

SYSTEMATIC INVESTMENT PLAN (NACH FORM) Please attach the scheme application form duly filled & signed

Name &	ARN of Distributor	1	nterna	al Sul	o-Brok	er Cod	le (as a	allot	ed by	Distrib	utor)			Si	ub-Br	roker .	ARN				Emp	loye	e Unio	que I	aent	ifica	tion	No. ((EUIN)^
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• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.

SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT) Please attach the scheme application form duly filled & signed

Name & Al	RN of Distribut	UT	inter	nai Sub-	broker Co	vae (as	allote	d by Distri	ibutor)		Su	b-Broker /	INN			cmpio	yee Un	ique l	uentii	icatio	UN NO.	EUIN	<i>)</i> //
^Mandatory: It is mandat	ory to provide the	EUIN detai	 Is of the distri	butor's sale	s person fo	r all tran	sactions	(both Adviso	ory and Exe	ecution).													
DR Declaration: In case the ab	oove FLIIN column	is left hlank	/ not provide	ad nlease re	nia hac he	n the fol	lowing d	leclaration in	the hov(e	s) provide	ad below												
"I/We hereby confirm that t					-		-					employee/r	elationshij	p manage	er/sales p	erson o	f the abo	ve distr	ibutor/s	sub brc	oker or no	otwiths	tandi
the advice of in-appropriate	eness, if any, provid	ded by the e	employee/rela	ationship m	anager/sal	es perso	n of the o	distributor/su	ub broker."														
Signat	ure of Sole/First	Applicant	/Guardian					Signatur	e of Seco	nd Appl	icant					Sia	nature o	ofThird	i Appli	cant			
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New Regular SIP:	First Installment	of Regula	r SIP throug	h a Cheque	e and subs	equent	investn	nents via Ele	ectronic C	learing S	Services (EC	S) (for all Ba	anks in se	lect citie	s only) /	Direct	Debit (fo	or selec	ct Bank	cs only) as per	overle	af.
New Special SIP: F														P installr	nent.								
Renewal/Continu	ation of existi	ng SIP onl	ly if last SIP i	nstallmen	t as per cu	rrent re	gistratio					ollowing co	lumns).										
								INVES	TMENT	DEIA					F								
Folio No. (for existin	-										Applica	tion No. (for new	v Appli	cant)								
Name of Sole/1st Aj	oplicant/Mino	or/Non-ii	ndividual	Mr./Ms./	M/s.																		
E-mail ID (Capital Lett	ers):													Mobile	e No.:								
Scheme :								Plan :								Optio	on						
SIP Installment Am	ount (Rs.)							Frequ	ency (pl	ease tic	(any one)	: Monthly	*	Quart	erly	(*	• Defau	ult Fre	equen	icy)			
SIP Period : Start :		М	MY	7 Y	Y			End :	MM	Y	ΥΥ	Y OR	Perpe	etual(i.e	e. until i	t is car	celled)						
SIP Dates (Pl. √any	one):	0	1st ()5th	10th	· ·	15th [20th	2	25th of t	he month	(Note : Min	imum 30	days are i	required	for 1st i	nstallme	nt throu	ugh aut	o debi'	t to regis	ter and	start
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the Scheme is being re	ecommended t	o me/us".																					
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The Branch Manage	er																						
Bank Name &																							_
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9-digit MICR Code ((Mandatory)	:					(/	At PAR MIC	R Code n	ot valid	for ECS - e	.g MICR co	de starti	ing and	/ or end	ding w	ith 000)					
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First/Sole holder	Signature																						
First, Sole Holder	Name																						
Second Holder	Signature																						
Jetona nonaci	Name																						
Third Holder	Signature																						
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