

MULTIPLE SIP COMMON APPLICATION FORM

(Multiple Investment through Single Cheque / One Time Bank Mandate Forn (Applicable for New Investors Onl

					We	ealth	sets y	ou fre	ee																A	PP N	0.:			
1. DISTRI				ORMA			efer Insi ARN Co		No. I	.9 & 1					II((C))	归 (()	*5==	oloyee l		اللالا	((C))	上门(()	وارالا)][[]	((C))		A Code	. .	1111-72
ARN-	& Broker - (ARN s			AR		Agenc	ARN C	ode				SUD A	gent C	.ode			"Elli	noyee c	Jiliqu	e ideli	LIIICa	.ioii N	ullibe				KI	A COU	•	
*Please sign advice by th manager/sale	e employ	ee/relatio	nship mai	nager/sa	ales p	t provid person	led. I/W of the	e hereb above	y conf distrib	firm th outor/	nat the sub br	EUIN oker (box ha	as been withsta	intent inding	ionally the a	y left idvice	blank of in	by m	ne/us ropria	as th	is tra ss, if	nsact any,	ion i	s exe	cute d by	d with the e	out ar	ny inte yee/re	raction lations
SIGN HERE			licant / Gu ed Signate		/								Applic ed Sign	ant / natory												plica Sigr	nt / natory	/		
[Please tick (√) any one	e] 📗 I ar	n a First	time ir	nves	tor ac	ross M	lutual	Fund	ls OF	₹ 🗌	l am	an ex	isting	inves	tor i	n Mı	itual I	Fun	ds						_				
2. UNITH																							Ref.	Insti	ructio	on No	. XI.			
Please ensure	that the s	-	f names as							es witl	h that c	of the a	accoun	t held v	vith any	one o	of the				-		curi	tios	Limi	itad	(CDS	1 \		
DP ID No.	Benefic			I	N	leory E		(NSDE					T.	arget l	D No.					Т	3100	, y 30					(000)	<u>-,</u>	$\overline{}$	$\overline{}$
																Ш				_						<u> </u>		<u></u>		
Enclosure	s (Pleas	e tick a	ny one b	oox) :		Client	Maste	List (CML))	Т	ransa	ction	cum	Holdii	ng St	ater	nent			Cand	elle	d De	live	ry II	nstr	uctio	n Slip	o (DIS)
3. MODE				[Please	tick(√	()] () S	Single () Joint (Defaul	lt) (Any o	ne or S	urvivor																	
4. FIRST A	Mc M/	ANT DE	TAILS																	T										
PAN / PEKR	N^**				$\frac{\perp}{}$		+						$\frac{\square}{\square}$		 	<u></u>	_		$\frac{\perp}{\Box}$	$\frac{\perp}{\perp}$	$\frac{\perp}{1}$	$\frac{\perp}{\perp}$	\pm	1						
Name of G		if first ag	plicant i	is mino	г	Me	 		CKYC	C Id^*	·*		\pm	+		<u> </u>	\perp	<u> </u>	+	$\frac{\perp}{\perp}$	$\frac{\perp}{}$	<u> </u>	<u> </u>	_		\neg		$\overline{}$		
Contact Pe	rson for	non indi	viduals		IVII	IVIS.												1.	_							<u></u>		ᆣ	<u></u>	<u></u>
Guardian's OFather		•			Guaro	dian of	ate of I f 1st Ap	Birth oplicant	D	D	М	ΛΥ	Y	Y		landat se of I		91											-	ith Mi i se spec
STATUS^:				O P:			0	AOP/			(O Mi	inor tl	hrougl	n Guar	dian		C) H	UF					O T	Γrus!	: /Cha	rities	s / NG	Os
	⊃ Societ	.y		O FI			0	NRI						ny/Boo			e	_		ole P	горг	ietor							lishme	
	OI9			О В	ank		0	FPI ^^^ (^^^as ar				O Go	verni	ment E	Body			C	Pa	artne	rshi	p Fir	m		0	Othe	rs			
Are you inv				the m	entic	oned s	ervice					nae / I	Mone	y Char	naer S	ervice	25) Ga	mino	ı / Ga	ambl	ina /	Lot	terv	/ Cā	sino S	Servio		
(Applicable	only for	Non Indi	viduals)							-	ending			-	J -			_		one o	•		٠,		,	,				
Note: In case ^Mandatory																								of G	uardi	an w	ill be r	equire	ed.	
