SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For NACH/Direct Debit



Application No.:



ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
JIN Declaration: Declaration for "Execution Only at the EUIN box has been intentionally left blan twithstanding the advice of in-appropriateness, if i transactions data feed/portfolio holdings/ NAV e	Transaction (where Employee Uniq < by me/us as this transaction is ex any, provided by the employee/relat tc. in respect of my/our investments i	ue Identification Number-EU ecuted without any interact ionship manager/sales pers under Direct Plan of all Sche	IN* box is left blank). Please ion or advice by the employ on of the distributor/sub bro mes managed by you, to the	refer instruction 12 of KIM for comp ee/relationship manager/sales pers ker. RIA Declaration : "I/We hereby e above mentioned SEBI-Registered	lete details on EUIN. I/We hereby confi on of the above distributor/sub broker give you my/our consent to share/provi Investment Adviser/ RIA".
					Guardian / Authorised Signatory / PoA
Signature of 1 st Applicant / Guardian / Authorised Sig	egistration (Please fill all section	re of 2 nd Applicant / Guardian /	SIP Top-up Facility	OR Goal SIP	Guardian / Authonised Signatory / PoA
1. EXISTING UNIT HOLDER INFORM	5 (, 🗖		d will apply for this applicat	tion.)
ame of 1 st Unit Holder				Folio No.	
2. SIP ENROLMENT DETAILS (Please	_		_		if]).
equency Please 🕢 🔲 Monthly (E	Default) Quarterly	Regular Plan	Direct Plan	Growth (Default)	Dividend Reinvestment (Please
cheme:	The set of the set				Dividend Payout
	Date from 1 st till 28 th of the m be considered as the default		(₹) □ 5,000 □ 10,	000 🗌 25,000 🗌 Any oth	ner Amount. (₹)
P Start Month (MM/YY) M M Y	Y SIP End Month (MM/Y)		· <u>–</u>		set Mutual Fund to discontinue your S
a. Goal SIP - Do you want to assigr ease specify your goal amount ₹		S No If yes plo Kids Marriage 🦄	ease select (🗸) your	goal [Refer Instruction 24 (cation / Re	overleaf]. etirement Planning (Default) 🧟
Tax Savings 🔊 🔲 Dream Ho			am Vacation 🔬		Please specify
b. SIP TOP-UP FACILITY (You can s		0 0		nstruction No. 23 on the re	verse on SIP Top-up
I Applicants have to submit NACH ma	indate and will need to fill th	e maximum amount i	n line with Top Up am	ount, SIP amount & tenure.	(Not available for micro SIPs)
p-up Amount (₹) (minimu	m ₹ 500/- & in multiples of ₹ 1/	/- only) Top-up Start I	Month (MM/YY) M	M Y Y Top-up End Mo	onth (MM/YY) M M Y
tisting Investors Availing Top-Up: Plea	ase provide current SIP IH N	umber as per SOA	F	requency Please 🧹 🔲 I	Half Yearly 🔲 Yearly (Defau
B. SIP PAYMENT DETAILS (New Inv	restors - Please provide co	py of cancelled cheo	que and mention rele	vant SIP details in the form	n and NACH mandate.)
Cancelled cheque Leaf	First SIP Cheque No.		[)rawn on Bank	
neque Date		/c. Type	NRE	CURRENT	SAVINGS NF
4. BANK ACCOUNT DETAILS (Man					
ame of 1 st A/c. Holder as in Bank Record		Oran Developer A/a Na			
ank Name		Core Banking A/c. No.			
anah Nama 8 Address					
anch Name & Address	Den				
Digit MICR Code		k Account Type 🔗			
Digit MICR Code	et Mutual Fund - Having read and understoo	od the contents of the SID of the S conditions of SIP enrolment and r	cheme applied for (Including the s	CURRENT SAVING cheme(s) available during the New Fund O Direct Debit (Auto Debit), I/We also agree	ffer period); I/We hereby apply for units of the t that if the transaction is delayed or not effected
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