



(To be filled in CAPITAL letters)

APP No.:

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10)

*Please sign alongside in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | |
|-----------------------------------|--|--|
| 1. INVESTOR'S FOLIO NUMBER | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | <div style="display: flex; justify-content: space-between; align-items: center;"> [Please tick (✓) any one] <div style="display: flex; align-items: center;"> <input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> I am an existing investor in Mutual Funds </div> </div> |
|-----------------------------------|--|--|

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 9 & 10 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 11. Mode of holding will be as per existing folio number.)

2. UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode These details are compulsory if the investor wishes to hold the units in **DEMAT** mode. Ref. Instruction No. XI.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

3. GENERAL INFORMATION

APPLICATION FOR ☐ Zero Balance Folio ☐ Investment **^MODE OF HOLDING :** [Please tick(✓)] ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

4. FIRST APPLICANT DETAILS

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required.
^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Nippon India Mutual Fund. Refer instruction no.II. 5, 6 & X

5. SECOND APPLICANT DETAILS

6. THIRD APPLICANT DETAILS

| | | | | | | | |
|-------|-----|-----|------|--|--|--|--|
| NAME^ | Mr. | Ms. | M/s. | | | | |
|-------|-----|-----|------|--|--|--|--|

| | |
|---|--|
| Correspondence Address** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA | Overseas Address (Mandatory for NRI / FPI Applicants) |
|---|--|

Email ID provided pertains to ☐ Self ☐ Family Member (Note: If Email pertains to Family Member please select any one) ☐ Spouse ☐ Dependent Parents ☐ Dependent Children

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No. & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I hereby authorize NAM India to send important information and regular updates to me on WhatsApp. (Refer instruction no. XVI for Terms and Conditions.) ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

8. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.



To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s : _____

APP No.:

Scheme /Plan/ Option: _____

Payment Details: Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____

Time Stamp & Date
of receiving office

Registered Office Address: 4th Floor, Tower A, Peninsula Business Park, Ganapatrao Kadam Marg, Lower Parel (W), Mumbai - 400 013.

Equity & Sector Specific CAF / 31st May 2021 / Ver 5.1

9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Sole/First Applicant/Guardian | | | Second Applicant | | | Third Applicant | | |
|-------------------------------|-----------------------|---------------------|------------------|-----------------------|---------------------|-----------------|-----------------------|---------------------|
| Country #*** | Tax Payer Ref. ID No% | Identification Type | Country # | Tax Payer Ref. ID No% | Identification Type | Country # | Tax Payer Ref. ID No% | Identification Type |
| 1 | | | 1 | | | 1 | | |
| 2 | | | 2 | | | 2 | | |
| 3 | | | 3 | | | 3 | | |

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. *In case Tax Identification Number is not available, kindly provide its functional equivalent

| Sole/First Applicant/Guardian | | Second Applicant | | Third Applicant | |
|-------------------------------|--|---------------------------|--|---------------------------|--|
| Country of Birth*** | | Country of Birth*** | | Country of Birth*** | |
| Country of Nationality*** | | Country of Nationality*** | | Country of Nationality*** | |

10. ADDITIONAL KYC DETAILS

| OCCUPATION*** | Professional | Agriculturist | Housewife | Retired | Government Service/PublicSector | Business | Forex Dealer | Student | Private Sector Service | Others |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| 1 st Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 nd Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 rd Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| GROSS ANNUAL INCOME DETAILS*** | Below 1 Lac | 1-5 Lacs | 5-10 Lacs | 10-25 Lacs | 25 Lacs-1 Crore | >1 Crore | NET-WORTH*** in ₹ | Date |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|-----------------|
| 1st Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | (Net worth should | D D M M Y Y Y Y |
| 2nd Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | not be older | D D M M Y Y Y Y |
| 3rd Applicant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | than 1 year) | D D M M Y Y Y Y |
| Guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | D D M M Y Y Y Y |

| PEP DETAILS*** | 1st Applicant | 2 nd Applicant | 3 rd Applicant | Guardian |
|--|--|--|--|--|
| Are you a Politically Exposed Person (PEP)*** | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Are you related to a Politically Exposed Person (PEP)*** | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |

11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTBM facility is available to investors who have Invest Easy facility registered with NIMF.

