

MFD / RIA INFORMATION (Refer Instruction No. I.9 & 10)

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN- (ARN stamp here)	ARN-			

*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 not with standing 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

1. INVESTOR'S FOLIO NUMBER

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[Please tick (✓) any one]

I am a First time investor across Mutual Funds OR I am an existing investor in Mutual Funds

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 4 & proceed to section 11 & 12 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 8 and 9. 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.

National Securities Depository Limited (NSDL)

DP ID No. Beneficiary Account No.	I	N								

Central Depository Securities Limited (CDSL)

Target ID No.														

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 AMODE OF HOLDING : [Please tick(✓)] Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)

NAME^A DOBA

D	D	M	M	Y	Y	Y	Y
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PAN / PEKRNA**

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 CKYC Id^A**

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Name of Guardian if first applicant is minor /
Contact Person for non individuals

Guardian's Relationship With Minor

Father Mother Court Appointed Guardian

Date of Birth of Guardian^A

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(Mandatory in case of Minor)

Proof of Date of Birth and Guardian's Relationship with Minor

Birth Certificate Passport Others (please specify)

STATUS ^A	<input type="radio"/> Resident Individual	<input type="radio"/> PSU	<input type="radio"/> AOP/BOI	<input type="radio"/> Minor through Guardian	<input type="radio"/> Trust / Charities / NGOs	<input type="radio"/> HUF	<input type="radio"/> Defence Establishment
	<input type="radio"/> Private Limited Company	<input type="radio"/> FI	<input type="radio"/> NRI	<input type="radio"/> Body Corporate	<input type="radio"/> Sole Proprietor	<input type="radio"/> Society	<input type="radio"/> Bank
	<input type="radio"/> Public Limited Company	<input type="radio"/> PIO	<input type="radio"/> FPI ^{AAA} (AAA as and when applicable)	<input type="radio"/> Government Body	<input type="radio"/> Partnership Firm	<input type="radio"/> Others (please specify)	

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services Money Lending / Pawning None of the above

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. ^AMandatory 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 (Investor Name and Date of Birth should be as per PAN Card.)

NAME^A STATUS^A: Resident Individual NRI

DOBA

D	D	M	M	Y	Y	Y	Y
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 PAN / PEKRNA**

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 CKYC Id^A**

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6. THIRD APPLICANT DETAILS (Investor Name and Date of Birth should be as per PAN Card.)

NAME^A STATUS^A: Resident Individual NRI

DOBA

D	D	M	M	Y	Y	Y	Y
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 PAN / PEKRNA**

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 CKYC Id^A**

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7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

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)				
House /Flat No.					House /Flat No.				
Street Address					Street Address				
City/ Town			State		City/ Town			State	
Country			Pin Code		Country			Pin Code	
First Holder	Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>		Tel. No. STD Code		Office		Residence		
	Mobile No. provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS								
	Email ID (CAPITAL letters only)					<small>(For Receiving Transaction Alerts Via Email)</small>			
Second Holder	Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>		Mobile No. provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS						
	Email ID (CAPITAL letters only)					Email ID provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS			
	<small>(For Receiving Transaction Alerts Via Email)</small>								
Third Holder	Mobile No. <small>(For Receiving Transaction Alerts via SMS)</small>		Mobile No. provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS						
	Email ID (CAPITAL letters only)					Email ID provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS			
	<small>(For Receiving Transaction Alerts Via Email)</small>								

8. INVESTMENT DETAILS (Please fill Multiple purchase form for single cheque and multiple schemes.)

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^{AA} IDCW-Reinvestment IDCW -Pay-out

9. PAYMENT DETAILS (Multiple cheques not permitted with single application form (Refer instruction no. IV)

Mode of Payment : Cheque Funds Transfer OTBM Facility (One Time Bank Mandate) RTGS / NEFT

LEI No. Valid Upto: **Note:** LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Nippon India Mutual Fund LEI number is 335800HSE81AD65RF98.

Investment Amount (₹)	Net Amount- (₹)	Instrument No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	I minus II		DDMMYYYY			

(** Default option if not selected) ~Units will be allotted for the net amount post deducting the transaction charges if applicable.

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

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

Account No. **A/c. Type** (✓) SB Current NRO NRE FCNR

Name of Bank **Bank Branch**

Branch City **PIN** **IFSC Code** **MICR Code**

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.

11. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily 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 ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	Identification Type	Country #***	Tax Payer Ref. ID No ²	Identification Type
1								
2								
3								
Country of Birth ^{AAA}			Country of Birth ^{AAA}			Country of Birth ^{AAA}		
Country of Nationality ^{AAA}			Country of Nationality ^{AAA}			Country of Nationality ^{AAA}		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. ²In case Tax Identification Number is not available, kindly provide its functional equivalent

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

Investor Service. A NIMF Virtual Branch Experience.

For more details : Visit : <https://mf.nipponindiaim.com>

You can also follow us on

**SMS charges apply

12. 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							
1 st 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
2 nd 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
3 rd 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		2nd Applicant		3rd 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"/>						

13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II.1)

First Applicant POA Name	Mr./Ms./M/s	PANA							
Second Applicant POA Name	Mr./Ms./M/s								
Third Applicant POA Name	Mr./Ms./M/s								

14. NOMINATION - (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. (Write in capital letters)

Nominee Name & Address	PAN of Nominee/ Guardian (Optional)	Allocation (%)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Sign of Nominee /Guardian (in case Nominee is Minor)
			DD MM YYYY				
			DD MM YYYY				
			DD MM YYYY				

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

15. DECLARATION AND SIGNATURE

I/We would like to invest in Nippon India_____ 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. 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	<input type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory
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MFD / RIA INFORMATION

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code / Internal Code	*Employee Unique Identification Number	RIA Code*
ARN- (ARN stamp here)	ARN-			

*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 not with standing 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
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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.

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 No.	Cheque Date	Net Amount ₹	Bank Name	Branch	City

UNITHOLDING OPTION - <input checked="" type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.					
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)

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) (Refer Instruction No. 26)																				
					Amount	Frequency	Count																		
	<input type="checkbox"/> Daily ^{\$\$} <input type="checkbox"/> Weekly ^{\$\$} <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	From <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> To ^s <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OR <input type="checkbox"/> Default Date (31/12/2060)																	<table border="1"><tr><td></td><td></td></tr></table> (Any date from 1 st to 31 st of a given month)**			₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only*)	<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/-.
\$ 'END DATE' is mandatory and should be less than or equal to 40 years from the application date. \$\$ Daily & Weekly SIP Frequencies are applicable for normal SIP and not for Flex SIP & Pause Facility. ## For weekly frequency, only 1st, 8th, 15th & 22nd date are eligible of every month.

DECLARATION: 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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/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 / DNDNC, as the case may be.

SIGNATURE
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
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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

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 (For Office Use Only)

Sponsor Bank Code

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 (For Office Use Only)

Utility Code

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 (For Office Use Only)

Date:

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Create Modify Cancel

I/We hereby authorize **Nippon India Mutual Fund**

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

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 (Destination Bank account Number)

With Bank

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 (Name of Destination Bank) IFSC / MICR

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an amount of Rupees

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 (Amount in word) ₹

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 (Amount in figure)

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

Reference 1

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 (Folio No.) Reference 2

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I. 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:

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To:***

3	1	1	2	2	0	6	0
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 Signature of Account Holder

Phone No:

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

***As per NPCI Circular effective from 01st April 2024, Maximum period of validity of this mandate is 40 years only.

OTBM + SIP Form / 01st April 2024 / Ver 4.2