

Wealth Sets You Free

APP No.

UMRN

(For Office Use Only)

Date:

D

D

M

M

Y

Y

Y

Y

Create

Modify

Cancel

☒

☒

☒

Sponsor Bank Code

Utility Code

(For Office Use Only)

(For Office Use Only)

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.

PERIOD

From :

To:

Or

D

D

M

M

Y

Y

Y

Y

3

1

1

2

2

0

9

9

Until Cancelled

1

Signature of Account Holder

1

Name as in Bank Record

2

Signature of Account Holder

2

Name as in Bank Record

3

Signature of Account Holder

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.

THIS SECTION IS INTENTIONALLY KEPT BLANK

OTM Cancellation Form / 12th Jan 2018 / Ver 1.5

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Reliance Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

Authorisation to Bank: I/We wish to inform you that I/we have registered with Reliance Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

| FOR OFFICE USE ONLY (Not to be filled in by Investor) | |
|---|-------------------------|
| Affix Barcode | Date and Time Stamp No. |
| | |



THIS SECTION IS INTENTIONALLY KEPT BLANK