

(Please read the Key Information Memorandum, the Product Labels and instructions carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN ARN-64917	Sub-Broker Code/ ARN/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIN* (Refer Section 'L' of instructions) E434563	RIA Code / PMRN**	Ref. No.
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*I/We hereby confirm that the EUIN 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 person of the distributor and the distributor has not charged any advisory fees on this transaction.

****By mentioning the RIA Code/ PMRN, I/we hereby give my/our consent to share/provide the transactions data feed / unit holdings in respect of my/our investments under Direct Plan in the Scheme(s) of Union Mutual Fund with the SEBI Registered Investment Adviser/ SEBI registered Portfolio Managers.**

Signature <small>Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory</small>	Signature <small>Second Applicant/ POA/ Authorised Signatory</small>	Signature <small>Third Applicant/ POA/ Authorised Signatory</small>
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Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)

I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. EXISTING UNIT HOLDER INFORMATION (Please complete Section 1, 7, 9 & 11 only) (The details in our records under the Folio No. mentioned below will only be considered for this application) *Mandatory

Unitholder's Name	Folio No.
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2. MODE OF HOLDING Single Joint (Default option) Anyone or Survivors

3. FIRST APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B', 'C' and 'G' of instructions) (Please ensure that the details mentioned matches with the KYC details)

Mr. Ms. M/s. NAME

PAN KYC CKYC No. (KIN) ^

3a. Contact Details* (Refer Section 'I' of Instructions) (Please ensure to mention Country and Area Code)

Mobile No. E-mail[§]

Tel. (Off.) Country/ Area code Tel. (Res.) Country/ Area code Fax Country/ Area code

[§]The primary email address as provided above belongs to me/family member. [Please (✓)]
On providing email-id, investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive the scheme wise annual report or an abridged summary thereof in physical form [Please (✓)] Opt-in

Mailing address* (P. O. Box address is not sufficient.)

City State Pin Code

Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient. Investors residing overseas and with P. O. Box address please provide your Indian address)

City Country Area Code

3b. Date of Birth (Mandatory in case of minor) D D M M Y Y Y Y Minor's Relationship with Guardian (referred in point no. 4) Father Mother Legal Guardian

3c. Proof for Date of Birth and relationship with Guardian Birth Certificate School Leaving Certificate Marksheet issued by HSC/ State Board Passport Others (Please Specify) _____

3d. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Sole Proprietorship HUF

Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank/FI Insurance Company

Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund FII Others (Please Specify) _____

3e. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify) _____

3f. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

Net-worth in ₹ _____ as on (Not older than 1 year)

Please tick (✓)* Politically Exposed Person Related to Politically Exposed Person Not Applicable

For Non - Individual Investors* (Is the entity involved in / providing any of the following services)

Foreign Exchange / Money Changer Services Yes No

Gaming / Gambling / Lottery Services [eg. casinos, betting syndicates] Yes No

Money Lending / Pawning Yes No

Any other information [Please specify]: _____

[^] Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

12. DEBIT MANDATE (Lumpsum Investment) (For Union Bank of India account holders)

To Branch Manager - Union Bank of India Date ___/___/___

I / We _____

authorise you to debit my / our Account No. Type of Account _____

₹ (in figures) ₹ (in words) _____ to

pay for the purchase of units of Union _____ (Scheme Name)

Signature of Account Holder(s) / Authorised Signatory(ies)
(As per Bank records)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr./ Ms. /M/s _____

an application for units of _____ (Scheme/Plan/Option)

Amount _____ Instrument No _____

Dated ___/___/___ Drawn on Bank & Branch _____

4. SECOND APPLICANT/ GUARDIAN IF MINOR/ CONTACT PERSON FOR NON-INDIVIDUALS/ POA HOLDER DETAILS* [Please tick (✓)] (Refer Section 'B', 'C' and 'I' of instructions)

Mr. Ms. NAME OF SECOND APPLICANT Date of Birth DD MM YY YY

PAN KYC CKYC No. (KIN) ^

4a. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

4b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

4c. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore Net-worth in ₹

4d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

4e. Contact Details* Mobile No. E-mail

5. THIRD APPLICANT'S INFORMATION* [Please tick (✓)] (Refer Section 'B', 'C' and 'I' of instructions)

Mr. Ms. NAME OF THIRD APPLICANT Date of Birth DD MM YY YY

PAN KYC CKYC No. (KIN) ^

5a. Status* Resident Individual Minor NRI (Repatriable) NRI (Non-Repatriable) Others (Please Specify)

5b. Occupation* Pvt. Sector Public Sector Govt. Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify)

5c. Gross Annual Income* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore Net-worth in ₹

5d. Other Details* I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

5e. Contact Details* Mobile No. E-mail

^ Investors who have completed the Central KYC with the Central KYC Records Registry (CKYCR), and have a KYC Identification Number (KIN) from the CKYCR are requested to quote the 14 digit KIN.

