

**COMMON APPLICATION FORM**

(To be filled in CAPITAL letters)

APP No.:

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN- (ARN stamp here)	ARN-			

\*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.

++ 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:

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

**2. INVESTOR'S FOLIO NUMBER**

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)	[Please tick (✓) any one]
	<input type="checkbox"/> I am a First time investor across Mutual Funds OR
	<input type="checkbox"/> I am an existing investor in Mutual Funds

**3. UNITHOLDING OPTION -  DEMAT MODE  PHYSICAL MODE**

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.  
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

NSDL DP Name	DP ID	Beneficiary Account No.
CDSL DP Name	Beneficiary Account No.	

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

**4. GENERAL INFORMATION** APPLICATION FOR  Zero Balance Folio  Investment ^MODE OF HOLDING : [Please tick(✓)]  Single  Joint (Default)  Any one or Survivor

**5. FIRST APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms. M/s.	PAN / PEKRN <sup>**</sup>	CKYC Id <sup>***</sup>	Aadhar No <sup>***</sup>
Name of Guardian if first applicant is minor / Contact Person for non individuals Mr. Ms.	Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	Date of Birth of 1st Applicant D   D   M   M   Y   Y   Y   Y (Mandatory in case of Minor)	Proof of Date of Birth and Guardian's Relationship with Minor <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others _____
STATUS <sup>^</sup> : <input type="radio"/> Resident Individual <input type="radio"/> PSU <input type="radio"/> AOP/BOI <input type="radio"/> Minor through Guardian <input type="radio"/> HUF <input type="radio"/> Trust /Charities / NGOs <input type="radio"/> Society <input type="radio"/> FI/FII <input type="radio"/> NRI <input type="radio"/> Company/Body Corporate <input type="radio"/> Sole Proprietor <input type="radio"/> Defence Establishment <input type="radio"/> PIO <input type="radio"/> Bank <input type="radio"/> FPI <sup>***</sup> <input type="radio"/> Government Body <input type="radio"/> Partnership Firm <input type="radio"/> Others _____ (^as and when applicable)	Are you involved / providing any of the mentioned services : <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above	Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X	

**6. SECOND APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms.	PAN / PEKRN <sup>*</sup>	CKYC Id <sup>*</sup>	Aadhar No. <sup>*</sup>	STATUS : <input type="radio"/> Resident Individual <input type="radio"/> NRI
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**7. THIRD APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms.	PAN / PEKRN <sup>*</sup>	CKYC Id <sup>*</sup>	Aadhar No. <sup>*</sup>	STATUS : <input type="radio"/> Resident Individual <input type="radio"/> NRI
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**RELIANCE MUTUAL FUND ACKNOWLEDGMENT SLIP ( Please retain this slip)** Application No.:

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

Name of the Investor Mr/Ms/M/s : \_\_\_\_\_

Scheme Name	Plan	Option	Payment Details Amount <sup>*</sup> _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____	Time Stamp & Date of receiving office
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**8. ADDITIONAL KYC DETAILS**

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS****	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH**** in `	Date
1st Applicant							(Net worth should	D D M M Y Y Y Y
2nd Applicant							not be older	D D M M Y Y Y Y
3rd Applicant							than 1 year)	D D M M Y Y Y Y
Guardian								D D M M Y Y Y Y

PEP DETAILS***	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)***	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)***	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

**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.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #***	Tax Payer Ref. ID No%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type	Country #	Tax Payer Ref. ID No%	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. \*In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth^***		Country of Birth		Country of Birth	
Country of Nationality^**		Country of Nationality		Country of Nationality	

**10. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)**

Correspondence Address** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA				Overseas Address (Mandatory for NRI / FII Applicants)			
House /Flat No.				House /Flat No.			
Street Address				Street Address			
City/ Town	State		City/ Town		State		
Country	Pin Code		Country		Pin Code		
Tel. (Res.)	Tel. (Off.)		Mobile No.		(Country Code)		
Email ID							

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

**11. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)**

Bank Name	M a n d a t o r y								
Account No.	M a n d a t o r y			A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
BranchAddress				Branch City	F o l C r e d i t v i a N e f T				
PIN	IFSC Code		M I C R C o d e		9 D i g i t				

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.

