fund Regular PF  dex Fund Sensex Nifty	for MIP Monthly Quarterly	Div. Payout Div. reinve DIV. PAYOUT/REINVESTMEI For income Plus Fund, Saving Daily Weel	estment						
m Mr/Mrs/M/s	LIC NOAL	URA (TO BE FILLED IN BY THE A	PPLICANT) ACKNOWLEDG COMMON APPL									
(Name of the Investor)			f LIC Nomura MF	(Sche								
eque /Uratt No Dated Drawn on					alongwith							
For ₹ excluding	.eque /Draft N	10		n	gyeludina							

Cheque/DD No.				t of inves						_		188	NO. ,	TE			
Date Bank				rges if an ount Paid		-				-		1 77	DG. DA	100			
THE COURSE OF THE PARTY OF THE	rent Sav	ring NF		NRI		FCNR	Пот	HERS				LLC	DG. BA	ANK			
	- out Scheme N	-						Folio N	lo.		_	_					
SWITCH IN	NAME OF THE OWNER OF THE	0.000					20	12451-355	¥O.								
Option	n: Growth / Divid	lend						Units									
minee's Full Name (Mr./	Men)				Q. NOMIN	ATION FORI	Rel	ationsh	ip wit	th the	Ap	plica	nt [				1
illinee s run realite (iiii.2	m15)		П	TT	TT	TTT	TT	TT	Ť	Т	T	T	T	T	П	Т	
minee's Address				20	30.70		9) 9)							8			
					$\perp$			$\Box$		$\perp$	$\perp$	$\perp$	Ш	$\perp$		Ш	$\perp$
4	TEL. NO		Ш	$\perp$	$\perp$	E-MAIL I		Ц.		1.41	1					Ш	
cond Nominee's Full N	ame(Mr,/Mrs)			T		TT	Kei	ationsh	iip wii	n the	Ap	piica	nt		т	П	
ird Nominee's Full Nam	e(Mr/Mrs)						Rel	ationsh	ip wit	th the	Ар	plica	nt	_			
				$\perp$				Ш			$\perp$	$\perp$					
me of Parent /Guardian	(in case Nomine	e is a Minor)								_	_	_	Da	ite of E	Birth of	Nomin	ee (If Min
dress of Parent/ Guard	ian									_	+			1	00	MM	YY
				TT	$\top$		TT	TT	T	T	T	T	П	T	П	ТТ	T
N I I I	TEL. NO					E-MAIL I			T	T	T	T		T		T	
		R. ADD	ITIONAL	INFOR	MATION	FOR LIC I	IOMURA	MF UI	IS OI	NLY							
REGULAR PREMIUM						(ii)	SINGLE			777.07							
TERM : 10 years		DUCING COVER	UNIF	ORM COV	/ER		TERM:	5Yea	ars _	10Ye	ars						
TARGET AMOUNT : 4	·						TARGE	AMOU	NT:₹								
MODE OF CONTRIB	UTION: Yearly	Half yearly	Monthly *	П			17411444										
CONTRIBUTION AMO	DUNT:₹						(₹										
(₹					)												
you already a member of Li claration by Applicant: ring read and understood the ill my Memberships under bit any serious liness or majour ther declare that to the be be LIC Nomurs MF ULIS Sci case of monthly mode Due E	provisions of LIC No oth options of ULIS r operation for the st of my knowledge neme of LIC Nomura	omura MF ULIS Sch scheme, including last 5 years and the the foregoing state a Mutual Fund.	ame, I agree the one bei at no propo ements and	to abide b ing applied sal of insu answers a	y the same for ,do not rance to my ire true and	and hereby ap exceed Rs. 1 If If It to the LI correct in ev	oly for the N 5 takhs. I a C of India o try particula	fembershi ilso hereb or any oth	p of the y declar er Life	scheme re that Insurer	e as a I am has	in goo	of India d health een defe	and fre erred/de	e from o	disease,	that I have
e : Pla	ze		Signature of	of First App	licant		_										
applicant has completed a	nd signed the annii	cation in my preser	ice. From h	is/her anne	earance and	f to the best	of my justice	nent, I fin	d that I	ie /she	is in	bood	health a	ind elini	ble for it	nsurance	
