NIBL Sahabhagita Fund

(Open Ended Scheme)

under

NIBL

CIENCE COPEN-ENDED OPEN-ENDED MUTUAL FUND NBL Sahabhagita Fund Der muset test regulators 2000 S/No.:....

SIP Registration Form

🜻 MUTUAL FUND

(व्यवस्थित लगानी योजना दर्ता फाराम)

	Date (मिति):
Collection Center (संकलन केन्द्र) :	
BOID (हितग्राही खाता) :	
Name (नाम): English (BLOCK Letter):	
नेपाली:	
Contact No. (सम्पर्क नं.):	<u>E-mail (ई-मेल):</u>
	<u> </u>
<u>Type of Unit-holder (इकाईधनीको किसिम):</u> <u>Model of SIPs (</u>	व्यवस्थित लगानी योजनाको किसिम):
🗖 Individual (व्यक्ति) 🗖 Institution (संस्था)	n (अवधि तोकिएको)
Unlimited Te	erms (असिमित अवधि)
SIP Interval (अन्तराल):	ayroll SIP (संस्थागत कर्मचारी) Name of Company:
🗖 Monthly (मासिक) 🗖 Quarterly (त्रैमासिक)	
Semi- Annually (अर्ध-वार्षिक)	
<u>Specif</u>	<u>y SIP Start Date (सुरूवात मिति): (YYYY-MM-DD)</u>
🗖 Annually (वार्षिक)	
<u>SIP Installment Amount (किस्ता रकम):</u>	Payment Mode (भुक्तानीको किसिम):
In Figure (अंकमा) :	Cash/Online
In Words (2007-1107)	Post-dated Cheques
In Words (अक्षरमा):	
	☐ Standing Instruction (Bank & Account No.)
	Name:
Declaration :	Number:
1) I/we hereby declare that I/we am/are applying with the above mentioned	· · · · · · · · · · · · · · · · · · ·
details to enroll in Systematic Investment Plan (SIP) under the scheme only after carefully reading the prospectus/scheme related documents published	3) Source of Fund (for INPR 1 Million and above):
by the fund manager and completely understanding the risk associated with	1/ we nereby declare that the deposited amount to purchase the
it. म/हामी घोषणा गर्दछु/गर्दछौ कि योजना व्यवस्थापकले जारी गरेक	units is received from following legitimate source of fund and is not intended for money laundering and/or terrorist financing.
योजनासंग सम्बन्धित विवरण पुस्तिका लगायत कागजातहरूको ध्यानपूर्वव	⁵ आयको श्रोत (रू. १० लाख र सो भन्दा बढिको लागी):
अध्ययन गरी यससंग सम्बन्धित जोखीम समेत राम्ररी बुभेको छु/छौ	ग/ हाता जातता तरहु/ तरहा कि नता तान रहाता जाता तातुका
योजनाको व्यवस्थित लगानी योजनामा दर्ता गर्न आवेदन दिएको छु/छौँ। 2) I/we hereby declare that the information provided in my/our beneficia	रकम तल उल्लेखित वैदानिक श्रोतद्धारा प्राप्त गरिएको र यो
owner account completely resembles with my/our personal information and	तम्मात सुख्यमरण या जातमगाया यगपमा लगामायग जासपल
agree that the information in aforementioned BOID in this application form	111112001 201511 1
can be used for KYC purpose.	_ 🔲 Salary तलब 🔲 Business व्यापार 🔲 Loan कर्जा
यस आवेदनमा उल्लेख गरिएको हितग्राही खातामा रहेको मेरो व्यक्तिगत विवरणहरू फरक नपर्नेगरी दिएको हुनाले सो विवरण नै यस आवेदनको ग्राहव	
ाववरणहरू फरक नेपनगरा दिएका हुनाल सा विवरण ने वस आवदनका ग्राहव परिचय प्रयोजनका लागि प्रयोग गर्नुभएमा समेत मेरो पूर्ण मञ्जुरी रहेकोछ ।	" □ Others अन्य (कृपया उल्लेख गर्नहोस्)

NIBL Sahabhagita Fund



(Open Ended Scheme)

