

One Time Bank Mandate Registration Form

APP No

DISTRIBUTOR / BROKER INFORMATION							
Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code⁺⁺				
ARN-		E032737					
*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:							
uardian / ory	Second Applicant / Authorised Signatory	1	Third Applicant / Authorised Signatory				
: n	Sub Agent ARN Code ARN- blank/not provided. I/We hereby confager/sales person of the above distributed broker. your Mutual Fund under Direct Plan. I/Schemes Managed by you, to the above ardian /	Sub Agent ARN Code ARN- blank/not provided. I/We hereby confirm that the EUIN box has been intention ager/sales person of the above distributor/sub broker or notwithstanding the broker. your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to she Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SE ardian / Second Applicant /	Sub Agent ARN Code Sub Agent Code *Employee Unique Identification Number EO32737 blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transactic ager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, broker. your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ processes Managed by you, to the above mentioned Mutual Fund Distributor/SEBI-Registered Investment Adviser: ardian / Second Applicant /				

Nippon india Mutual Fu	ARN-4464 VIKRAM S. E	E032737 BAGADTHEY (Appl	licable for Lumpsum Additio	ONE TIME BANK MANDATE (NACH / Direct Debit Mandate Form) onal Purchases as well as SIP Registration)		
UMRN (For Office Use Only)			Date:	Ver 1		
Sponsor Bank Code (For Office Use On	ly)		✓ Create (X Modify X Cancel 8		
Utility Code (For Office Use Only)	I/We here	by authorize	Nippon India M	lutual Fund		
to debit (tick <) SB / CA / CC / SB-NRE	/ SB-NRO / Other Bank a/c nu	Imber (Destination Bank Account N	lumber)	/ 30th		
With Bank (Name of Destination Ba	nk)		IFSC / MICR	Form		
an amount of Rupees				₹ Institution		
DEBIT TYPE ★ Fixed Amount ✓ Maximum Amount FREQUENCY: ★ Monthly ★ Quarterly ★ Half Yearly ★ Yearly ✓ as & when presented 5						
Reference 1		Reference 2		date F		
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 authorizing 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: D D M M Y Y Y Y				One Tin		
To: 3 1 1 2 2 0 9 9				0		
Or Until Cancelled						
Phone No:	Name as in Bank Bosord					