

COMMON SIP REGISTRATION FORM & NACH MANDATE

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



Application No.

DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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1. UNITHOLDER INFORMATION

Folio No.	<input type="text"/>	Legal Entity Identification(LEI) Code ⁵	<input type="text"/>
1st/Sole Unit Holder Name	Mr. Ms. M/s	<input type="text"/>	<input type="text"/>
Second Applicant Name	Mr. Ms. M/s	<input type="text"/>	<input type="text"/>
Third Applicant Name	Mr. Ms. M/s	<input type="text"/>	<input type="text"/>
PAN/PEKRN of First Applicant	<input type="text"/>	Second Applicant	<input type="text"/>
		Third Applicant	<input type="text"/>

2. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme	TRUSTMF	Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Reinvestment <input type="checkbox"/> IDCW* Payout	Dividend Frequency	<input type="text"/>
*IDCW- Income Distribution cum Capital Withdrawal Option		5LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.	

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

Enrolment Period: From Date	<input type="text"/>	To Date	<input type="text"/>	OR Perpetual (99 years) (Default)	<input type="checkbox"/>
First SIP Instalment via: Cheque No	<input type="text"/>	Drawn on Bank and Branch	<input type="text"/>		
Amount: ₹	<input type="text"/>	A/c. No.	<input type="text"/>		
Each SIP Amount: ₹	Amount in Words <input type="text"/>				

Frequency: (Please ✓)	<input type="checkbox"/> Monthly (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 6)	<input type="checkbox"/> Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 4)
Date	<input type="text"/> Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> Preferred Debit Date (Any day from 1st to 28th of the month.)

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date	<input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

From	<input type="text"/>	Stamp & Signature	
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Application No.

Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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



ONE TIME BANK MANDATE (NACH/OTM/DIRECT DEBIT FORM)

Tick (✓) CREATE ✓ MODIFY CANCEL	UMRN	F	O	R		O	F	F	I	C	E		U	S	E		O	N	L	Y		Date	D	D	M	M	Y	Y	Y	Y		
Sponsor Bank Code		FOR OFFICE USE ONLY										Utility Code		FOR OFFICE USE ONLY																		
I/We hereby authorize		TRUST MUTUAL FUND										to debit (tick ✓)		SB	CA	CC	SB-NRE	SB-NRO	Other													
Bank Account No.																																
With Bank	Name of customers bank										IFSC											or MICR										
an amount of rupees											IN WORDS										₹	IN FIGURES										
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half yearly <input checked="" type="checkbox"/> Annually <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE <input checked="" type="checkbox"/> Fixed amount <input checked="" type="checkbox"/> Maximum Amount																					
Reference/Application No.											Phone No.																					
Scheme Name											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											Signature of Primary Account Holder As per Bank Record										Signature of Account Holder As per Bank Record										Signature of Account Holder As per Bank Record									
From	D	D	M	M	Y	Y	Y	Y																																
To	D	D	M	M	Y	Y	Y	Y																																
or	<input type="checkbox"/> Until cancelled										1. Name as in Bank records										2. Name as in Bank records										3. Name as in Bank records									

This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of TRUST Mutual Fund / TRUST AMC shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of TRUST Asset Management Private Limited, Investment Manager to TRUST Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.

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