5. SECON	D APPI	ICANT	DETAI	LS																										
NAME^	. Ms. M/s																													
PAN / PEKR	N^**							KYC Id	^**														ТАТ	rus	`: O	Re:	ident	: Indi	vidual	l () N
6. THIRD	APPLIC	ANT D	ETAILS																											
NAME^	. Ms. M/s																			T						$\overline{}$		\top	$\overline{}$	$\overline{\Box}$
PAN / PEKR	NA**				$^{+}$			KYC Id	^**	\top	<u> </u>								\top	\top	$\overline{}$	7,	ТДТ	TIIS'	·	. Re	ident	- Indi	vidual	l O N
		AUCO	E COLE	/ EID	CT A	N D D L I	CANI																17.	-			naciic	· inidiv		
7. CONTA Correspond ##Please note	ence Ado	lress## (P.	O. Box is r	not suffi	icient)	:)						או א ווי	\top	erseas	Addre	ss (M	anda	tory fo	r NR	I / FII .	Appli	cants)						,	
				House	/Fla	t No.														Н	ouse	/Fla	t No).						
				Street	Add	ress														St	reet	Add	lres:	5						
City/ Town					Sta	ate							City	// Tow	n							St	ate							
Country					Pir	n Code	•						Cou	ıntry								Pi	n Co	de		Т				
Tel. (Res.)		STD	Code		Τ		Te	el. (Off.)			'	Т							Mob	ile No	D.	Τ	(Co	untr	уСос	d e)		\uparrow	\top	\top
Email ID																														
Investors pro Mobile No &	Email Id v	ith us to g	jet instant	transac	tion a	alerts v	ia SMS 8	& Email.			-	-										_	ed su	ımm	агу о	n em	nail. P	lease	registe	er your
8. BANK	ACCOU	NT DET	AILS M	IANDA	ATO	RY fo	or Rec	lempt	ion/	/Divi	dend	/Ref	fund:	s, if a	NY (Re	efer In	stru	ction N												
Account N						М	a n	d	a t	0	Г	У							A/	c. Ty	pe (10	SB	OC:	лге	nt (ONRC	(0 (NRE (OFCN
Name & Bi of Bank	anch		M	l a	n	d a	ı t	О Г	У																					
Branch Cit	у					PIN					IFS	SC Co	de	Fοг	Спе	e d i	t v	i a F	Т	G S			MIC	R C	ode	9 [Digit	For	Credi	it via

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

15. I WISH TO APPLY FOR NIPPON INDIA ANY TIME M	IUNEY CARD I		") Yes	No			Instruct						
1) Name as you would like to appear on your card**													
(**Please mention the name of the first holder) (Maximum of 24 of 2) Mother's maiden name in full	characters)							T	Ħ	T			
Note: To avail the Nippon India Any Time Money Card facility, invest	tor has to mandate	orily invest in e	either Nippor	India Li	guid Fun	d or Nip	Don Indi	a Low	Durat	ion fu	nd or N	ippon	India Ult
Short Duration Fund which would be the primary scheme account. If t	the investor does n	ot have invest	ments in eith	er of the	se schem	es, ther	he/she	will not	be el	igible f	or the	Card.	
