

COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 1.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN- IARN stc130604	ARN-		215293	

*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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 Schemes) 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:

SIGN HERE	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]

I am a First time investor across Mutual Funds OR

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^ Mr. Ms. M/s. _____

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN^ _____ **CKYC Id^** _____

Aadhaar No^ _____ By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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

Guardian's Relationship With Minor
 Father Mother Court Appointed Guardian
Date of Birth of 1st Applicant (Mandatory in case of Minor. Mention as per Aadhaar card) DD MM YYYY
Proof of Date of Birth and Guardian's Relationship with Minor
 Birth Certificate Passport Others _____

STATUS^ : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust /Charities / NGOs
 Society FI/FIL NRI Company/Body Corporate Sole Proprietor Defence Establishment
 PIO Bank FPI^ (^^as and when applicable) Government Body Partnership Firm Others _____

Are you involved / providing any of the mentioned services : Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above
 (Applicable only for Non Individuals)

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 prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X

6. SECOND APPLICANT DETAILS

NAME^ Mr. Ms. _____

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN^ _____ **CKYC Id^** _____ **STATUS^ :** Resident Individual NRI

Aadhaar No^ _____ By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

ACKNOWLEDGMENT SLIP (Please retain this slip)

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

Application No.:

Name of the Investor Mr/Ms/M/s : _____

Scheme Name	Plan	Option	Payment Details	Time Stamp & Date of receiving office
			Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____	

7. THIRD APPLICANT DETAILS

NAME^{*} Mr. Ms.

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN[†] CKYC Id[†] STATUS^{*}: Resident Individual NRI

Aadhaar No^{***}

By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

8. ADDITIONAL KYC DETAILS

OCCUPATION ^{***}	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st 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 nd 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 rd 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
1 st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
2 nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
3 rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		D D M M Y Y Y Y

PEP DETAILS ^{***}	1st Applicant	2 nd Applicant	3 rd 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)				Overseas Address (Mandatory for NRI / FI Applicants)			
**Please note that your address details will be updated as per your KYC records with CKYC / KRA							
House /Flat No.				House /Flat No.			
Street Address				Street Address			
City/ Town	State			City/ Town	State		
Country	Pin Code			Country	Pin Code		
Tel. (Res.)	Country Code	Tel. (Off.)	Country Code	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.

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.reliancecmutual.com

You can also follow us on



11. 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 For Credit via NEFT

PIN IFSC Code MICR Code 9 Digit

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.

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 Cash⁵ (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. ⁵Investors 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 [^]	<input type="text"/>
Second Applicant POA Name	Mr./Ms./M/s	PAN [^]	<input type="text"/>
Third Applicant POA Name	Mr./Ms./M/s	PAN [^]	<input type="text"/>

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) (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/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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 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:

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
------------------	--	---	--

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

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

INITIAL INVESTMENT DETAILS

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.)

National Securities Depository Limited	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Securities Depository Limited	Depository Participant Name _____ Target ID No. _____
---	---	--	--

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	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 (Any other date from 1 st to 28 th of a given month)	₹ _____ (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.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
------------------	--	---	--

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: _____

Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only)

Create **Modify** **Cancel** I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO 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 :	PERIOD		
	DDMMYYYY	1 _____	2 _____
	31122099	Signature of Account Holder	Signature of Account Holder
To :	31122099	1 _____	3 _____
	Until Cancelled	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.