

UMRN

Date:

Sponsor Bank Code

☒ Create ☒ Modify ☒ Cancel

Utility Code

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

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:

To:

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No:

1

2

3

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

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 Nippon Life India Asset Management Limited 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.

FOR OFFICE USE ONLY (Not to be filled in by Investor)	
Affix Barcode	Date and Time Stamp No.

THIS SECTION IS INTENTIONALLY KEPT BLANK

APP No.:

MFD / RIA INFORMATION (Refer Instruction No. 25)

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

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM** ☐ SIP without first installment

**This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

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

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) 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)

** In case of Nippon India ELSS 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.

\$ Investor has to mandatorily mention "END DATE". "END DATE" is mandatory and should be less than or equal to 40 years from the application date.

Scheme / Plan / Option		Frequency (Please / any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) (Refer Instruction No. 26)																
						Amount	Frequency	Count														
Scheme 1	Nippon India	<input type="checkbox"/> Daily ^{ss} <input type="checkbox"/> Weekly ^{ss} <input type="checkbox"/> Monthly (Default)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table> To ^s <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	D	Y	Y	M	M	Y	D	Y	Y	<table><tr><td>D</td><td>D</td></tr></table> (Any date from 1 st to 31 st of a given month) ^{ss}	D	D	₹ _____ (in figures)	₹ _____ (Multiples of ₹100 only ^{ss})	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	M	M	Y	D	Y	Y																
	M	M	Y	D	Y	Y																
D	D																					
Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	OR <input type="checkbox"/> Default Date (31/12/2060)																				
Scheme 2	Nippon India	<input type="checkbox"/> Daily ^{ss} <input type="checkbox"/> Weekly ^{ss} <input type="checkbox"/> Monthly (Default)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table> To ^s <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	D	Y	Y	M	M	Y	D	Y	Y	<table><tr><td>D</td><td>D</td></tr></table> (Any date from 1 st to 31 st of a given month) ^{ss}	D	D	₹ _____ (in figures)	₹ _____ (Multiples of ₹100 only ^{ss})	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
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D	D																					
Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	OR <input type="checkbox"/> Default Date (31/12/2060)																				
Scheme 3	Nippon India	<input type="checkbox"/> Daily ^{ss} <input type="checkbox"/> Weekly ^{ss} <input type="checkbox"/> Monthly (Default)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table> To ^s <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	D	Y	Y	M	M	Y	D	Y	Y	<table><tr><td>D</td><td>D</td></tr></table> (Any date from 1 st to 31 st of a given month) ^{ss}	D	D	₹ _____ (in figures)	₹ _____ (Multiples of ₹100 only ^{ss})	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
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D	D																					
Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	OR <input type="checkbox"/> Default Date (31/12/2060)																				
Scheme 4	Nippon India	<input type="checkbox"/> Daily ^{ss} <input type="checkbox"/> Weekly ^{ss} <input type="checkbox"/> Monthly (Default)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table> To ^s <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	D	Y	Y	M	M	Y	D	Y	Y	<table><tr><td>D</td><td>D</td></tr></table> (Any date from 1 st to 31 st of a given month) ^{ss}	D	D	₹ _____ (in figures)	₹ _____ (Multiples of ₹100 only ^{ss})	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
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D	D																					
Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	OR <input type="checkbox"/> Default Date (31/12/2060)																				
Scheme 5	Nippon India	<input type="checkbox"/> Daily ^{ss} <input type="checkbox"/> Weekly ^{ss} <input type="checkbox"/> Monthly (Default)	From <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table> To ^s <table><tr><td>M</td><td>M</td><td>Y</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	D	Y	Y	M	M	Y	D	Y	Y	<table><tr><td>D</td><td>D</td></tr></table> (Any date from 1 st to 31 st of a given month) ^{ss}	D	D	₹ _____ (in figures)	₹ _____ (Multiples of ₹100 only ^{ss})	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____time(s) (Default 1 time)
	M	M	Y	D	Y	Y																
	M	M	Y	D	Y	Y																
D	D																					
Plan: <input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	OR <input type="checkbox"/> Default Date (31/12/2060)																				

Note : \$\$ 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.

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.

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.