6. DECLARATION AND SIGNATURE													
/We would like to invest in Nippon India sub nd subsequent amendments thereto. I/We have read, understood (before fi	ject to terms of the S												
mited to Nippon India Any Time Money Card. I/We have not received nor be hrough legitimate sources only and is not designed for the purpose of contra	een induced by any re	bate or gifts, dir	ectly or indired	tly, in ma	king this ir	vestmen	t. I / We d	eclare th	hat the	amour	t invest	ed in th	e Scheme
ndia or any Statutory Authority. Taccept and agree to be bound by the said Te hat the RNAM may, at its absolute discretion, discontinue any of the services (erms and Conditions i	ncluding those e	xcluding/limit	ing the R	eliance Nij	pon Life	Asset Ma	nageme	ent Lim	ited (Ri	NAM) ĺia	bility. I	understar
o time. The ARN holder has disclosed to me/us all the commissions (in the forn	n of trail commission	or any other mod	de), payable to	him for th	e differer	t compet	ing Schen	nes of va	arious l	Mutual	Funds fr	om amo	ongst which
he Scheme is being recommended to me/us. I hereby declare that the above in If applicable) shall be deducted from the subscription amount and the said cha			u anu particula	is given b	y me/us ai	ecorrect	and comp	nete. Fu	ii thei, i	i agi ee i	mactne	LI diiSdC	.cion chai g
☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Nor ormal banking channels or from funds in my/our Non-Resident External /Or													
broad through approved banking channels or from funds in my/our NRE/FCN provided in the Form is in accordance with section 285BA of the Income Tax A	NR Account. ∐I have Act, 1961 read with R	read and unders ules 114F to 114	tood Instruction	on no. XIII ne Tax Ru	and hereb les, 1962 a	y agree t and the ir	o abide b <u>:</u> formatio	y the sar n provic	ne. I he ded by	ereby de me /us	eclare th in the Fo	iat the i orm, its	nformatio supportir
Annexures as well as in the documentary evidence provided by me/us are, to th -+ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Pl			•			tions dat	a feed/ n	ortfolio	holdin	ins/NA	V etc in	respec	t of my/o
nvestments under Direct Plan of all Schemes Managed by you, to the above n Asset Management Ltd and its Associates to contact me through any mode of c	mentioned Mutual Fu												
\		Sacand	Applicant	. /					hird	Appli	icant	/	
SIGN First / Sole Applicant / Guardian / Authorised Signatory													
Additionsed Signatory		Additoris	ed Digital	O1 y				Add	110113	, с	igilac	O1 y	
Nippon india Mutual Fund Wealth sets you free				(4)	Applicable	for Lum	psum Ad		(NA	CH / Di	rect De	bit Ma	ANDAT ndate For egistratio
MRN (For Office Use Only)													
TIME TO THE TOTAL PARTY OF THE T								Α	PP N	0.			
Sponsor Bank Code (For Office Use Only)	Utility (code				Dal	e:	A	PP N	о.	М	YY	YY
Create ✓ Sponsor Bank Code(For Office Use Only)	Utility C				oly)	_ Dal		SB-NR	D	М	M S-NRC	YY	Y Y
Create Sponsor Bank Code (For Office Use Only) Modify X I/We hereby authorize Nippon India Mutual F		odeto debit (I		se Use Or				D	D	М	M S-NRC	Y Y	Other
Create Sponsor Bank Code (For Office Use Only) Modify X I/We hereby authorize Nippon India Mutual F Cancel X Bank A/c no: (Destination Bank Account Number)	Fund_	to debit (I						SB-NR	D	М	M S-NRC	Y Y	Other
Create Sponsor Bank Code (For Office Use Only) Modify X I/We hereby authorize Nippon India Mutual F Bank A/c no: (Destination Bank Account Number) With Bank (Name of Destination Bank)		to debit (I					MIC	SB-NR	D	М	M 3-NRC	Y Y	Other
Sponsor Bank Code(For Office Use Only) Modify X	Fund FS	to debit (I	tick√)	SB	_ CA [CC	MIC	SB-NR	D D	M SE			Other
Sponsor Bank Code(For Office Use Only) Modify X	Fund FS	to debit (I	tick√)	SB	_ CA [CC	MIC	SB-NR	D D	M SE			Other
Sponsor Bank Code(For Office Use Only) Modify X	Fund FS	to debit (I	tick√)	SB C	CA [Fixed	MIC TAMOU	SB-NR	D D RE [St	m Amo	unt	
Sponsor Bank Code(For Office Use Only) Modify X	Fund FS	to debit (I	tick /)	SB DEBIT 1	CA [Fixed	MIC	SB-NR	RE _	SE	m Amo	unt	
Sponsor Bank Code(For Office Use Only) Create \[\] Modify \[\times \] Cancel \[\times \] Bank A/c no: \[\times \] (Name of Destination Bank) In amount of Rupees REQUENCY: \[\times \] Reference 1 \[Folio No. Reference 2 \] Appln No. gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a gree for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of mandate processing charges by the bank whom I am a green for the debit of the green for the debit of the green for the debit of the	Fund IFS ✓ Yearly ✓ as	to debit (I	sented	DEBIT 1	CA [Fixed	MIC T	SB-NR	RE _	SE	m Amo	unt	
