

**COMMON APPLICATION FORM**

TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

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

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

\*Please sign below 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.

SIGN HERE

First / Sole Applicant /  
Guardian

Second Applicant

Third Applicant

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.

**TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)**

(Please tick (✓) any one)  I am a First time investor across Mutual Funds **OR**  I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

**2. EXISTING INVESTOR'S FOLIO NUMBER**

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(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

**3. GENERAL INFORMATION**

**MODE OF HOLDING :**  Single  Joint (Default)  Any one or Survivor

**4. FIRST APPLICANT DETAILS**

**NAME** Mr./Ms./M/s **#Date of Birth** D D M M Y Y

**PAN / PEKRN\*** (1st Applicant/Guardian) ENCLOSURE  PAN card copy  KYC Acknowledgment # Mandatory in case of minor

(\*Mandatory for all type of Investors. Refer instruction no.II.6, 7 & IX)

**Name of Guardian** if first applicant is minor/  
**Contact Person** for non individuals Mr./Ms./M/s

Guardian's Relationship With Minor* <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Proof of Date of Birth and Guardian's Relationship with Minor* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)	Designation of the contact person (In case of non-individual Investors)
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**OCCUPATION :**  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others

**STATUS :**  Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust / Charities / NGOs  
 Society  FI / FII  NRI  Company/Body Corporate  Sole Proprietor  Defence Establishment  
 PIO  Bank  FPI\*\*\*  Government Body  Partnership Firm  Others

(\*\*\*as and when applicable)

**GROSS ANNUAL INCOME DETAILS** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

**NET-WORTH** in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y (Mandatory for Non-Individuals)

For Individuals** & Non-Individuals (Authorized signatories/Promoters/Partners/Karta/Trustee/whole time directors)	For Non-Individuals Only
<input type="checkbox"/> Politically Exposed Person (PEP) (For definition of PEP, please refer instruction I.14). <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <b>Any other information:</b>	<b>Is the entity involved in / providing any or the following services</b> - Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No - Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Any other information:</b>

\*\*In case First applicant is minor then details for Guardian will be required

**5. SECOND APPLICANT DETAILS**

**NAME** Mr./Ms./M/s

**ENCLOSURE**  PAN card copy  KYC Acknowledgment **PAN / PEKRN\*** STATUS:  NRI  Resident Individual

**OCCUPATION :**  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others

**GROSS ANNUAL INCOME DETAILS** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

**NET-WORTH** in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y

Are you a Politically Exposed Person (PEP)  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

**ACKNOWLEDGMENT SLIP**  
(To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references

Received from Mr/Ms/M/s : \_\_\_\_\_ **APP No.:** \_\_\_\_\_ an application for allotment of

Units under Reliance \_\_\_\_\_ as per details below.

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_ **Time Stamp & Date of receiving office**

**IVR "Self Help" Option (24 x 7)**

**IVR**

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions
- Latest Dividend declared

For more details :  
Call : Toll free : 1800-300-1111 | 30301111

## 6. THIRD APPLICANT DETAILS

NAME

ENCLOSED  PAN card copy  KYC Acknowledgment **PAN / PEKRN\***  **STATUS:**  NRI  Resident Individual

OCCUPATION  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

GROSS ANNUAL INCOME DETAILS Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

## 7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VII)

## Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

City  Pin Code  State  Landmark

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City  Pin Code  State

Email ID

Mobile + (Country Code)  Tel. No.  STD Code  Office  Residence

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.

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

Bank Name

Account No.  A/c. Type (✓)  SB  Current  NRO  NRE  FCNR

Branch Address  Branch City

PIN  IFSC Code  9 Digit MICR Code\*

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.

