

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent 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 / Authorized Signatory		Second Applicant / Authorized Signatory		Third Applicant / Authorized Signatory

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN

Sponsor Bank Code

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:

Or ☐ Until Cancelled

Phone No:

Signature of Account Holder

Signature of Account Holder

Signature of Account Holder

1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

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.