Equity & Sector Specific CAF / 20th May 2017 / Ver 2.5

**Add convenience to your life with our value added service**



Simply send \*\*SMS to 966 400 1111 to avail below facilities

Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

\*\*SMS charges apply



Investor Desk. A RMF Virtual Branch Experience.

For more details : Visit : [www.reliancemutual.com](http://www.reliancemutual.com)

You can also follow us on



**12. INVESTMENT & PAYMENT DETAILS** (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTBM facility is available to investors who have Invest Easy facility registered with RMF.

Scheme \_\_\_\_\_

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest] Option  Growth^^  Dividend Payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Mode of Payment  Cheque  DD  Funds Transfer  OTBM Facility (One Time Bank Mandate)  RTGS / NEFT  Cash<sup>5</sup> (Refer Instruction No. XV)

Investment Amount ( ` )	DD Charges (if applicable) ( ` )	Net Amount- ( ` )	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
i	ii	i minus ii		D D M M Y Y Y Y			

(\* Default option if not selected) -Units will be allotted for the net amount minus the transaction charges if applicable. <sup>5</sup>Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment:  House  Children's education  Children's Marriage  Car  Retirement  Others \_\_\_\_\_

**13. NOMINATION - I wish to Nominate**  Yes  No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature is mandatory if you do not wish to nominate

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

**14. POWER OF ATTORNEY (POA) HOLDER DETAILS** (Refer Instruction No. II. 1)

First Applicant POA Name	Mr./Ms./M/s	PAN <sup>*</sup>																		
Second Applicant POA Name	Mr./Ms./M/s	PAN <sup>*</sup>																		
Third Applicant POA Name	Mr./Ms./M/s	PAN <sup>*</sup>																		

**15. SIP ENROLLMENT DETAILS** Opted for SIP:  Yes  No (Incase you have opted for SIP it is mandatory to submit OTBM + SIP Enrolment Form)

**16. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

**17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS**  Yes  No (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

**18. DECLARATION AND SIGNATURE**

I/We would like to invest in Reliance \_\_\_\_\_ 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 Reliance 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 (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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.

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

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN- (ARN stamp here)	ARN-			

\*Please sign below in case the EUN is left blank/not provided. I/We hereby confirm that the EUN 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.  
 ++ 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.

<b>SIGN HERE</b>	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.

**APPLICANT DETAILS**

**FOLIO NO.**

Name of Sole/1st holder	Mr./Ms./M/Us	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 2nd holder	Mr./Ms.	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 3rd holder	Mr./Ms.	PAN No / PEKRN.	<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: \_\_\_\_\_

**UNHOLDING OPTION -  Demat Mode  Physical Mode** (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

<b>National Securities Depository Limited</b>	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	<b>Central Securities Depository Limited</b>	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc** (Applicable for individual investor only)

Email ID \_\_\_\_\_ Mobile no. + \_\_\_\_\_  
 Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

**SIP DETAILS** (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period (Please / any one)	SIP Date (Please / any one)	SIP Amount  (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount ₹ _____ (Multiples of ₹ 100 only)	Frequency <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Count Increase SIP amount time(s) (Default time)
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From : MM/YY To : MM/YY <input type="checkbox"/> PERPETUAL(Default) (Refer Instruction No. 5) From : MM/YY To : 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 18 (Default) <input type="checkbox"/> 23 <input type="checkbox"/> 28 <input type="checkbox"/> [Any other Date]	₹ _____ (in figures)			

\*\* In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the SIP & Step up Amount should be in multiples of ₹ 500/-.

**DECLARATION :** I/We would like to invest in Reliance \_\_\_\_\_ 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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 model, 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.

**SIGNATURE**

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.

<b>SIGN HERE</b>	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 RMF on any transaction day.

**ONE TIME BANK MANDATE**

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN (For Office Use Only) \_\_\_\_\_

Date: D D M M Y Y Y Y

Create  Sponsor Bank Code \_\_\_\_\_ (For Office Use Only) Utility Code \_\_\_\_\_ (For Office Use Only)

Modify  I/We hereby authorize **Reliance 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 : D D M M Y Y Y Y	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.