## 9. 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) PAYMENT BY CASH IS NOT PERMITTED. OTM 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)

Option (Please ✓)  Growth\*\*  Bonus  Dividend Payout  Dividend Reinvestment **Dividend Frequency** \_\_\_\_\_

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment  OTM Facility (One Time Bank Mandate)  Cheque  DD  Funds Transfer  RTGS / NEFT

Investment Amount (Rs.) \_\_\_\_\_ DD Charges (if applicable) (Rs.) \_\_\_\_\_ Net Amount~ (Rs.) \_\_\_\_\_ I minus II \_\_\_\_\_

Instrument No. \_\_\_\_\_ Dated  Drawn on Bank \_\_\_\_\_

Bank Branch \_\_\_\_\_ City \_\_\_\_\_

(\*\* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

## 10. NOMINATION (Refer to Instruction No.V) (Mandatory if mode of holding is single)

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required	Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
<input type="checkbox"/> Yes							1st App.
<input type="checkbox"/> No							2nd App.
							3rd App.

## 11. DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.

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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____
	DP ID No. <input type="text" value="I N"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

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

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 txn	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

\*\*SMS charges apply

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.



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

First Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>
Second Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>
Third Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>

**13. SIP ENROLLMENT DETAILS** Opted for SIP:  Yes  No

(Mandatory if opted for SIP) Type of SIP:  Normal SIP  Micro SIP Mode of SIP:  PDC  Auto Debit / ECS (Refer Ins No. I-13)

Note : 1. In case you have opted for SIP through ECS / Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit / ECS Mandate Form  
 2. In case you have opted for SIP through Post dated cheques (PDC) it is mandatory to submit SIP Enrolment Form for Post dated cheques. The form is available on RMF website / DISC of RMF.

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

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

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

2) Mother's maiden name in full\*

Note : 1) In case of Lumpsum Purchases Reliance Any Time Money Card shall be issued only if you have investments in Reliance Liquid Fund - Treasury Plan, Reliance Money Manager Fund or Reliance Liquid Fund - Cash Plan which will act as your primary scheme account.  
 2) In case of zero balance SIP, the card shall be issued before processing the first SIP installment (without investment balance being there in the primary scheme account i.e Reliance Liquid Fund-Treasury Plan, Reliance Money Manager Fund or Reliance Liquid Fund - Cash Plan)  
 3) Mobile No, Email Id & Date of Birth of the First/Sole applicant is mandatory. Please fill the necessary details under Section 7 Applicant Information of the form. In case the details are not provided then the Reliance Any Time Money Card request will be rejected.

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

Note : 1) If you have opted for Transact Online facility IPIN will be issued to you which can be used for transacting seamlessly through Online Mode.  
 2) If you have opted for Invest Easy facility IPIN will be issued to you which can be used to transact through Online mode on RMF website, transact through Call Center & Reliance Mutual Fund Application. Further, in order to transact through Call Centre and / or Transact through Mobile / SMS investor has to mandatorily fill and submit "ECS Mandate Registration form - Invest Easy". The form is available on RMF website / DISC of RMF.

**17. 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 Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM 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/We hereby confirm that I /We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant
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**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 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

<b>APPLICANT DETAILS</b>		<b>FOLIO NO.</b>
Name of Sole/1st holder Mr./Ms./M/s	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

<b>INITIAL INVESTMENT DETAILS</b>
Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

**UNITHOLDING 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. + Country Code
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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	Reliance STEP-UP Facility (Optional) (Refer Instruction No. 26)		
					Amount	Frequency	Count
	<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 <input type="checkbox"/> 23 <input type="checkbox"/> 28 <small>(Any other date from 1<sup>st</sup> to 28<sup>th</sup> of a given month)</small>	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)

\*\* In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and 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 (RNAAM) liability. I understand that the RNAAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAAM 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.

**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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

APP No. \_\_\_\_\_

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

Date: DD MM YY YY

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

<input checked="" type="checkbox"/> Create	<input type="checkbox"/> Modify	<input type="checkbox"/> Cancel	I/We hereby authorize <b>Reliance Mutual Fund</b> to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
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.

From : DDMMYYYY	PERIOD		
	To: 31122099	1 _____ Signature of Account Holder	2 _____ Signature of Account Holder
Or <input type="checkbox"/> Until Cancelled	1 _____ Name as in Bank Record	2 _____ Name as in Bank Record	3 _____ 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.