SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form. Tick (\checkmark) whichever is applicable, strike out whichever is not required.



			ker ARN	EUIN*		LG Code		RIA Code**
ofront commission shall be paid directly by the in	vestor to the AMF	I registered Distributors bas	sed on the investors' as	ssessment of v	arious factors ir	cluding the serv	vice rendered b	by the distributor.
We hereby confirm that the EUIN box has been intent y interaction or advice by the employee / relationship	ionally left blank by	me / us as this transaction is e	executed without					
twithstanding the advice of in-appropriateness, if any			er / sales person					
the distributor / sub broker. I/We, have invested in the Scheme(s) of your Mutua	I Fund under Direc ⁱ	Plan. I/We hereby give you m	y/our consent to					
are/provide the transactions data feed/ portfolio holdi all Schemes Managed by you, to the above mentione	ngs/ NAV etc. in re	spect of my/our investments u	nder Direct Plan				DA Holder Thi	
RANSACTION CHARGES for I confirm	that I am a first tir	ne investor across Mutual Fi	unds. (Rs. 150 deductib					
I. APPLICANT'S INFORMATIC		3			J	.,		
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2. SYSTEMATIC INVESTMENT			MULTI SI	→ → → ⊃				
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Scheme Name		SIP Amount	SIP Date / Day (For Weekly	Start Date	Perpetual*	End Date*	Top Up Amount	Top Up Frequency
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This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.

_ 2. __

Name as in bank records

Name as in bank records

_ 3. _

Name as in bank records

1. _