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ISC Stamp, Signature & Date

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8. DECLARAT	ION A	ND S	GIGI	VAT	URE	S																																						
To, The Trustee, Dai I / We have read and of Money Launderin and regulations of thereby declare that purpose of any coni (India) Private Limit I/We hereby declare Mutual Fund, its inv mode), payable to h	d under ng', 'Kno the Scho I/We a traventi ted (Invo e that th vestmen	stood ow You eme. I/ m/are on or o estmer ne deta it man	the our Cu We l wast evas at M ails p ager	ustom have horis ion o anage provid ; thei	ner' read ed to f any er to led t r ap	and ' l and o mal o Act, Daiv oy me point	Inve unde ke th Rule va M e/us a ed s	stor ersto is inv es, Re utual abov ervic	Prote od th vestm egula Fun e are e pro	ectio he d nent ation d) a tru ovide	on'. I etail and ns, N nd it e an ers o	/We ls of l tha otifi ts ag d co or re	her the t the catio ents rrec pres	eby Sche inv ons o s to o t. If senta	app eme estri or Di discl the ative	ly fo and rent rect ose trans	r all hav and ions deta sacti spor	otme e ne the issu ils o on is on is	ent / ither amo ed b f my 5 dela s dela	pure rec unt y an inve ayec ie Al	chas ceive inve ny re estm d or RN h	e of sted gula nent not	f Unit or be l in tl atory (s) to effeo er ha	its in een i he S / aut o my cted as di	the nduc cher hori ban at a sclo	Sch ced ne i: ty ir Ik(s) II fo sed	iem by a s thr i Ind / Da r rea to n	e as ny r ioug ia. I, iwa ason ne/u	indi ebat h leg /We Mut s of ıs al	cate e or itim here ual F inco I the	d ab gifts ate s by a und mple corr	ove s, dir ouro utho 's ba ete o	and a rectly ces ar orize nk(s) or inco	igre or i nd d Daiv and orre	e to ndir oes va M 1/or ct in	ectly not i lutua r Adv	de b y, in invol al Fu visor natic	y the makir lve an nd, D / Bro on, I/V	e terr ng th nd is Daiwa oker / We w	ms, o nis in not a Ass / Inve / oulc	cond ivest desi set N estm d not	litior tmer gneo Mana ient t hol	ns, r nt. I d for agen Adv Id Da	ules / We the nent isor. aiwa

				SIGNATURE(S)							
Date											
D D M M Y Y Y Y	xx	Sole / First Applicant / Guardian / PoA	xx	Second Applicant	хx	Third Applicant					
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 conjes 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			√	V	√		√
List of authorized signatories with specimen signatures			√	√	√	√	V
Memorandum & Articles of Association			√				
Trust Deed							√
Bye-laws				√			
Partnership Deed					√		
Notarized PoA						√	
Proof of Address							
Copy of PAN Card		√	√	√	√	√	V
KYC		V	V	V	√	√	V
Proof of Address (Mandatory for Micro SIP)		√					
DoB Certificate or School Leaving Certificate or Passport of Minor	V						

DaiwaAsset Management

SIP / MICRO SIP AUTO DEBIT / ECS FACILITY - REGISTRATION CUM MANDATE FORM

For Terms & Conditions please refer overleaf.