6. FATCA INFORMATION/ FOREIGN TAX LAWS* - for Individuals including Sole Proprietors (Non-Individuals are required to submit the separate FATCA and UBO Declaration Form available at www.unionmf.com or at our Customer Service Centres) [Please tick (✓)] (Refer Section 'M' of instructions)

The below information is required for all applicant(s)/ guardian

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is the Country of Birth / Citizenship / Nationality / Tax Residency other than India?*	Yes No	Yes No	Yes No
* If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.			
Place/ City of Birth			
Country of Birth			
Address Type (of address in KYC records)	Residential / Business Residential	Residential / Business Residential	Residential / Business Residential
Country of Tax Residency 1			
Tax Payer Ref. ID No. 1			
Documentation Type 1 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason A B C	Reason A B C	Reason A B C
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Documentation Type 2 (TIN or Other Please specify)			
If TIN is not applicable, [Please tick (✓)] the reason A, B or C [as defined below]	Reason A B C	Reason A B C	Reason A B C

- Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- Reason C - others; please state the reason thereof.

Document Checklist	Individual	Company	Society	Partnership Firms	Investment through POA	Trusts	NRI	FII's	HUF	AOP & BOI	Demat Holder
PAN Card [Micro Investments, Investor(s) from Sikkim, government officials specifically exempt]	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓*
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓		✓	
Memorandum & Articles of Association		✓									
Certificate of Incorporation		✓	✓	✓		✓					
Trust Deed			✓			✓					
Bye-laws											
Partnership Deed				✓							
Notorised POA (signed by investor and POA Holder)					✓						
Bank Account Proof (Latest available)	✓	✓	✓	✓	✓	✓	✓		✓	✓	
Demat Statement (Latest available)											✓
Client Master Statement (Latest available)											✓
HUF Deed									✓		
Overseas Auditor's Certificate & SEBI Regn. Certificate								✓			
FATCA Form & UBO Declarations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*For demat holder, submission of KYC is optional.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Ltd.,
Unit: Union Mutual Fund
158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.
Email: enq_uk@camsonline.com | Website: www.camsonline.com

Union Asset Management Company Pvt. Ltd.
Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059
Toll Free : 1800 200 2268/1800 572 2268 | Tel No. : 022 67483333
Website: www.unionmf.com | Email : investorcare@unionmf.com
Give a missed call from your registered mobile number on 08010421326 and get an Account Statement via SMS.



7. PAYOUT BANK ACCOUNT DETAILS * [Please tick (✓)] (Refer Section 'D' and 'G' of instructions) (Will be updated only if the proof of bank account is available)

Please update my/our pay-in-bank account mentioned under point no. '9' below as default payout bank account Yes No (If no please furnish the details below) (Will be updated only if payment is through cheque/debit mandate or proof of pay-in with IFSC code is enclosed)

Bank Name													
Bank A/C No							Bank Branch						
A/C Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others (Please Specify)												
Bank City							State				PIN		
IFSC CODE							MICR CODE						
Document Attached	<input type="radio"/> Original Cancelled Cheque with name & A/c no. of 1st unitholder pre-printed <input type="radio"/> Bank Pass Book having name, address & A/c no. of account holder with current entries not older than 3 months												

(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)

For unit holders opting to invest in demat mode, please ensure that the bank account linked with the demat account is mentioned here.

8. UNITHOLDING OPTION [Please tick (✓)] Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

DEMAT ACCOUNT DETAILS (Refer Section 'G' of instructions)

NSDL: Depository Participant (DP) Name _____ DP ID No: **I N** _____ Beneficiary Account Number _____

CDSL: Depository Participant (DP) Name _____ Beneficiary Account Number _____

It may be noted that the combination/ sequence of names and mode of holding in the application form must match exactly with the account held with the Depository participant. Investor willing to invest in demat option, may provide a copy of the DP statement to enable us to match the demat details as stated in the Application Form.