Scheme / Plan

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest]

Option

☐ Growth^^

☐ Payout of Income Distribution cum capital withdrawal option

☐ Reinvestment of Income Distribution cum capital withdrawal option

Frequency of Income Distribution cum capital withdrawal option

Mode of Payment: ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ Cash⁵ (Refer Instruction No. XV) ☐ RTGS / NEFT

LEI No. Valid Upto: D D M M Y Y Y Y

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81TAD65RF98.

| Investment Amount (₹) | DD Charges (if applicable) (₹) | Net Amount~ (₹) | Instrument No/Cash Deposit Slip No/UTR No. | Date | Drawn on Bank | Bank Branch | City |
|-----------------------|--------------------------------|-----------------|--|-----------------|---------------|-------------|------|
| I | II | I minus II | | D D M M Y Y Y Y | | | |

(* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. ⁵Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment: ☐ House ☐ Children's education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others

12. NOMINATION - I wish to Nominate ☐ Yes ☐ No (Mandatory if mode of holding is single) (Ref. Instruction No. VI) In case of existing investor, Nomination details shall be replicated from the folio mentioned above. If investor wishes to register / modify any of the nomination details, Registration / Cancellation of Nominee form shall be provided separately. Signature of applicants is mandatory if you do not wish to nominate.

| Nominee Name & Address | PAN of Nominee (Optional) | Date of Birth of Nominee | Nominee Relation With Investor | Guardian Name (in case Nominee is Minor) | Guardian Relation with Nominee | Allocation (%) | Sign of Nominee | Sign of Guardian | Signature of Applicants |
|------------------------|---------------------------|--------------------------|--------------------------------|--|--------------------------------|----------------|-----------------|------------------|-------------------------|
| | | | | | | | | | 1st Applicant |
| | | | | | | | | | 2nd Applicant |
| | | | | | | | | | 3rd Applicant |

| 13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1) | PAN* |
|--|------|
| First Applicant POA Name Mr./Ms./M/s | |
| Second Applicant POA Name Mr./Ms./M/s | |
| Third Applicant POA Name Mr./Ms./M/s | |

14. DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Nippon India Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account. ☐ I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND/ DNDC, as the case may be.

| SIGN HERE | First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|-----------|--|---|--|
| | | | |

Add convenience to your life with our value added service

| Simply send **SMS to 966 400 1111 to avail below facilities | | |
|---|-----------------|--|
| Types of Facilities | Single Folio | Multiple Folio |
| NAV | SMS mynav | SMS mynav <space> last 6 digits of folio |
| Balance | SMS Balance | SMS balance <space> last 6 digits of folio |
| Last 3 Transaction | SMS Transaction | SMS txn <space> last 6 digits of folio |
| Statement thru mail | SMS ESOA | SMS ESOA <space> last 6 digits of folio |

**SMS charges apply

Investor Service. A NIMF Virtual Branch Experience.

For more details : Visit : mf.nipponindiaim.com

You can also follow us on   

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 12 & 13)

| Name & Broker Code / ARN | Sub Agent ARN Code | Sub Agent Code | *Employee Unique Identification Number | RIA Code** |
|--------------------------|--------------------|----------------|--|------------|
| ARN-280217 | ARN- | | E | |

*Please sign alongside in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | |
|--|--|---|
| SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|--|--|---|

