

UMRN

Date:

Sponsor Bank Code

Create Modify Cancel

Utility Code I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick) 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:

Phone No: 1 2 3

***As per NPCI Circular effective from 01st April 2024, Maximum period of validity of this mandate is 40 years only.

THIS SECTION IS INTENTIONALLY KEPT BLANK