6	heme through Auto Debit facility are r m. Application should be submitted at le	• •	· · · Annli	cation No. SIP
ADVI	SOR INFORMATION	For office use	only	
Advisor's Name & Code	Sub-Advisor's Name &	Code Registr	ar's Serial No.	Date & Time of receipt
ARN- 13308				
				g the service rendered by the distributor/advisor.
Please ✓ any one only ORW Regi	<u> </u>	e in Bank Account SIP Registration-by New Investor	 SIP Registration-by N Micro SIP Registration 	
APPLICANT'S INFORMATION (M				· ~ /
Folio Number (for existing investor)	Common Application	Form No. (for new invest	or)
Name of the First Applicant	Mr. Ms. M/s.			
PAN (Mandatory)		Enclosed (Please ✔) ○ PAN Pro	oof 🛛 KYC Compliance I	Proof (Mandatory)
Name of the Second Applicant	Mr. Ms. M/s.			
PAN (Mandatory)		Enclosed (Please ✓) ○ PAN Pro	oof OKYC Compliance I	Proof (Mandatory)
Name of the Third Applicant PAN (Mandatory)	Mr. Ms. M/s.	Enclosed (Please ✔) ○ PAN Pro		
•	case of Micro SIP) (Please refer to th		<u> </u>	
	Y Y Y Y Type of supporting docu		Identification number	er details
SIP / MICRO SIP INVESTMENT I	DETAILS			
Scheme Name DAIWA	Plan	Option		Sub-Option
Amount: Rs. in figures	Rs. in words			
Payment Mechanism (Please ✔) (Auto Debit Facility (Please complete	the SIP / Micro SIP Auto Debit Fa	cility Form below) 🔵 Che	eque (Please provide the details below)
Total No. of Cheques Cheq	ue No. From	To		Period of enrolment (MM / YYYY) (Mandatory
Drawn on Bank				From <u>M M / Y Y Y Y</u>
Branch		/c. No.		TOM/_Y_Y_Y_Y_Y_
Frequency (Please ✓) ○ Monthly	Quarterly SIP / Micro SIP	Date (Please ✔) ○ 1st ○ 7th (————————————————————————————————————	14th (21st (All Da	tes No. of months / quarters
SIP / MICRO SIP AUTO DEBIT (E	ECS) FACILITY FORM - Registration	cum Mandate Form for ECS (E	Debit Clearing)	
	Cheque drawn on bank details provide FAILS (MANDATORY) (Cheque shou			
Laundering", "Know Your Customer" and "Im the Scheme. I/We have read and understood am/are authorized to make this investment a Rules, Regulations, Notifications or Directions Fund) and its agents to disclose details of my and correct. If the transaction is delayed or representatives responsible. The ARN holder from amongst which the Scheme is being rec exceeding Rs. 50,000/- in a year (Applicable changes in my/our bank Account. Applicable from funds in my / our NRE / FCNR account. our NRE / FCNR account. J/We hereby declare that the particulars given of incomplete or incorrect information, I/We will also inform Daiwa Asset Management (In	of the Scheme Information Document and the SI vestor Protection". I/We hereby apply for allotm the details of the Scheme and have neither rec and that the amount invested in the Scheme is th sissued by any regulatory authority in India. I/W investment to my bank, Daiwa Mutual Fund's ba not effected at all for reasons of incomplete or 'has disclosed to me / us. I/We confirm that I/We of for Micro SIP investments only). I/We have read to NRIs : I/We confirm that I am / we are Non-R I/We undertake that all additional / purchases r n above are correct and express my/our willingne	ent/purchase of Units in the Scheme as in eived nor been induced by any rebate or g rough legitimate sources and does not inv e hereby authorize Daiwa Mutual Fund, Dai nk(s) and / or Distributor / Broker / Investr incorrect information, I/We would not hole the form of trail commission or any other lo not have any existing Micro SIP investme , understood and agreed to the Terms and esident(s) of Indian nationality / origin and made under this folio will also be from fun ess to make payments referred above throu) Pvt. Ltd., (Investment Manager to Daiwa	a Mutual Fund, including the sec (Mandatory) ^ a Mutual Fund, including the sec dicated above and agree to abid gifts, directly or indirectly, in ma olve and is not designed for the wa Asset Management (India) Pr ment Advisor. I/We hereby declan do Daiwa Mutual Fund, its investr mode), payable to him for the di ents which together with the curr Conditions for Auto Debit/ECS fa da received from abroad throug ligh participation in ECS. If the tra Mutual Fund), their appointed se	PIN (Fot uptp Rs.) 2 lakhs) (Fot uptp Rs.) 2 lakhs) (Il digit code printed on your cheque) tions on "Who cannot invest", "Prevention of Mone e by the terms, conditions, rules and regulations of sing this investment. I/We hereby declare that I/W purpose of any contravention or evasion of any Act ivate Limited (Investment Manager to Daiwa Mutua re that the details provided by me/us above are tru nent manager, their appointed service providers of fferent competing schemes of various mutual fund ent application will result in aggregate investment acility and will inform Daiwa Mutual Fund about an rom abroad through approved banking channels o n approved banking channels or from funds in my nsaction is delayed or not effected at all for reason rvice provider or representatives responsible. I/W
Date	xx	xx		xx
D D / M M / Y Y Y Y	Sole / First Applicant		d Applicant	Third Applicant
For Office use only (Not to be filled in by investor)		— — — TEAR HERE — — — — — —	Credit Account	
· ·	ACCOUNT HOLDER [(to be signed		be retained by the ban	k)
This is to inform that I/We have registered mentioned bank account number with your carrying the ECS mandate Form to get it ver	for the RBI's Electronic Clearing Service (Debit bank. I/We authorize Daiwa Asset Managemen rified and executed.	Clearing) and that my/our payment tow	ards my/our investment in Daiv	V A Mutual Fund shall be made from my/our below rough their service providers and representative
Account Number	First A	Applicant S	ature as in Bank Record econd Applicant	XX Signature as in Bank Record Third Applicant
ACKNOWLEDGEMENT SLIP (To		— — — TEAR HERE — — — — — –		
Received from Mr. Ms. M/s.			Appli	cation No. SIP
SIP / Micro SIP application for Units of	DAIWA			
○ No. of Cheques □ ○ SIP / I	Micro SIP Auto Debit Facility Total Amo	unt (Rs.)		
Date D D / M M / Y Y		ning of mandatory information / docu	uments	ISC Stamp & Signature