9. INVESTMENT AND PAYMENT DETAILS* [Please tick (3)] (Refer Section 'E', 'F', 'G' and 'N' of instructions) [Third Party payment(s) will not be accepted]

Name of the Scheme	U N I O N										
Plan	Option			Sub Option				IDCW Frequency~			
<input type="radio"/> Regular/ Other than Direct Plan <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> IDCW <input type="radio"/> Payout of IDCW <input type="radio"/> Reinvestment of IDCW <input type="radio"/> Transfer of IDCW <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly											
Transfer of IDCW to	U N I O N										
Plan/ Option							Facility				

Default Plan/ Option/ Facility will be applied in case of no information, ambiguity or discrepancy.

LUMP SUM

Payment Mode: Cheque RTGS NEFT Fund Transfer Debit Mandate (Union Bank of India A/C Holders only) One Time Mandate (OTM)

Cheque / RTGS / NEFT No. _____ Cheque / RTGS / NEFT Date **D D M M Y Y Y Y**

Amount in ₹ (Figures) _____ Amount in ₹ (words) _____

Source Bank Name _____ Source Branch _____

Source Bank A/C No. _____ Account Type Savings Current NRE NRO FCNR

Source Bank IFSC Code _____ Cheque Issuer Name _____ In case the cheque is issued by a person other than the investor

If electronic transfer, please fill UTR No. _____

If One Time Mandate, please fill, Unique Mandate Reference Number (UMRN) _____

~Note: IDCW - Income Distribution cum Capital Withdrawal Option

TO BE FILLED ONLY IN CASE OF SIP APPLICANT

Name	PAN					
Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date*	Frequency*	Start Day/Month/Year	End Month/Year (Default Dec 2099)*	
		D D	<input type="radio"/> Daily** <input type="radio"/> Monthly* <input type="radio"/> Quarterly	D D M M Y Y Y Y	M M Y Y Y Y	
		D D	<input type="radio"/> Daily** <input type="radio"/> Monthly* <input type="radio"/> Quarterly	D D M M Y Y Y Y	M M Y Y Y Y	
		D D	<input type="radio"/> Daily** <input type="radio"/> Monthly* <input type="radio"/> Quarterly	D D M M Y Y Y Y	M M Y Y Y Y	

*Default
 Note: In case the chosen date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next Business Day.
 *Default SIP date is 8th for monthly and quarterly frequency. **In case none of the frequencies have been selected then Monthly frequency shall be treated as the Default frequency, provided the requirement relating to minimum instalment size for monthly frequency is fulfilled. **Daily frequency available only for Union Flexi Cap Fund

MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer overleaf for instructions)



UMRN **F o r O f f i c e u s e** _____ Date **D D M M Y Y Y Y**

Utility Code **CITI0002000000037** [Tick (✓)] CREATE MODIFY CANCEL

Sponsor Bank Code **CITI000PIGW** I/We, hereby authorize **Union Mutual Fund**

To debit [Tick (✓)] **SB/CA/CC/SB-NRE/SB-NRO/Other** Bank a/c number _____

with Bank **Name of Customer's Bank** IFSC _____ or MICR _____

an amount of Rupees _____ in words _____ ₹ _____ in figures _____

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 _____ Reference 2 _____

1. 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 bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Union Mutual Fund to debit my account based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Union Mutual Fund or the bank where I have authorised the debit.

PERIOD

From **D D M M Y Y Y Y**

To **3 1 1 2 2 0 9 9**

Or Until cancelled

Signature Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

Phone No. _____ 1. _____ 2. _____ 3. _____

10. NOMINATION DETAILS* [Please tick (✓)] (Refer Section 'H' of instructions)

Please register nomination as requested below I/ We do not wish to nominate[®] (®Please strike out the form below)

I/We hereby nominate the under mentioned Nominee(s) to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee/ Sponsor.

Name and Address of Nominee	PAN of Nominee	Relationship	% of Allocation	Date of Birth	Name and Address of Guardian	Signature of Nominee/ Guardian of Nominee (Optional)
				(to be furnished in case the Nominee is a minor)		
Nominee						
Nominee						
Nominee						

