



SERIAL NO. CAF

COMMON APPLICATION FORM

Name of the Authorised Centre: AGENT/BROKER SUB-BROKER CODE (if any) FOR OFFICE USE ONLY RM CODE ARN No. NAME 56003 Tel. No. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

(PLEASE READ INSTRUCTIONS BEFORE FILLING UP THE FORM) (FILL IN ALL THE PARTICULARS IN CAPITAL LETTERS. DO NOT SPLIT THE WORD, USE NEXT LINE)

A. EXISTING UNITHOLDERS INFORMATION: (If you have existing folio, please fill in your Folio Number/Account Number complete details in section G and proceed to section N. Refer instruction No. 3.) B. Name of Sole/First Applicant: Mr./Mrs./M/s C. Name of Parent or Guardian in case Sole/First Applicant is a Minor: Mr./Mrs./M/s DOB of Minor: / / D. Address in full of Sole/First Applicant/Parent or Guardian of Minor... E. Name of the Second Applicant: Mr./Mrs./M/s F. Name of the Third Applicant: Mr./Mrs./M/s G. PAN AND KYC COMPLIANCE STATUS DETAILS (Mandatory) Table with PAN and KYC compliance status for applicant, guardian, and third applicant.

J. Status of Sole/First Applicant (Please tick whichever is applicable) 1 Resident Individual 2 Karta of HUF 3 Minor through Guardian 4 Company 5 Body Corporate 6 Trust 7 Society 8 Association of Persons/Body of Individuals 9 Bank & Fia 10 NRI -Repatriable 11 NRI -Non-Repatriable 12 Others K. 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, Account No., Bank City, Pin Code, Type of A/c, 9 Digit Code No., RTGS: IFSC CODE, E-mail Communication.

L. PAYMENT OF DIVIDEND / REDEMPTION (Please refer instructions no. 22) M. TO BE FILLED IN IF APPLICATION IS FROM AN INSTITUTION OR FOR THUMB IMPRESSION ATTESTATION (Refer Instruction No. 6&7)

N. INVESTMENT DETAILS Table with columns: Scheme Name, Plan (For G-Sec Fund, For Index Fund), Option (Growth, Div. Payout, Div. reinvestment), and DIV. PAYOUT/REINVESTMENT MODE (Monthly, Quarterly, Yearly).

ACKNOWLEDGEMENT SLIP COMMON APPLICATION FORM SERIAL NO. CAF Received an application for purchase of units of LIC Nomura MF (Scheme Name with option) from Mr./Mrs./M/s (Name of the Investor) alongwith Cheque /Draft No. Dated For ₹ Bank Charges(in cases of Draft) of Rs. Date Signature, Stamp & Date

<b>C. PAYMENT DETAILS (Please✓)</b> <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach *Third Party Payment Declaration Form*)		<small>(see instruction no. 13 &amp; 14)</small>	
Cheque/DD No.	Amount of investment(₹)	PIF NO.	
Date	DD Charges if any (ii)	LODG. DATE	
Bank	Net Amount Paid (i-ii)	LODG. BANK	
Type of A/c: <input type="checkbox"/> Current <input type="checkbox"/> Saving <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS			
<b>P. SWITCH IN</b>	Switch-out Scheme Name:	Folio No.	
	Option: Growth / Dividend	Units	
<b>Q. NOMINATION FORM</b>			
Nominee's Full Name (Mr./Mrs)		Relationship with the Applicant _____	
Nominee's Address _____			
PN	TEL. NO	E-MAIL ID	
Second Nominee's Full Name(Mr./Mrs)		Relationship with the Applicant _____	
Third Nominee's Full Name(Mr./Mrs) _____ Relationship with the Applicant _____			
Name of Parent/Guardian (In case Nominee is a Minor)			Date of Birth of Nominee (If Minor)
Address of Parent/ Guardian _____			DD MM YY
PN	TEL. NO	E-MAIL ID	
<b>R. ADDITIONAL INFORMATION FOR LIC NOMURA MF ULIS ONLY</b>			
<b>(i) REGULAR PREMIUM</b>		<b>(ii) SINGLE PREMIUM</b>	
TERM <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> REDUCING COVER <input type="checkbox"/> UNIFORM COVER		TERM: <input type="checkbox"/> 5Years <input type="checkbox"/> 10Years	
TARGET AMOUNT: ₹ _____		TARGET AMOUNT: ₹ _____	
MODE OF CONTRIBUTION: Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Monthly * <input type="checkbox"/>			
CONTRIBUTION AMOUNT: ₹ _____		( ₹ _____ )	
<b>HEALTH QUESTIONAIRE</b>			
Do you have a regular income (YES/NO) At present are you of sound health? (YES/NO)			
Have you ever suffered from any of the following diseases?			
Hypertension <input type="checkbox"/> Insanity <input type="checkbox"/> Diabetes <input type="checkbox"/> Paralysis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cancer (Yes/No)			
Do you have any Physical Deformity or Handicap (YES/NO)? If YES, please give the following details.			
1. Date of Occurrence 2. Extent of Deformity 3. Present Condition.			
Are you already a member of LIC Nomura MF ULIS? (YES/NO) If yes please give the total of Target Amounts under both options for such earlier Memberships in force:			
<b>Declaration by Applicant:</b>			
Having read and understood the provisions of LIC Nomura MF ULIS Scheme, I agree to abide by the same and hereby apply for the Membership of the scheme as a citizen of India. I declare that the Total Target Amounts of all my Memberships under both options of ULIS scheme, including the one being applied for, do not exceed Rs. 15 lakhs. I also hereby declare that I am in good health and free from disease, that I have not had any serious illness or major operation for the last 5 years and that no proposal of insurance to my life to the LIC of India or any other Life Insurer has ever been deferred/declined.			
I further declare that to the best of my knowledge the foregoing statements and answers are true and correct in every particular and the said statements and this declaration shall be the basis of my admission to the LIC Nomura MF ULIS Scheme of LIC Nomura Mutual Fund.			
* In case of monthly mode Due Date is 15th of every month and 12 PODs have to be given in the beginning of the each year			
Date: _____ Place: _____ Signature of First Applicant: _____			
The applicant has completed and signed the application in my presence. From his/her appearance and to the best of my judgment, I find that he/she is in good health and eligible for insurance.			
Signature of Authorised Witness _____ Date: _____ Place: _____			
Name of Authorised Witness _____ Official Seal			
Status : (AMC Official/ ARN Holder)			
<b>DECLARATION</b>			
To LIC NOMURA Mutual Fund			
Dear Sirs,			
Having read and understood the Scheme Information Document and conditions of LIC NOMURA Mutual Fund - Common Application Form, I/We hereby apply for its units and agree to abide by the terms and conditions of the Scheme and any amendments thereof. I/We have understood the detail of the scheme and I/We have not received or being induced by any rebate or gifts, directly or indirectly, in making this investments. I/We confirm that I/We have not received and will not receive any commission or brokerage or any other (incentive in any form, directly for subscribing to the scheme)			
(Non Residents Indians only) I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External (FCNR) Account.			
I undertake to comply with SEBI (Central Database of Market Participants) Regulation 2003 (MAPRN) and circulars and notifications issued thereunder and as may be amended from time to time by SEBI.			
The ARN holder has disclosed to me/us all the commissions (in the form of tail 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: _____			
Place: _____			
<b>SIGNATURE OF APPLICANTS</b>			
First Applicant/ Parent or Guardian/ Karta of HUF/Authorised Signatory Holder	Second Applicant/ Power of Attorney Holder	Third Applicant/ Power of Attorney Holder	

