Nippon India Mutual Fund
Wealth sets you free

One Time Bank Mandate Registration Form

APP No.:

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 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.

++ 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:

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Note for Existing Investor : Fill the below mentioned bank details ONLY if there is a change in your bank details.
To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".

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ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

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

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.**