

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-97821			

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 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 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"/> 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"/> AOP / BOI
<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

Mr. Ms. M/s. Date of birth*

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.

Nationality⁵ Country of Residence⁵

⁵ 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 Correspondence⁵

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	<input type="text"/>	Please ✓ <input type="radio"/> PAN card copy^ <input type="radio"/> KYC compliant*
Guardian	<input type="text"/>	Please ✓ <input type="radio"/> PAN card copy^ <input type="radio"/> KYC compliant*
Second applicant	<input type="text"/>	Please ✓ <input type="radio"/> PAN card copy^ <input type="radio"/> KYC compliant*
Third applicant	<input type="text"/>	Please ✓ <input type="radio"/> PAN card copy^ <input type="radio"/> KYC compliant*
PoA Holder	<input type="text"/>	Please ✓ <input type="radio"/> PAN card copy^ <input type="radio"/> 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)

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

ARN-97821
Application No. CAFR

ISC Stamp, Signature & Date



г.



4. BANK ACCOUNT DETAILS (Mandatory as per SEBI Guidelines, refer instruction F)**ARN-97821**

A/c. No.		Account Type (✓) <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> Others (please specify)
Bank Name		
Branch Address		
City		Pin Code
MICR Code	RTGS IFSC Code	NEFT IFSC Code
(9 digit number next to your Cheque No.)		(For upto Rs. 2 lakh\$)

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	Branch
<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> Fund Transfer	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> Others
A/c. No.	A/c. Type (✓)

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	✓	✓	✓	✓	✓	✓

