

|                                    |                     |                 |                                     |                 |
|------------------------------------|---------------------|-----------------|-------------------------------------|-----------------|
| Name & ARN Code / RIA Code# / PMRN | Sub-Broker ARN Code | Sub-Broker Code | Employee Unique Identification No.* | TIME STAMP HERE |
|------------------------------------|---------------------|-----------------|-------------------------------------|-----------------|

\*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration; 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. #/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

1st Holder/Guardian/POA Holder  
Authorised Signatory

UMRN Office use only Date D D M M Y Y Y Y

Utility Code Office use only Tick (✓) ☒ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code Office use only I/We hereby authorize: **Prism SIF**

to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other Account No.

With Bank Bank Name & Branch IFSC / MICR In Figures

an amount of Rupees In Words ₹ In Figures

**Debit Type** ☒ Fixed Amount ☒ Maximum Amount **FREQUENCY** ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

PAN / PEKRN

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me / us. I / We have understood that I / we are authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH / Direct Debit. I / We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH / (Debits) / Direct Debits. Authorisation to Bank: This is to inform that I / We have registered for NACH (Debit Clearing) / Direct Debit facility and that my / our payment towards my / our investment in Prism SIF provided by JioBlackRock shall be made from my / our above mentioned bank account with your Bank. I / We authorize the representatives of Prism SIF provided by JioBlackRock carrying this mandate form to get it verified and executed.

|                                                         |                                                                           |                                                                   |                                                                   |
|---------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| From <span style="float: right;">D D M M Y Y Y Y</span> | 1. <span style="float: right;">Signature of Primary Account Holder</span> | 2. <span style="float: right;">Signature of Account Holder</span> | 3. <span style="float: right;">Signature of Account Holder</span> |
| to <span style="float: right;">D D M M Y Y Y Y</span>   | 1. <span style="float: right;">Name as in bank records</span>             | 2. <span style="float: right;">Name as in bank records</span>     | 3. <span style="float: right;">Name as in bank records</span>     |

Maximum period of validity of this mandate is 40 years only.

## INSTRUCTIONS FOR ONE TIME MANDATE (NACH) FORM

- Please fill the OTM form in **English**, using **BLOCK LETTERS** only. If you already have a registered OTM, you do not need to submit the form again.
- Investors who have not registered for the OTM facility can submit the form with a cancelled cheque (original or copy) with the investor's name and account number pre-printed, or a bank verification letter on the bank's letterhead with complete account details. Incomplete or unverifiable documentation may lead to rejection.
- Provide the full bank account number and bank name. The first holder in the folio must be one of the holders in the bank account. The form must be signed by all bank account holders as per the mode of operation in the bank records. Signatures must match those recorded with the bank.
- Please mention the mandate amount in both words and figures.
- Mention the start date of the mandate and the end date. As per NPCI guidelines, the end date cannot exceed 40 years from the start date.
- The 9-digit MICR or the 11-digit IFSC is a mandatory requirement without which OTM will be rejected.
- The UMRN, the Sponsor Bank Code and the Utility Code are for official use only and need not be filled by the investors.
- Investors should retain the acknowledgement evidencing submission of the transaction till they receive a confirmation of acceptance or rejection of transaction. In case of difference of details in acknowledgement vis-à-vis actual transaction document, the details as mentioned on transaction document will prevail.
- Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.

Version 1.0

|                  |     |                 |
|------------------|-----|-----------------|
| Folio No.        | PAN | TIME STAMP HERE |
| Name of Investor |     |                 |