RELIGARE | BROKING
Values that bind

NPS SIP Registration Form

Subscriber's Personal Details

PRAN NUMBER : DOB : D D M M Y Y Y Y DATE D D M M Y Y Y Y

NAME :

EMAIL ID : MOBILE NUMBER :

Contribution Details

Contribution Amount for Tier I_____ Contribution Amount for Tier II_____ Total Contribution_____

Contribution Frequency (✓) ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Preferred Debit Date (✓) ☐ 1st ☐ 10th ☐ 15th ☐ 20th

Contribution Period from D D M M Y Y Y Y to D D M M Y Y Y Y

Please Note:
1) Contribution/Transaction Charge is 0.25% of the contribution amount subject to minimum Rs 20 and maximum Rs 25000 plus taxes.
2) Contribution under Tier I and Tier II account will be treated as separate transaction and will be charged separately.

Declaration

I am authorizing Religare Securities Limited to debit my account, based on the instructions as agreed and signed by me. I have understood that transaction charges may change due to changes in applicable transaction charges / statutory levies and I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation / amendment request to the Religare Securities Limited or the bank where I have authorized the debit.

Signature 1) _____ 2) _____ 3) _____

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

Debit Mandate Form NACH

RELIGARE | BROKING Values that bind UMRN Date D D M M Y Y Y Y

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code UTIB0000248 Utility Code NACH00000000001816

I/We hereby authorize RELIGARE BROKING LIMITED to debit (tick✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1 PRAN Phone No.

Reference 2 Email ID

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 D D M M Y Y Y Y
To D D M M Y Y Y Y
Or ☒ Until Cancelled

Signature Primary Account holder
1. Name as in bank records

Signature Account holder
2. Name as in bank records

Signature Account holder
3. Name as in bank records

Declaration: 1. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Religare Securities limited to debit my account. **2.** I have understood that I am authorized to cancel/ amend the mandate by appropriately communicating the cancellation/ amendment request to Religare Securities Limited or the bank where I have authorized the debit.

Please attach a cancelled cheque/cheque copy

ACKNOWLEDGMENT (To be filled by subscriber) Date: D D M M Y Y Y Y

PRAN NUMBER : NAME :

Contribution Period from D D M M Y Y Y Y to D D M M Y Y Y Y

Stamp & Signature: _____

RBL