<b>CORPORATE OFFICE</b>	<b>AREA OFFICES</b>	<b>REGISTRARS</b>
LIC NOMURA Mutual Fund 4 <sup>th</sup> Floor, Industrial Assurance Building Opp. Churchgate Station, Churchgate, Mumbai - 400 020 Tel: 022-2285 1661; Fax: 022-2288 0633 E-mail: corp.off@licnomuramf.com Website: www.licnomuramf.com	<ul style="list-style-type: none"> <li>• AHMEDABAD: 07950030 / 02042017 / 02029301 / 00009000 • BANGALORE: 08477207 / 00702007 / 00003001 / 00000200</li> <li>• BHUBANESHWAR: 06742160 • CHENNAI: 08521000 / 04228000 / 00000000 / 07447000 / 00000000 • COIMBATORE: 04223001 / 04102006</li> <li>• DELHI: 01100000 • FARIDABAD: 05612000 • GUWAHATI: 03611000 • HYDRABAD: 07952000 • JALGAON: 07942000 • KANPUR: 05222000</li> <li>• KOLKATA: 03312000 • LUDHIANA: 01822000 • MUMBAI: 02201000 • RAIPUR: 06622000 • SURAT: 07932000 • THIRUVANANTHAPURAM: 04712000</li> <li>• UJAIN: 07952000 • VARANASI: 05222000 • VISAKHAPATNAM: 08632000 • CHANDIGARH: 01722000 • COCHIN: 04842000 • DELHI: 01100000 • GUWAHATI: 03612000 • HYDRABAD: 07952000 • KANPUR: 05222000 • RAIPUR: 06622000 • SURAT: 07932000 • THIRUVANANTHAPURAM: 04712000</li> <li>• UJAIN: 07952000 • VARANASI: 05222000 • VISAKHAPATNAM: 08632000 • CHANDIGARH: 01722000 • COCHIN: 04842000 • DELHI: 01100000 • GUWAHATI: 03612000 • HYDRABAD: 07952000 • KANPUR: 05222000 • RAIPUR: 06622000 • SURAT: 07932000 • THIRUVANANTHAPURAM: 04712000</li> </ul>	M/s. Karyv Computershare Pvt. Ltd. Unit - LIC Nomura Mutual Fund Karyv Plaza, House No. 8-2-590 Aruna 4, Street No. 1, Banjara Hills, Hyderabad - 500 004 Tel. 040 - 4467 7131-40 Fax: 040 - 2338 8702 Email: service_kv@karyv.com Web: www.karyvcomputershare.com   www.licnomuramf.com
All future communications in connections with this applications should be addressed to the authorised centre where the application alongwith the subscription was submitted, quoting full name of the Sole/First Applicant and the Application Serial Number.		