anature of Authorised Witner		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- app	Date :		Place .					,,,,,					
me of Authorised Witness	Mer.			Official Se													
tus : ( AMC Official/ ARN Ho	blad																
us : ( ANU UTICISY AHN HO	idet/				DECL	ARATION											
NOMURA Mutual Fund ar Six, wing read and understood the the Scheme and any amendr Vie confirm that I/We have not on Resident External /FC indertake to comply with SEE & ARN hotter has disclosed to peing recommended to melus te:	ments thereof. "I/We received and will no I/We confirm that I NR Account. II (Central Database me/us all the comm	e have understood to treceive any commi- am/We are Non-Re of Market Particip.	he detail of ssion or brot sidents of li ants) Regul	the schem kerage or a ndian Natio ation 2003	e and I/We ny other ino onality/Origin (MAPIN) as	have not rece entive in any for and that I/W and circulars a	ved or beir m, directly s have rem d notificati	ig induced for subscritted fund ons issue:	f by any ibing to a from a	rebate the sch abroad inder a	e or gi neme' throu nd as	ifts, din igh app may l	ectly or I proved b be amen	Indirecti nanking nded fro	ly, in mai channek m time t	king this s or from to time b	investment n funds in i ny SEBI.
ce :	-																
SIGNATURE	First Applican	V Parent or Guardia	in/		Senn	nd Applicant/			- 10		Thir	d Appl	icant/				
APPLICANTS		Authorised Signato				r of Attorney	Holder						Attorney	Holder			
										_				_			
RPORATE OFFICE	7	MEDIANA CONTRACTOR	. 000A4000	/ emerior-		OFFICES	DOMESTICAL -	00730000	. 00000	TH / CT	inari-		11/2 V	- C	REGIST	RARS	Pvt. Ltd.
C NOMURA Mutual Fund Floor, Industrial Assurance	Building S0384	MEDABAD: 9375090008 ANESHWAR: 9438132192 02408 / 9887058231 • ERN	CHENNAL SO AKULAM: 98850	882315650 / 99- 358554 / 974561	40296305 ( 950) 12896 ( 99467106	038288 / 87544798 55 / 9388755722 / 5	0 (950003826 47742733 ● G	5 • DEHRAD OA: 8055538	UN: 94120 558 / 98907	13505T   9 11551   93	H10712 0716430	558 / 176 •	Unit : L	LIC N	omura	Mutu	ial Fund
p. Churchgate Station, Chu	urchgate, guard	20408 / 9897058231 ◆ ERN MON: 8911464244 / 965422 71583 / 9000444890 / 9600 48305 / 988400600 / 98300 62779 ◆ LUCKNOW: 94150	6020 / 56556427 560850 • INDO	68 • GUMAHA RE: 958805025	UTE \$435840478 50 ) \$425870129 36 • NOLKATA	/9435078961 / 943 / 9961511435 • J 9432128113 / 6430	105186 • HUB MPUR: 9460873 89665 / Rd3229	Lk 903548400 H20 / 982909 H610 / 805150	11 / 984520 18323 / 992 1437 / 8474	9096005	VDERA	BAD: PUR:	Avenue 4,	Street N	e No. 8-2-8 lo. 1, Banja		
mbai - 400 020	94514	45.00 / 988400600 / 98380	ans40 / 9389062	340 / 988908577	St ■ HOLKATA:	941212811379830	mm65 / 943239	610/905109	5127/9474	424374/9	1439531	8857	Hyderaba	d-500 0	34		

Mumbal - 400 020

Fig. 022-2255 1661; Fax: 022-2258 083

E-mail: corp office@ficromarin.com

Website: www.icinctururani.com

Website: www.icinctururani.com

Website: www.icinctururani.com

Website: www.icinctururani.com

Manual successors of the successor of th