

15. I WISH TO APPLY FOR NIPPON INDIA ANY TIME MONEY CARD ("THE CARD") Yes No (Please refer Instructions)

1) Name as you would like to appear on your card**
 (**Please mention the name of the first holder) (Maximum of 24 characters)

2) Mother's maiden name in full

Note: To avail the Nippon India Any Time Money Card facility, investor has to mandatorily invest in either Nippon India Liquid Fund or Nippon India Low Duration fund or Nippon India Ultra Short Duration Fund which would be the primary scheme account. If the investor does not have investments in either of these schemes, then he/she will not be eligible for the Card.

16. DECLARATION AND SIGNATURE

I/We would like to invest in Nippon India _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Nippon India Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Nippon Life Asset Management Limited (RNAM) 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 understood Instruction no. XIII and hereby agree to abide by the same. 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/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.

SIGN HERE	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input checked="" type="checkbox"/> Second Applicant / Authorised Signatory	<input checked="" type="checkbox"/> Third Applicant / Authorised Signatory



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

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

Create Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only) Date: DD MM YY YY
 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	AppIn 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.

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

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.



ACKNOWLEDGMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

REQUEST FOR Registration of SIP Registration of Micro SIP

Name of the Investor Mr/Ms/M/s: _____
 Cheque/DD No. _____ Date: _____ Drawn on Bank: _____

Sr. No.	Scheme Name / Plan / Option	Amount (₹)

APP No.: _____
 Stamp of receiving branch
 & Signature

Corporate Office Address: Reliance Centre, 7th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.