DISTRIBUTOR /	BROKER INEC	ORMATION	Please (✓) SIP Re [refer instruction 1(b)]				
Name and AM			Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No	Sub-Broker Code	EUIN
ARN-		ARN-				(As allotted by ARN holder)	
•			AMFI registered Distributors base			including the service rendered	d by the distributor.
any interaction or advice	by the employee / re e of in-appropriatene	elationship manag	eft blank by me / us as this trans ger / sales person of the above ed by the employee / relationshi	distributor / sub broker	or / Guardian / POA Ho	Ider / Guardian / ROA Holder	Third Applicant r / Guardian / POA Holder
		ON (Mandate	ory, if left blank, the ap	plication is liable	e to be rejected)		
lame of Sole / First Un	it Holder	First	Name	Middle	Name	Last N	Name
olio No.					Applicat	on No.	
Iode of Holding (pleas	e ✓) 🗌 Single 🗌	Joint Anyone	e or Survivor		PAN (First	t Unit Holder)	
Mobile No. +91			E-mail ID				
2. SYSTEMATIO		T PLAN DE	TAILS				
Scheme / Plan / Option	ı						
requency (Please 🗸)	Weekly SIP	Month	ly# SIP Quarterly# S	SIP (Calender Quarter	.e. January, April, July and	October)	(#ECS available)
IP Date	Weekly SIP (Mond	lay to Friday): Day	y of transfer	Monthly and Qu		t Date (Any date except 29th,	,
Inrolment Period	Regular Fr	om [M M]	Y Y Y Y To M M /		Perpetual From	M / Y Y Y Y To	0 1 / 2 0 9 9
ach SIP Amount	₹	No. o	f instalments Total	Amount ₹	First SIP In	stalment via: Cheque No.	
rawn on Bank				1			
Branch		1		A	/c. No.		
IP Top UP (Optional)	Top Up Amount*	Amount in m	nultiples of ₹ 500 only	I	op Up Frequency	Half Yearly Yearly*	
We undertake to keep su delayed or not effected usiness day as per the utual Fund. Bank shall	afficient funds in the f at all for reasons of Mutual Fund, execut not be liable for, nor	as Asset Manager funding account of incomplete or ind tion of the SIP with be in default by	ment India Limited, about any c on the date of execution of stand correct information, I would not ill happen on the day of holiday reason of, any failure or delay i	is of incomplete or inco hanges in my bank acc ling instruction. I hereby hold the Mutual Fund of y and allotment of units n completion of its obli	count. I/We have read and declare that the particula or the Bank responsible. If s will happen as per the gations under this Agreem	Ild not hold the user institution agreed to the terms and cor s given above are correct ann the date of debit tomy/ our a erms and Conditions listed ir ent, where such failure or de	nditions mentioned overleaf. d complete. If the transaction account happens to be a non n the Offer Document of the lay is caused, in whole or in
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Or 🔲 Until Cancelled	1.	Name as in bank records	_ 2	Name as in bank records	3.	Name as in bank records
This is to confirm that the declaration has been carefully re						
I have understood that I am authorized to cancel / amend t	his mano	date by appropriately communicating the can	cellatio	ח / amendment request to the User entity	/ corporate	e of the bank where I have authorized the debit.