Sponsor Bank Code(For Office Use Only) Modify X	Fund IFS ✓ Yearly ✓ as authorizing to debit	to debit (I	sented Phone No: per latest sche	DEBIT 1	CA C	CFixed	MIC T	SB-NR	RE Ma	SE	m Amo	unt	
Sponsor Bank Code	Fund IFS ✓ Yearly ✓ as authorizing to debit	to debit (I	sented	DEBIT 1	CA C	CFixed	MIC T	SB-NR	RE Ma	SE	m Amo	unt	
Sponsor Bank Code	Yearly V as	to debit (I	sented b:	DEBIT 1	CA CACA	Fixed:	MIC T	R R	RE Maa	Si	m Amo	ccoun	t Holder
Sponsor Bank Code	Yearly V as	to debit (I	sented Phone No: er latest sche Signature	DEBIT 1	CA CACA CALL CALL CALL CALL CALL CALL C	Fixed	MIC T	R R	RE Maa	SE	m Amo	ount ccoun	t Holder
Sponsor Bank Code	Yearly ✓ as authorizing to debit ount Holder	to debit (I	sented Phone No: Ser latest sche Signature Name a g the User Entity thr request to the	DEBIT 1 dule of ch of Acco	TYPE That see to debit re/corporate	Fixed the bank.	MIC The state of t	RR FF the instru	Maa 3 Sig	Standard Sta	m Amo	unt ccoun ank Remed by m	t Holder
Sponsor Bank Code	Yearly ✓ as authorizing to debit ount Holder	to debit (I	sented Phone No: Ser latest sche Signature Name a g the User Entity thr request to the	DEBIT 1 dule of ch of Acco	TYPE That see to debit re/corporate	Fixed the bank.	MIC The state of t	RR FF the instru	Maa 3 Sig	Standard Sta	m Amo	unt ccoun ank Remed by m	t Holder
Sponsor Bank Code	authorizing to debit Ount Holder hk Record lerstood & made by me / mmunicating the cancel	to debit (I	sented Phone No: er latest sche Signature Manual g the User Entity it request to the	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	m Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit Ount Holder hk Record lerstood & made by me / mmunicating the cancel	to debit (I	sented Phone No: er latest sche Signature Manual g the User Entity it request to the	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	m Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit Ount Holder hk Record lerstood & made by me / mmunicating the cancel	to debit (I	sented Phone No: er latest sche Signature 2 Name a g the User Entity it request to the	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	m Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	Yearly V as authorizing to debit ount Holder nk Record lerstood & made by me / mmunicating the cancel	to debit (I	sented Phone No: er latest sche Signature 2 Name a g the User Entity it request to the	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	m Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit ount Holder lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	m Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit ount Holder lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE anarges of ount Holowak Recording to debit recording to Corporate ACC	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SSI SI	n Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit ount Holder hk Record lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE to the control of the control o	CC Fixed the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salay	SS	n Amo	unt ccoun ank R med by m	t Holder
Sponsor Bank Code	authorizing to debit ount Holder hk Record lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE to the control of the control o	Fixed the bank. the bank account to or the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salar Sa	SSE SE	n Amo	unt ccoun ank Re etain ory In	t Holder ecord e. this sli
Sponsor Bank Code	authorizing to debit ount Holder hk Record lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE to the control of the control o	Fixed the bank. the bank account to or the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salar Sa	SSE SE	m Amo	unt ccoun ank Re etain ory In	t Holder ecord e. this sli
Sponsor Bank Code	authorizing to debit ount Holder hk Record lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE to the control of the control o	Fixed the bank. the bank account to or the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salar Sa	SSE SE	m Amo	unt ccoun ank Re ned by m etain cory In	t Holder ecord e. this sli
Sponsor Bank Code	authorizing to debit ount Holder hk Record lerstood & made by me / mmunicating the cancel To be	to debit (I	sented Phone No: Phone No: Signature Signature Market Sche Signature Market Sche Signature Market Sche Signature Market Sche Market Sche	DEBIT 1 dule of ch of Acco	TYPE to the control of the control o	Fixed the bank. the bank account to or the bank.	MIC To the state of the state o	R R	Maa 3 Signature Salar Sa	SSE SE	m Amo	unt ccoun ank Re ned by m etain cory In	t Holder ecord e. this sli