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

REQUEST FOR ☒ Registration of SIP ☐ Registration of SIP Insure ☐ Registration of Micro SIP (Default option if not selected)

| APPLICANT DETAILS | FOLIO NO. |
|-------------------------------------|--|
| Name of Sole/1st holder Mr./Ms./M/s | PAN No / PEKRN. M A N D A T O R Y <input type="checkbox"/> KYC |
| Name of 2nd holder Mr./Ms. | PAN No / PEKRN. M A N D A T O R Y <input type="checkbox"/> KYC |
| Name of 3rd holder Mr./Ms. | PAN No / PEKRN. M A N D A T O R Y <input type="checkbox"/> KYC |

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
 Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNITHOLDING OPTION - ☒ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted. Not applicable if you have opted for SIP Insure.

| National Securities Depository Limited (NSDL) | Central Depository Securities Limited (CDSL) |
|---|--|
| DP ID No. Beneficiary Account No. I N | Target ID No. |

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

NOMINATION (Nomination is mandatory if you have opted for SIP Insure) (Refer Instruction No. 26 to 29) Date of Birth of First Holder and Nomination details shall be replicated from the folio mentioned above. In case Date of Birth of First Holder or Nomination details are not available in the folio, SIP Insure application shall be liable for rejection. If investor wishes to register/ modify any of the nomination details, Registration/Cancellation of Nominee Form shall be provided separately.

SIP DETAILS Refer Instruction No. 13. Please refer respective SID/KIM for product labeling. Refer SIP Insure instructions in case you have opted for SIP Insure.

| Scheme / Plan / Option | Frequency (Please / any one) | Enrollment Period | SIP Date | SIP Amount | Step-Up Facility (Optional) (Refer Instruction No. 25) |
|------------------------|---|---------------------|--|----------------|--|
| | <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly | From MM/YY To MM/YY | (Any date from 1 st to 28 th of a given month) | ₹ (in figures) | Amount Frequency Count <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default) Increase SIP amount time(s) (Default 1 time) |

** In case of Nippon India Tax Saver Fund, Nippon India Retirement Fund - Income Generation Plan & Nippon India Retirement Fund - Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/- .
 \$ In case the SIP End Date is incorrect/ not legible/ not mentioned by the investor, then default end date shall be considered as December 2099. **Note:** STEP-UP facility is not applicable for SIP Insure registrations.

DECLARATION AND SIGNATURE

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Nippon Life India Asset Management Limited liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

I have read and hereby confirm Instruction no. XIII(A) and also hereby agree to abide by Instruction no. XIII(B). I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Nippon Life Insurance Company Ltd (RNLIC) subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information. In the event my nominee is minor at the time of claim, I authorise RNLIC to make the payment only on collection of lawful guardian details under the policy. Signed at _____ on this _____ day of _____ 20____

I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

| | | |
|--|--|---|
| SIGN HERE First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|--|--|---|

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of NIMF on any transaction day.

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)
 (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN (For Office Use Only) _____ Date: DD MM YY YY

Sponsor Bank Code (For Office Use Only) _____ ☒ Create ☐ Modify ☐ Cancel

Utility Code (For Office Use Only) _____ I/We hereby authorize Nippon India Mutual Fund

to debit (tick ✓) ☒ SB / CA / CC / SB-NRE / SB-NRO / Other Bank a/c number _____

With Bank (Name of Destination Bank) _____ IFSC / MICR _____

an amount of Rupees _____ ₹

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount **FREQUENCY:** ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☒ as & when presented

Reference 1 _____ Reference 2 _____

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

From: DD MM YY YY

To: 3 1 1 2 2 0 9 9

Or ☐ Until Cancelled

Phone No: _____

Signature of Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

Request for: ☐ Registration of Sip ☐ Registration of Sip Insure ☐ Registration of Micro Sip

ACKNOWLEDGMENT SLIP (Please retain this slip)
Application No.:

Name of the Investor Mr/Ms/M/s: _____

Scheme /Plan/ Option: _____

Payment Details: Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____

Time Stamp & Date
 of receiving office