under

NIBL 🧶 MUTUAL FUND

<u>Terms & Conditions (सर्तहरू) :</u>

- SIP Purchase shall be executed after receipt of fund at respective bank account of Fund Manager at applicable NAV in received date. ईकाइधनीहरूले किस्ता बराबरको रकम योजना व्यवस्थापकको वैंक खातामा भुक्तान गरेको दिनमा लागु हुने दैनिक खुद सम्पत्तीको आधारमा इकाईहरू खरिद गरीनेछ ।
- SIP purchase shall not be executed with receipt of SIP amount partially at SIP due date. आंशिक किस्ता वरावरको रकम प्राप्त भएको खंडमा इकाईहरू खरिद गरीनेछैन् ।
- The Fund Manager will have all rights to terminate the SIP registration if in case the clients defaults in making payments of SIP installment or fulfilling the SIP obligations. इकाईधनीबाट किस्ता बराबरको रकम लामो समय सम्म प्राप्त नभएमा वा अन्य सर्तहरूको परिपालन नगरेको देखिएमा यो दर्ता खारेज वा रोक्का राख्न सक्ने सम्पूर्ण अधिकार योजना व्यवस्थापकसंग रहनेछ ।
- The Fund Manager will have all rights to lock the SIP purchase units and the SIP Clients can redeem or unlock the SIP units at any point of time only after cancellation of the SIP registration at first. यस अर्न्तगत खरिद भएका सम्पूर्ण इकाईहरू रोक्का राख्न सक्ने सम्पूर्ण अधिकार योजना व्यवस्थापकसंग रहनेछ र यदि इकाईधनीले सो इकाईहरू फुकुवा वा बिकि गर्न चाहेमा सर्वप्रथम यो दर्ता रद्द गर्नुपर्ने हनेछ।
- The Unit-holders will have the rights to discontinue/cancel or amend in any information/details of SIP Registration at any time by submitting the request in writing at least 3 working days prior to the next SIP due date. इकाईधनीले यो दर्ता आफुले चाहेको समयमा किस्ता भुक्तान हुने दिन भन्दा कम्तीमा तीन दिन अधि योजना व्यवस्थापकलाई लिखित जानकारी गराएर रद्द वा केहि विवरण परिवर्तन गर्न संकिनेछ ।
- The Unit-holders registered in SIP under associated with any corporate organization may change/transfer/cancel the registration only with consent of that corporate organization. संस्थागत कर्मचारीको रूपमा आवद्ध इकाईधनीहरूले आफुले चाहेको समयमा दर्ता परिवर्तन वा रद्द गर्नु परेमा आर्Aनो संस्था मार्फत योजना व्यवस्थापकलाई जानकारी गराउनु पर्नेछ ।

- The Unit-holders registered with cash/online transfer payment mode should submit the fund transfer confirmation to Fund Manager physically or via email or any other electronic medium. नगद वा अनलाईन मार्फत किस्ता भुक्तान गर्नुहुने इकाईधनीले भुक्तान पूर्जी योजना व्यवस्थापककोमा बुआउनु पर्नेछ ।
- With occurrence of unwanted events like; strike, lock down, national disaster, any war, situation beyond the Fund Manager's control, any break downs etc., the SIP Purchase shall be executed after resumes from the situation. विभिन्न असामहिक घटनाहरू जस्तै: प्राकृतिक विपत्ती, बन्द हड्ताल, युद्ध वा योजना व्यवस्थापकको नियन्त्रण वाहिरको अवस्था आदी जस्ता कारणहरूले कारोवार रोकिन गएमा त्यस्ता घटनाहरू नियन्त्रण भए पश्चात कारोवार सुचारू गरीनेछ ।
- If in case provided the wrong information/details in the form, the unit-holder shall be fully responsible for any loss and/or delay in further process. यदि यस फारममा दिइएको विवरण गलत हुन गई पर्न सकने नोक्सानी वा प्रकृयामा ढिला हुन गएमा इकाईधनी स्वंम जिम्मेवार हुनेछन् ।
- The Fund Manager will have all rights to deduct transaction and any other charges as per prevailing laws & regulations. प्रचलित नियम, कानुन र विद्यमान नियमावलीको अधिनमा रहि कारोवार वा अन्य शूल्क लिन सक्ने सम्पूर्ण अधिकार योजना व्यवस्थापकमा निहित रहनेछ ।
- Third Party payments are not allowed except payments made by; guardians/related persons on behlf of a minor, family members and employer/corporate on behalf employees. नावालकको हकमा अभिभावक, परिवारका सदस्य र कर्मचारीको हकमा सम्बन्धित संस्था बाहेकले गरेको भुक्तानीलाई स्विकार गरीनेछैन् ।

Applicant's Signature (निवेदकको दस्तखत)

.....

Dividend Re-investment Plan (लाभांश पुनःलगानी योजना)

I/We hereby agree to re-invest my/our all dividend amount in the scheme after deducting the applicable tax and transaction fees as per prevailing laws & regulations at applicable NAV offered by Fund Manager. I/We declare that the instruction remains in force till the further request in writing. π/ϵ I/I at a a applicable NAV offered by Fund Manager. I/We declare that the instruction remains in force till the further request in writing. π/ϵ III at a a applicable NAV offered by Fund Manager. I/We declare that the instruction remains in force till the further request in writing. π/ϵ III at a a applicable NAV offered by Fund Manager. I/We declare that the instruction remains in force till the further request in writing. π/ϵ IIII at a a a a a a a a second of the scheme at a a a a a second of the applicable at a and the applicable at a a a second of the applicable at a a a second of the applicable at a second of the applicable at a and the applicable at a second of the applicable at a an applicable at a applicable at a an and the applicable at a applic

Dividend Re-investment Plan shall be applicable for:

All Fiscal Years

Applicant's Signature (निवेदकको दस्तखत)

*Mutual Fund investments are subject to market risks, read all scheme related documents carefully.