11. DECLARATION & SIGNATURES* (Refer Section 'K' of instructions)

- I/ We have read, understood and hereby agree to comply with the terms and conditions (T & C) of the scheme related documents, the T & C and policies on the AMC's website, and hereby apply for Units of the aforementioned Scheme(s). I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/ We hereby confirm that Union Mutual Fund (the Fund)/ Union Asset Management Company Private Limited (the AMC) and its empanelled broker(s) have not given me/ us any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme and the AMC / Trustee/ Mutual Fund/ Sponsor will not be responsible if such investment is ultravires the relevant constitution.
- I/ We hereby confirm that the information provided hereinabove is true, correct and complete to the best of my/ our knowledge and belief and that I/ we shall be solely liable and responsible for the information submitted. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ we also confirm that I have read and understood the FATCA & CRS T & C and hereby accept the same. I/ We also undertake to keep you promptly informed in writing about any changes/ modifications to the above information in future and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/tax authorities. I/ We hereby authorize the Fund/ the AMC/ the RTA to share any information provided by me/ us to the Fund, its Sponsor, the AMC, Trustee, their employees, RTAs, authorized agents, third party service providers, my/ our distributor(s), SEBI registered Intermediaries or any Indian or foreign governmental or statutory or judicial or tax/ revenue authorities/ agencies and other investigation agencies in or outside India, and/ or to withhold and pay out any sums from my/ our account(s) or close or suspend my/our account(s), without any obligation of advising me/ us of the same, as may be required by regulators/ tax authorities.

Applicable to SIP Investments only: I/ We hereby express my/ our willingness to make payments towards SIP instalments as mentioned under the SIP Auto debit form. If the transaction is delayed or not effected for reasons of incomplete/ incorrect information, I/we would not hold the user institution and its affiliates responsible. Further, I/ we authorize the representative (the bearer of this request) to get the mandate herein verified. Mandate verification charges, if any, may be charged to my/ our account.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/FCNR account(s).

Important alert: In case there is any change to your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the point of service of any KYC Registration Agency.

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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SIP for

Strategic Investment Planning

Welcome to **Strategic Investment Planning** - A goal based planning with which you can not only plan for your multiple goals but also aim to achieve it.

To know more about Strategic Investment Planning

☎ 1800 200 2268/18005722268 ✉ investorcare@unionmf.com 🌐 www.unionmf.com

MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

- **Terms and Conditions for Mandate Instruction for Auto Debit:**
 - i. SIP through NACH (National Automated Clearing House) / ECS / Direct Debit is offered to investors having bank accounts in selected bank / cities where they have an account or located currently.
 - ii. The list of such banks may be modified/ updated at any time in future entirely at the discretion of Union Mutual Fund without assigning any reasons or prior notice.
 - iii. The investor agrees to abide by the terms and conditions of NACH facility of National Payments Corporation of India (NPCI). The investor assumes the entire risk of using the Auto Debit Facility and takes full responsibility for the same. Investor will not hold Union Mutual Fund, its Registrar(s) and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/Auto Debit / ECS.
 - iv. Union Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
 - v. By submitting the Auto Debit mandate the investor authorizes Union Mutual Fund to utilize the information provided herein for the purpose of investor's investments in the Mutual Fund, including creation of a folio.
 - vi. Investors can choose any preferred date of the month as SIP debit date. In case the chosen SIP date falls on a non - business date or a date which is not available in a particular month. The SIP will be processed on the immediate next business day.
 - vii. Investors are required to ensure that there are adequate funds in their bank account on the date of investment transaction. Union Mutual Fund will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently.
 - viii. SIP cancellation can be done separately by submitting the request atleast 15 Business Days in advance; however the associated mandate can be retained for future investments.
 - ix. The total of all SIP instalments in a day should be less than or equal to the maximum amount as mentioned in the Mandate Instruction.
 - x. The enrolment period i.e Start and End Month/ Year specified for the SIPs should be less than or equal to the enrolment period mentioned in the Mandate Instruction.
 - xi. Investments made through the Auto Debit Mode are subject to realization of funds from investor's bank account and the NAV guidelines will be applicable for the transactions.
 - xii. Following fields need to be filled mandatorily:-
 - a. Date in format DD/MM/YYYY
 - b. Bank A/c Type: Tick the relevant box
 - c. Bank Account Number (Investor's bank account number)
 - d. Name of Destination Bank (Investor's bank)
 - e. IFSC / MICR code
 - f. Mention Maximum Amount such that the total of all SIP instalments in a day should be less than or equal to the Maximum Amount.
 - g. Reference 1: Mention Folio Number
 - h. Reference 2: Mention Application No.
 - i. Phone No. (Optional)
 - j. Email ID (Optional)
 - k. Period: Start date and End Date of NACH registration (in format DD/MM/YYYY) or select 'Until cancelled'.
 - l. Signature as per bank account records
 - m. Name: Mention Bank Account Holder Name as per bank records