ONE TIME BANK MANDATE CANCELLATION FORM
(NACH / Direct Debit Mandate Form)

With Bank __________________________________________________________

an amount of Rupees _________________________________________________________________________________

Email ID: ______________________________________________________________________

Mobile / Phone No: _____________________________________________________________

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.

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.

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.

Name as in Bank Record

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Date:

Email ID:

Mobile / Phone No:

FREQUENCY: [Month: __________] [Quarterly: __________] [Half Yearly: __________] [Yearly: __________] [as & when presented]

DEBIT TYPE: [Fixed Amount: __________] [Maximum Amount: __________]

Reference 1

Reference 2

Folio No.

Appln No.

PERIOD

From:

To:

Or

Unit Cancelled
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. This will override registry on DND / DNDC, as the case maybe.

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.

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<th>FOR OFFICE USE ONLY (Not to be filled in by Investor)</th>
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<tr>
<td>Affix Barcode</td>
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<td>Date and Time Stamp No.</td>
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