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.

I/We hereby authorize **Nippon India Mutual Fund** to debit (tick ✓) [ ] SB [ ] CA [ ] CC [ ] SB-NRE [ ] SB-NRO [ ] Other an amount of Rupees ________________________________________________________________________________

**With Bank __________________________________________________________**

**Email ID: ______________________________________________________________________**

**Mobile / Phone No: _____________________________________________________________**

**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.**

**This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.**

**UMRN ___________________________**

**Sponsor Bank Code ______________________________**

**Utility Code _______________________________**

**Date: D D M M Y Y Y Y**

**FREQUENCY: [ ] Monthly [ ] Quarterly [ ] Half Yearly [ ] Yearly ✓ as & when presented**

**DEBIT TYPE [ ] Fixed Amount ✓ Maximum Amount**

**PERIOD**

**From: D D M M Y Y Y Y**

**To: D D M M Y Y Y Y**

**Or [ ] UNTIL CANCELLED**

**Signature of Account Holder ___________________________**

**Signature of Account Holder ___________________________**

**Signature of Account Holder ___________________________**

**Name as in Bank Record ___________________________**

**Name as in Bank Record ___________________________**

**Name as in Bank Record ___________________________**

**THIS SECTION IS INTENTIONALLY KEPT BLANK**
I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Nippon India Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of Reliance Nippon Life Asset Management Ltd and its Associates to contact me through any mode of communication.

Authorisation to Bank: I/We wish to inform you that I/we have registered with Nippon India Mutual Fund for NACH/Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.
MULTIPLE SIP ENROLLMENT FORM
(Multiple Investments through Single Cheque / One Time Bank Mandate)
(Applicable for Existing Investors only)

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 Form.

First / Sole Applicant / Guardian/ Authorized Signatory

Second Applicant/ Authorized Signatory

Third Applicant / Authorized 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.

Cheque / DD Date

City:

Sub Broker / Sub Agent Code

PERPETUAL

DD Charge

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 Form.

Initial Investment Details

Cheque/ DD No.__________________________Cheque / DD Date __________________________DD Charge Rs.____________________

Net Amount Rs.__________________________Bank Name:__________________________Branch:____________________City:____________________

SIP Details (Refer Instruction No. 13. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labelling)

**In case of Nippon India Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund - Wealth Creation Plan, the SIP amount should be in multiples of ₹ 500.

I/We hereby confirm 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 Reliance Nippon Life Asset Management Limited (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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/We 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/her 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/her 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 Reliance Nippon Life Asset Management Ltd and its Associates to contact me through any mode of communication.

DECLARATION
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 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 Reliance Nippon Life Asset Management Limited (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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/her 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/her NRE/FCNR Account.

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Third Applicant / Authorized Signatory

MULTIPLE SIP ENROLLMENT FORM
(Multiple Investments through Single Cheque / One Time Bank Mandate)
(Applicable for Existing Investors only)

TO BE FILLED IN CAPITAL LETTERS. PLEASE J/EVERY APPLICABLE

APP No.:

SIGN HERE

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.

MULTIPLE SIP ENROLLMENT FORM
(Multiple Investments through Single Cheque / One Time Bank Mandate)
(Applicable for Existing Investors only)

SIGNATURE

First / Sole Applicant / Guardian/ Authorized Signatory

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(Applicable for Existing Investors only)

TO BE FILLED IN CAPITAL LETTERS. PLEASE J/EVERY APPLICABLE

APP No.:

SIGN HERE

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.
For Direct Investment Please Mention “Direct” in the Column “Name & Broker Code/ARN.

Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of RNAM or Investors are required to clearly indicate the plans/options in the application form of the scheme.

Existing unit holders should note that unit holders’ details and mode of holding (single, jointly, anyone or

In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit an One Time Bank Mandate Cancellation Form or SIP cancellation form, 21 business days prior to discontinuation.

In case of a specific request received from the Unit holders, RNAM / NIMF will provide the account statements in various enclosures like bank statement, receiving folio holder also can open a new folio with Nippon India Mutual Fund with the erstwhile centralized KRA.

Communication for the Investors: In accordance with SEBI Circular No. CY19/DF/NF/16 dated 2011 date, SEBI Circular no. CR/IMFD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the RNAM/NMF shall receive a confirmation by way of email and/or SMS to his/her registered email address and/or mobile number. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of the scheme. The minimum investment in any scheme of RNAM/ NMF through the mentioned broker (ARN) mentioned on this “SIP Enrollment Details” Form.

If the Purchase / SIP transaction of any of the specific scheme(s) cannot be processed then the entire transaction is delayed or not effected or the investor bank account is debited in advance or after the specified the frequency then by default the frequency will be treated as perpetual i.e. the end date shall be considered as December 2009. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished.

In case of multiple SIP enrollment the investor may note that following shall be applicable for default plan

In case of default plan, the investment transaction will be cancelled and the amount may be remitted to the applicable NAV, subject to payment of exit load, if any. Please contact any of the Investor Service Centre/Distributors or visit our website www.nipponindiamf.com for further details.

In case of a specific request received from the Unit holders, RNAM / NIMF will provide the account statements in various enclosures like bank statement, receiving folio holder also can open a new folio with Nippon India Mutual Fund with the erstwhile centralized KRA.

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