

NPS SIP Registration Form

Subscriber's Personal Details

 PRAN NUMBER :
 DOB :
 DATE
 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 to
Please Note:

- 1) Contribution/Transaction Charge is 0.35% of the contribution amount subject to minimum Rs 30 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 Broking 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 Broking 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	UMRN 	Date
Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL		Sponsor Bank Code 	Utility Code
I/We hereby authorize to debit (tick✓) 			
Bank a/c number 			
with bank 	IFSC 	MICR 	
an amount of Rupees 			₹
FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1 		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 To 		Signature Primary Account holder _____ 1. <u> Name as in bank records </u>	Signature Account holder _____ 2. <u> Name as in bank records </u>
		Signature Account holder _____ 3. <u> Name as in bank records </u>	
Declaration: 1. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Religare Broking 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 Broking Limited or the bank where I have authorized the debit.			
Please attach a cancelled cheque/cheque copy			

ACKNOWLEDGMENT (To be filled by subscriber)

 Date:

 PRAN NUMBER :
 NAME :
 Contribution Period from to

Stamp & Signature: _____