

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 12 & 13)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-4464			E032737	

*Please sign alongside 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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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

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

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder	Mr./Ms./M/s	PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC
Name of 2nd holder	Mr./Ms.	PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC
Name of 3rd holder	Mr./Ms.	PAN No / PEKRN.	MANDATORY <input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS
Cheque / DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted. Not applicable if you have opted for SIP Insure.
National Securities Depository Limited (NSDL) Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. _____ Target ID No. _____

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

NOMINATION - I wish to Nominate Yes No (Nomination is mandatory if you have opted for SIP Insure) (Refer Instruction No. 26 to 29) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature of applicants is mandatory if you do not wish to nominate.

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
									1st Applicant
									2nd Applicant
									3rd Applicant

SIP DETAILS Refer Instruction No. 13. Please refer respective SID/KIM for product labeling. Refer SIP Insure instructions in case you have opted for SIP Insure.

Scheme / Plan / Option	Frequency (Please any one) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	Enrollment Period From _____ To _____	SIP Date (Any date from 1 st to 28 th of a given month)	SIP Amount ₹ _____ (in figures)	Step-Up Facility (Optional) (Refer Instruction No. 25)		
					Amount ₹ _____ (Multiples of ₹ 100 only*)	Frequency <input type="checkbox"/> Half-yearly <input checked="" type="checkbox"/> Yearly (Default)	Count Increase SIP amount _____ time(s) (Default 1 time)

** In case of Nippon India Tax Saver Fund, Nippon India Retirement Fund - Income Generation Plan & Nippon India Retirement Fund - Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/-.
* In case the SIP End Date is incorrect/not legible/not mentioned by the investor, then default end date shall be considered as December 2099. Note: STEP-UP facility is not applicable for SIP Insure registrations.

DECLARATION AND SIGNATURE
I/We would like to invest in Nippon India _____ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filing application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/Debit Card. I/We have not received nor induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Reliance Nippon Life Asset Management Limited liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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 have read and hereby confirm Instruction no. XIII(A) and also hereby agree to abide by Instruction no. XIII(B). I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Nippon Life Insurance Company Ltd (RNLIC) subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information. In the event my nominee is minor at the time of claim, I authorize RNLIC to make the payment only on collection of lawful guardian details under the policy. Signed at _____ on this _____ day of _____ 20____.
++ 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 Reliance Nippon Life Asset Management Ltd and its Associates to contact me through any mode of communication. This will override registry on DND /DNDC, as the case may be.
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 / Invest Easy - Individuals 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.

UMRN (For Office Use Only) _____ APP No. _____

Create Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only) Date: _____
Modify I/We hereby authorize **Nippon India Mutual Fund** to debit (tick) SB CA CC SB-NRE SB-NRO Other _____
Cancel Bank A/c no: _____ (Destination Bank Account Number)

With Bank _____ (Name of Destination Bank) IFSC _____ MICR _____
an amount of Rupees _____ ₹ _____

FREQUENCY: Monthly Quarterly Half-Yearly Yearly as & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1	Folio No.	Email ID: _____
Reference 2	Appln No.	Mobile / Phone No: _____

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.

PERIOD	1	2	3
From: _____	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
To: 3 1 1 2 2 0 9 9	1 Name as in Bank Record	2 Name as in Bank Record	3 Name as in Bank Record
Or <input type="checkbox"/> Until Cancelled			

This is to confirm that the declaration (as mentioned overleaf) 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. 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.

One Time Bank Mandate - SIP & SIP Insure Enrollment Form / 24th Oct 2019 / Ver 1.9