

SIP REGISTRATION & OTM DEBIT MANDATE FORM



Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-64917				E434563	

** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please ✓ if applicable) In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.
Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number Existing UMRN

Name of Sole / 1st Applicant Mr. / Ms. / M/s.

2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Bajaj Finserv Growth (Default) IDCW Payout IDCW Reinvestment (Default for IDCW)
 Please tick (✓) Regular Plan Direct Plan
 IDCW Frequency - (Please refer to SID for the IDCW Frequency & Option)

SIP Frequency Daily Weekly (Any day from Monday to Friday) Fortnightly (1st & 16th of each month) Monthly Quarterly

SIP Date* SIP Start SIP End (End date cannot exceed 30 years) (*You may select any date from 1st to 28th of the month. In case no date is selected, 10th would be the default SIP Date; For weekly SIP, Tuesday will be the default day)

SIP Amount (₹ in figures) (₹ in words)

SIP Top Up Facility (Optional) (✓ to avail facility) Fixed[#] OR Variable[§] (Please fill the applicable section below) SIP Top Up Frequency Half Yearly OR Yearly*

*Fixed Top Up Amount: ₹ OR [§]Variable Top Up Percentage: 5% 10% 15% 20% Others (Multiple of 5% only)
 *In case of Quarterly SIP, only Yearly frequency is available under SIP Top Up Facility.
[§]If the Variable Top Up percentage is not selected, the default shall be 5%.

SIP Top Up Cap Amount*: ₹ OR SIP Top Up Cap Month (*Investor has to choose only one option either CAP amount or CAP month - year. In case of multiple selection, Top Up Cap amount will be considered as a default selection)

First Instalment Details

First SIP Transaction via Cheque No. Cheque Dated Amount (₹) In Figures

Mandatory Enclosure (if 1st Instalment is not by cheque) Blank cancelled cheque Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise Bajaj Finserv Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Bajaj Finserv AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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 acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information."
 For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA

Sign of 2nd Applicant / Authorised Signatory / POA

Sign of 3rd Applicant / Authorised Signatory / POA

4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN Bank use Date

CREATE MODIFY CANCEL

Utility Code Bank use I/We hereby authorize Bajaj Finserv Mutual Fund

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

Reference 1 Folio No. Reference 2 Scheme Name

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. 2. This is to confirm that the declaration has been carefully read, understood & 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD
 From To

Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder

Phone No. 1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

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

TOLL FREE NUMBER: 1800 309 3900 | EMAIL: service@bajajamc.com | WEBSITE: https://www.bajajamc.com

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN



Please read the Terms and Conditions carefully and strike off any sections that are not relevant or not applicable.

ARN-64917 E434563

1. DISTRIBUTOR INFORMATION*

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.

** By mentioning RIA /PMRN code, I/We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION

Investor Name Mr. Ms. M/s.

Folio No. PAN/PEKRN* Enclosed: KYC Compliance

3. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 7 business days before the 1st due date for transfer) (Refer STP instructions)

From Scheme <input type="text"/>	To Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
IDCW Frequency (In case of IDCW Option) <input type="text"/> (Please specify)	IDCW Frequency (In case of IDCW Option) <input type="text"/> (Please specify)
STP Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Any day from Monday to Friday)	<input type="checkbox"/> Monthly* (*Default) <input type="checkbox"/> Quarterly
STP Amount: <input type="text"/> No. of Installments: <input type="text"/>	STP Date <input type="text"/> STP Start <input type="text"/> STP End <input type="text"/> (You may select any date from 1st to 28th of the month)

4. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 7 business days before the due date for transfer) Refer SWP Instructions

Scheme <input type="text"/>	Plan <input type="text"/>
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	*IDCW Frequency (In case of IDCW Option) <input type="text"/>
SWP Instalment ₹ <input type="text"/>	SWP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
No. of Instalments <input type="text"/>	SWP Date: <input type="text"/> SWP Start: <input type="text"/> SWP End: <input type="text"/> (You may select any date from 1st to 28th of the month)

5. DECLARATION AND SIGNATURE(S)

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/we hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/we confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/we confirm that I/we do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/we confirm that details provided by me/us are true and correct.

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.

SIGNATURE(S)

Sign of 1st Applicant / Guardian / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA
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ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Folio No.

From

Scheme Plan

Amount Cheque No. Date

Signature, Stamp & Date