

Scheme /Plan/ Option:

Payment Details: Amount ₹

Time Stamp & Date

of receiving office

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Instrument No/Cash Deposit Slip No._

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14. DECLARATIO I/We would like to inves and subsequent amend limited to Nippon India through legitimate sour India or any Statutory Ai that the RNAM may, ati to time. The ARN holder the Scheme is being recc (if applicable) shall be de I confirm that I am re normal banking channel abroad through approve read with Rules 114F to knowledge and belief, tr ++ I/We, have invested i investments under Dire Asset Management Ltd:	It in Nippon I ments therei Any Time Mo ces only and uthority. I ac ts absolute d has disclose- ommended to educted from ls or from fu ed banking cl 1114H of the I rue, correct a in the Schem tr Plan of all	ndia to. I/We ha to. I/We ha to. I/We ha to ley to desi to desi to me/us to me/us. I h the subscr dia. ☐ I/W hannels or ncome Tax nd complei te(s) of you Stone I/Os.	ive read, u I/We have gree to be discontinu all the con ereby dec ription am e confirm our Non-F from fund Rules, 19 te.	Resident ds in my/ 162 and th Fund un by you, to	External our NRE, ne inform der Direc o the abo	/Ordinary Ac /FCNR Accour ation provide tt Plan. I/We have mentioned	count/FCNR Ant. I hereby d by me /us in hereby give you Mutual Fund	declare that the the Form, its sup u my/our conse Distributor / Si	ndertake I informal porting A nt to shar	that all addition provided Annexures as v re/provide the ered Investm	onal purch in the Forr vell as in the transacti	nases made m is in acc ne docum ons data er. I here	de under cordance nentary e	this for with se vidence	lio will ection 2 provic	also be I 285BA of ded by m	from for f the In e/us ar	unds ncome re, to	received Tax Act, the best	from , 196 of ou
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9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Add convenience to your life with our value added









Payment Details: Amount ₹

Instrument No/Cash Deposit Slip No.

Name & Broker Code / ARN	ORMATION (Refer Instruct Sub Agent ARN Co		Sub Agent Code	*Employee Unique Id	entification Number		RIA Code ^{**}
ARN-77875 phere)	left blank/not provided 1/Me ber	eby confirm that the EU	IN hox has been intentionally to	E02773		uted without any int	eraction or advice by
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HERE Authorised	Signatory	Aut	horised Signatory		Auth	norised Signat	
	tion of SIP\$ Registr		■ Registration of Mi	cro SIP (⁵ De	fault option if not s		
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ame of 2nd holder Mr./Ms.				PAN No / PEKRN.	M A N D	A T O R Y	KY
ame of 3rd holder Mr./Ms.				PAN No / PEKRN.	M A N D	A T O R Y	KY
ITIAL INVESTMENT DETAILS eque/ DD No./Cash Deposit Slip No.		Chequ	ue / DD / Cash Deposition Da	ate	DD Cha	arge ₹	
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OMINATION - I wish to Nomin		tion is mandatory if you low table will replace the Nominee Relation	have opted for SIP Insure) (Re e existing details registered in Guardian Name	the folio. Signature of a		E Cian of	
	(Optional) Date of Birth		in case Nominee is Minor)	with Nominee	(%) Nomine		Signature of Applic 1st Applicant
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n case of Nippon India Tax Saver Fund, Nippo case the SIP 'End Date' is incorrect/not legibl	Quarterly Yearly T		28 th of a given month)		es of ₹ 100 only") unt should be₹ 500 and	Yearly (Default)	(Default 1 time)
case the SIP 'End Date' is incorrect/not legible CLARATION AND SIGNATURE		default end date shall be cor	nsidered as December 2099. Not	e: STEP-UP facility is not app	icable for SIP Insure re	gistrations.	
ave read and hereby confirm Instruction in Rules 114F to 114H of the Income Tax Rul correct and complete. I understand that the Certificate of Insurance of the group to Inlection of Iawful guardian details under the We, have invested in the Scheme(s) of you of all Schemes Managed by you, to the all act me through any mode of communication igning this SIP enrolment form I/We ur	erm insurance policy, Scheme Inforr he policy. Signed at Ir Mutual Fund under Direct Plan. I/\ bove mentioned Mutual Fund Distr on. This will override registry on DNI	mation Document and Stat on thi: We hereby give you my/ou ibutor / SEBI-Registered D/DNDC . as the case may b	ement of Additional Information. sday r consent to share/provide the tra Investment Adviser. I hereby aut be.	In the event my nominee in forminee in the event my nominee in the formine and the formine in th	s minor at the time of folio holdings/ NAV e s of Reliance Nippon	claim, I authorise RNL etc. in respect of my/o Life Asset Manageme	IC to make the paymen
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s is to confirm that the declaration (as mention	ned overleaf) has been carefully read	, understood & made by me	/ us. I am authorizing the User Enti	ty / Corporate to debit my a	— ccount, based on the i	nstructions as agreed a	
we understood that I am authorized to cancel Nippon india Mutual F	und					EDGMENT SLIP (F	Please retain this s
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Drawn on Bank