OTM DEBIT MANDATE FORM NACH

[Applicable for Lumpsum, Additional Purchases as well as SIP Registrations]

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: **JioBlackRock Mutual Fund**

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

With Bank Bank Name & Branch IFSC / MICR

an amount of Rupees In Words ₹ In Figures

Debit Type ☒ Fixed Amount ☑ Maximum Amount **FREQUENCY** ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☑ As and When presented

Reference 1 Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. 3. I am authorizing the user entity/corporate to debit the account, based on the instructions as agreed and signed by me. 4. 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 / corporate or the bank where I have authorised the debit. 5. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

From D D M M Y Y Y Y

to D D M M Y Y Y Y

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

1.	2.	3.
Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

INSTRUCTIONS FOR ONE TIME MANDATE (NACH) FORM

1. 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.
2. 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.
3. 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.
4. Please mention the mandate amount in both words and figures.
5. 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.
6. The 9-digit MICR or the 11-digit IFSC is a mandatory requirement without which OTM will be rejected.
7. The UMRN, the Sponsor Bank Code and the Utility Code are for official use only and need not be filled by the investors.
8. 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.

Version 1.2

ACKNOWLEDGEMENT SLIP - OTM DEBIT MANDATE FORM NACH

Received, subject to verification and conditions

JioBlackRock Mutual Fund

Folio No. PAN TIME STAMP HERE

Name of Investor

Email: service@jioblackrockamc.com. Website: www.jioblackrockamc.com

Contact Center no.: +91 22-3520 7700 / +91 22-6998 7700 (Monday-Friday, 9 am - 6 pm & Sat, 9 am - 1 pm)