Nippon India Mutual Fund

Wealth sets you free

ONE TIME BANK MANDATE CANCELLATION FORM

(NACH / Direct Debit Mandate Form)

APP No.

UMRN (For Office Use Only) Date: D D M M Y Y Y Y

Utility Code (For Office Use Only) ✓ Create X Modify X Cancel

Sponsor Bank 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 (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC / MICR

an amount of Rupees (Amount in word) ₹ (Amount in figure)

DEBIT TYPE ~~x Fixed Amount~~ ✓ Maximum Amount **FREQUENCY:** ~~Daily~~ ~~Weekly~~ ~~e-Monthly~~ ~~Monthly~~ ~~Quarterly~~ ~~Half Yearly~~ ~~Annually~~ ✓ As & When presented

Reference 1 (Folio No.) 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. 4. I/We understand and accept that in case transactions initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law.(including Negotiable Instrument Act).

From : D D M M Y Y Y Y Signature of Account Holder Signature of Account Holder Signature of Account Holder

To:*** 3 1 1 2 2 0 6 5

Phone No: 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.

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. This will override registry on DND / DNDC , as the case may be.

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