

DEBIT MANDATE FORM NACH/ ONE TIME BANK MANDATE FORM

ARN-64917 E434563

Tick	<input checked="" type="checkbox"/>	UMRN											D	D	M	M	Y	Y	Y	Y						
Create:	<input type="checkbox"/>	Sponsor Bank Code	Office Use Only										Utility Code	Office Use Only												
Modify:	<input type="checkbox"/>	I/We hereby authorize GROWW MUTUAL FUND to debit (tick ✓) SB/ CA/ CC/ SB-NRE/ SB-NRO/ Other																								
Cancel:	<input type="checkbox"/>	From Bank A/C Number:																								

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees (in words) ₹

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

Folio No. Phone No.

Schemes ALL SCHEMES OF GROWW MUTUAL FUND 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 From D D M M Y Y Y Y To D D M M Y Y Y Y Or Until Cancelled

- This is confirm that the declaration has been carefully read, understood & made by me/us. I am authorised the user entity/ corporate to debit my account, based on the instruction as agreed and signed by me.
- 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.

1. Signature of 1st Account Holder 2. Signature of 2nd Account Holder 3. Signature of 3rd Account Holder

Name as in bank records

Name as in bank records

Name as in bank records

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

New Registration Micro SIP

(New Investors to submit duly filled and signed Common Application Form)

INTERMEDIARY INFORMATION

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIIN)	RIA Code**
ARN-64917 ^(here)	ARN-		E434563	

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S DETAILS

Folio/Application No. PAN / PEKRN[^]**

Sole/First Investor Name: Mr. / Ms. / M/s. FIRST MIDDLE LAST

2. INVESTMENT DETAILS (Please ✓ Choice of Scheme / Option)

Scheme

Option

3. FREQUENCY DETAILS (Please ✓)

Monthly Quarterly

Any date between 1st to 28th

No of Installments: SIP Start Date SIP End Date

Cheque Details. (In case of SIP to PDC please mention cheque no) From To

Amount Per Installment: Amount (in words)

I/We hereby authorize Groww Mutual Fund and their authorized service providers to debit my/our following bank account by SIP (Debit clearing/ Auto Debit) for collection of SIP payments

Note: Please allow 30 calendar days for Auto Debit to register and start.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Groww Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Groww Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Groww Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Groww Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Groww Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

SIGN HERE 

First / Sole Holder / Guardian / Authorised Signatory

Second Holder / Authorised Signatory

Third Holder / Authorised Signatory

4. DECLARATION

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/ we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax / Phone or any other electronic means.

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

New Registration Micro SIP Cancellation of SIP

(New Investors to submit duly filled and signed Common Application Form)

INTERMEDIARY INFORMATION

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10)

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIIN)	RIA Code**
ARN-64917 (here)	ARN-		E434563	

*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S DETAILS

Folio/Application No. PAN / PEKRN^**

Sole/First Investor Name: Mr. / Ms. / M/s. FIRST MIDDLE LAST

2. INVESTMENT DETAILS (Please ✓ Choice of Scheme / Option / Facility)

Scheme

Option

Facility

3. FREQUENCY DETAILS (Please ✓)

Monthly Quarterly

Any date between 1st to 28th

No of Installments: SIP Start Date SIP End Date Cheque No.

Amount Per Installment: Amount (in words)

I/We hereby authorize Groww Mutual Fund and their authorized service providers to debit my/our following bank account by SIP (Debit clearing/ Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start.* Only monthly and quarterly SIP frequencies are available for Groww Liquid Fund.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Groww Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Groww Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Groww Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Groww Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Groww Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

SIGN HERE

First / Sole Applicant / Guardian / Authorised Signatory

Second Applicant / Authorised Signatory

Third Applicant / Authorised Signatory

4. DECLARATION

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/we hereby authorize the fund to utilize this form for transactions through Email/SMS/Fax/Phone or any other electronic means.

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EIJN)	RIA Code**
ARN-(ARN stamp here)	ARN-			

*Please sign alongside in case the EIUN is left blank/not provided. I/We hereby confirm that the EIUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

New Registration Cancellation

2. NEW / EXISTING UNIT HOLDER INFORMATION

Folio/Application No. PAN / PEKRN

Name of the Sole/1st Applicant: Mr. / Ms. / M/s. FIRST MIDDLE LAST

3. SCHEME DETAILS (Please ✓) Choice of Scheme / Option / Facility

Scheme
 Option
 Facility

4. FREQUENCY DETAILS (Please ✓)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="checkbox"/> 5th, 21st OR <input type="checkbox"/> 7th & 25th	<input type="checkbox"/> 5th OR <input type="checkbox"/> 21st OR	<input type="checkbox"/> 7th OR <input type="checkbox"/> 25th OR <input type="checkbox"/> 15th OR <input type="checkbox"/> 28th

5. SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (Please ✓)

Regular SIP Change in Bank Mandate for existing SIP Micro SIP (MSIP)

Enrollment Details

No of Installments: Amount Per Installment:

Amount (in words)

1st Installment Cheque Details

Cheque/DD Date Amount (Rs.)

Drawn on Bank & Branch

Photo Identification proof and Residential Proof number in case of Micro SIP of 1st Applicant

2nd Applicant 3rd Applicant

Cheque Nos From To #Only monthly & quarterly SIP frequencies are available for Groww Liquid Fund.

6. SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Please ✓) 10 business days to register STP

To Scheme

Plan Option

No of Installments:

Amount Per Installment: Amount (in words)

7. SYSTEMATIC TRANSFER PLAN (SWP) DETAILS (Please ✓) 10 business days to register SWP

Amount Per Installment: Amount (in words)

No of Installments:

8. CONTACT DETAILS

Tel. (Res.) STD Code Tel. (Off.) Mobile No. (Country Code)


	Mobile No.	Mobile No. provided pertains to	Email ID	Email ID provided pertains to
FIRST APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
SECOND APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
THIRD APPLICANT	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="text"/>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor

9. DECLARATION AND SIGNATURE

I/We have read and understood the terms and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the scheme(s), I/We hereby apply to the Trustees of Groww Mutual Fund for units of scheme(s) of Groww Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For Micro SIP investors - I/we hereby declare that the I/we do not have any existing Micro SIP's which together with current application will result in aggregate investments exceeding ₹50,000 in a financial year.

For NRIs/Flis 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 Account/FCNR account/NRO/NRSR/NRNR account/NRO/NRSR Account. (Including amount of transactions made in future)

	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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