

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)	
Advisor's Name & Code	Sub-Advisor's Name & Code
ARN- 34120	

For office use only	
Registrar's Serial No.	Date & Time of receipt

Upront 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 3)

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 <sup>5</sup> [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"/> Individual	<input type="radio"/> Minor	<input type="radio"/> Partnership	<input type="radio"/> Company
<input type="radio"/> Agriculturist	<input type="radio"/> Retired	<input type="radio"/> Housewife	<input type="radio"/> Student	<input type="radio"/> Forex Dealer	<input type="radio"/> HUF	<input type="radio"/> Trust	<input type="radio"/> Society
<input type="radio"/> Defence	<input type="radio"/> Bureaucrat	<input type="radio"/> PEP	<input type="radio"/> Others (Please specify) _____	<input type="radio"/> Bank	<input type="radio"/> Others _____		

**Sole / First Applicant's personal details**

Date of birth\*

Mr. Ms. M/s. \_\_\_\_\_

**Guardian Name** (If sole / first applicant is a Minor)

Mr. Ms. M/s. \_\_\_\_\_

**Name of Contact Person** (In case of Non-individual investor only)

Mr. Ms. M/s. \_\_\_\_\_

**Name of second applicant**

Mr. Ms. M/s. \_\_\_\_\_

**Name of third applicant**

Mr. Ms. M/s. \_\_\_\_\_

Nationality<sup>5</sup> \_\_\_\_\_ Country of Residence<sup>5</sup> \_\_\_\_\_

<sup>5</sup> Please note that information sought here will be obtained from CVL also and in case of any difference, the CVL input will apply. \*If sole/first applicant is a minor, date of birth is mandatory.

**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 Correspondence<sup>5</sup>**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

**Contact Details (Mandatory)** Phone (O) \_\_\_\_\_ Extn. \_\_\_\_\_ Fax \_\_\_\_\_  
Phone (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

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 ✓  PAN card copy^  KYC compliant\*

Guardian \_\_\_\_\_ Please ✓  PAN card copy^  KYC compliant\*

Second applicant \_\_\_\_\_ Please ✓  PAN card copy^  KYC compliant\*

Third applicant \_\_\_\_\_ Please ✓  PAN card copy^  KYC compliant\*

PoA Holder \_\_\_\_\_ Please ✓  PAN card copy^  KYC compliant\*

**Mode of holding** [Please (✓)]

Single  Joint  Anyone or Survivor

(In case of more than one applicant, default will be taken as joint)

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

**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)

I/We \_\_\_\_\_ and \_\_\_\_\_

(strike out whichever is not applicable) 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 nominee** (Please provide full address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Pin code \_\_\_\_\_

**Name of the guardian** (if nominee is minor) \_\_\_\_\_ **Date of birth** (if nominee is minor) \_\_\_\_\_  
 Mr. Ms. M/s. \_\_\_\_\_

**Address of guardian** (Please provide full address) \_\_\_\_\_ **Allocation %** \_\_\_\_\_

**Name of the Second nominee** \_\_\_\_\_ **Date of birth** (if nominee is minor) \_\_\_\_\_  
 Mr. Ms. M/s. \_\_\_\_\_

**Address of nominee** (Please provide full address) \_\_\_\_\_ **Allocation %** \_\_\_\_\_

**Name of the Third nominee** \_\_\_\_\_ **Date of birth** (if nominee is minor) \_\_\_\_\_  
 Mr. Ms. M/s. \_\_\_\_\_

**Address of nominee** (Please provide full address) \_\_\_\_\_ **Allocation %** \_\_\_\_\_

**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. Date \_\_\_\_\_

**SIGNATURE(S)**

XX	Sole / First Applicant / Guardian / PoA	XX	Second Applicant	XX	Third Applicant
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**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	Individual	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	✓	✓	✓	✓	✓	✓