TRANSFEROR DISTRIBUTOR - Application form for Transfer of Aum

(On the letter head of the distributor)

То		
Nippon India Mutual Fund		

MFD Signature(s) _____

(With Company Seal)

Date:	DI		/N	1M		ΥY	ΥY	/		
DG(0	_	_	_	_	_	_	_	_	_	_

	MFD Name	ARN Code	Tax Status#		
Transferor ~ (From my/our):					
Transferee (To):					
Reason for AuM Transfer #:	☐ Merger	☐ Change in partner	ship firm or LLP		
Tick one	☐ Acquisition	_	mpany converting to Public		
Provide documentary	Consolidation of business	limited company	na n		
evidence	☐ Transfer of business	Public limited company converting to Private limited company			
	Dissolution of business / Voluntary cessation	Transfer of AUM (demise case) to the ARN of Nominee			
	☐ Demerger/ Sub-distributor moving out of Principal ARN holder	Other (specify)			
- Mention all offline/online	 broker codes for which transfer is ap	 olicable, # Mandatory			
. ,	sfer the Distributor AuM of the unit ho ementioned Transferor ARN code an				
✓ Full transfer of assets moving out of Principal	will be carried out for the above-men al ARN holder.	tioned reasons except	t in case of Sub-distributor		
surrendered to AMFI fo	e Transferor Distributor shall cease to or cancellation within 15 days of AuM t Nippon Life India Asset Management	ransfer. A copy of this	cancellation letter to AMF		
	surrender his ARN at AMFI if he is bec erring the assets, the Transferor Distr	•			
•	(to email ID registered with NIMF) o the proposed transfer of AuM and ch ispatches.	' '			
objection, if any, received	t the Transferor Distributor and / or Tr d directly by them to Nippon India I eing done to circumvent any regulato	Mutual Fund on imme	ediate basis and that the		
For existing SIP/STPs providers regarding t	routed through MFU/ Exchange/ Onli he AuM transfer.	ne platforms, I/We ha	ve informed these service		
I/We have enclosed the fo					
Documentary evidence	ce for aforesaid reason for transfer.				
	intimation email/letter sent to the enmited (NAM India)/NIMF) of the unit ho		ered with Nippon Life Indic		
☐ List of Unit holders & fo	olio numbers with registered email ID/	address & list.			
-	t I / We have complied and shall con to time with regard to change of Distr		cable guidelines/ circulars		
	Signature, Date & Stamp				
MED Cign atura (a)	Of receiving office				

TRANSFEREE DISTRIBUTOR - Application form for Transfer of AuM

(On the letter head of the distributor)

To Nippon India Mutual Fund			Date:DD/MM/YYYY					
Sub.: Request for transfer of AuM from Transferor Distributor								
	MFD Name	ARN Code	Tax Status#					
Transferor ~ (From):								
Transferee (To my/our):								
~ Mention all offline/online	broker codes for which transfer is app	olicable, # Mandatory						
This is with reference to r Mutual Fund ('NIMF').	request for transfer of Distributor AuM	of the unit holders of	schemes of Nippon Indic					
I / We confirm the following	ng:							
	istributor and / or Transferee Distribut nem to Nippon Life India Asset Manag		,					
2. That the transfer of requirements and	That the transfer of assets is not being done to circumvent any regulatory and/or AMFI guidelines requirements and							
3. That I/ We are comply time to time regarding	ying and shall comply with all the app g Transfer of AuM.	licable guidelines/ cire	culars issued by AMFI from					
	outor has informed the MFU/ Exchangens routed through them.	e/ Online platforms al	oout the AuM transfer w.r.t					
	provide such other information and deed (NAM India)/NIMF and shall comp							
MFD Signature(s) (With Company Seal)	Signature, Date & Stamp Of receiving office							