

# DEBIT MANDATE FORM NACH/ ONE TIME BANK MANDATE FORM

### ARN-64917 E434563

Tick		UMRN									D	DM	M Y Y	YY
Create:		Sponsor Bank Code			Office Use Only			Utility	Code			Office Us	e Only	
Modify:		I/We hereby authorize	e	GR	OWW MUTUAL F	UND		to debit (tio	ck√)	SB/ C/	4/ CC/	SB-NRE	/ SB-NRO/	Other
Cancel:		From Bank A/C Nun	nber:											
With	(Name	of Destination Bank wi	th Branch)	IFSC Co	de:				MICR	Code:				
an amour	nt of Rupe	265		(in v	words)					₹				
FREQUE		Monthly 🗶 Quart	erly 🗶 Half	Yearly 🗶	Yearly 🗹 As &	when presented		DEBIT		-	xed Amo	ount 🗸	Maximum	Amount
Folio No.								Phone No.						
Schemes		ALL	L SCHEMES O	F GROWW	MUTUAL FUND			Email ID						
l agree for	the debit of	f mandate processing charg	ges by the bank w	hom I am aut	horizing to debit my a	account as per latest s	chedule of	f charges of th	ne bank					
PERIOD	From	D D M M Y	YYY	То	DDMM	YYYY	Or	X	Unti	Cancell	ed			
		irm that the declara sed on the instruction				ood & made by	me/us.	I am auth	norised	d the u	ser ent	ity/ corpo	orate to de	ebit my
		rstood that I am auth orate or the bank wh				by appropriately	commu	inicating th	he can	cellatio	n/amer	idment re	equest to t	ne user
1.	Signat	ure of 1st Account Hol	der	2	Signature of	2nd Account Hold	er	3.		Signa	ature of	3rd Accou	unt Holder	
	Na	me as in bank records			Name as	in bank records				Ν	lame as	in bank re	ecords	

Disclaimer: Mutual fund investments are subject to market risks, read all scheme related documents carefully.



### SYSTEMATIC INVESTMENT PLAN/ **PDC/AUTO DEBIT MANDATE FORM**

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 / BR				/Deule Dueu els Conto / Ist	Carla	*Employee Unique Identification Number (2000)	
Distributor ARN Code	Si	ub Distributor ARN	Sub Agent Code	/Bank Branch Code/ Internal	Lode	*Employee Unique Identification Number (EUIN)	RIA Code <sup>↔</sup>
ARARN-64917he	re)	ARN-				E434563	
I/We hereby confirm that the above distributor/sub broker or no	EUIN box has ot with standi	been intentionally long the advice of in-a	eft blank by me/us as this to appropriateness, if any, prov	ansaction is executed without vided by the employee/relation	any inte ship mar	raction or advice by the employee/relationship nager/sales person of the distributor/sub broke	manager/sales person of the r.
1. INVESTOR'S DE	TAILS						
Folio/Application No.				PAN / PEKR	N^**		
Sole/First Investor Name: Mr. /	' Ms. / M/s.		FIRST	MIDDLE		LA	\ST
2. INVESTMENT DE		Please 🖌) Choice o	of Scheme / Option				
Scheme							
Option							
3. FREQUENCY DE							
_ • _		lease 🔻 )					
Monthly Quart	terly						
Any date between 1st to 28th							
No of Installments:		SIP Start Date	D D M M Y	Y Y Y SIP End Date	D	D M M Y Y Y Y	
Cheque Details. (In case of SIP to F	PDC please me	ention cheque no)	From	То			
Amount Per Installment:			Amount (in words)				
I/We hereby authorize Gro collection of SIP payments	ww Mutua	I Fund and thei	ir authorized service	providers to debit my/ou	ur follo	wing bank account by SIP (Debit cl	earing/ Auto Debit) for
Note: Please allow 30 calen	der days fo	or Auto Debit to	register and start.				
Bank Name							
Bank Account No.							
mentioned bank account. For this p such requests received through the to keep sufficient funds in the func effected at all for reasons of incomp happens to be a non-business day	urpose I/We a ir authorized s ling account c plete or incorre as per Mutual	authorize their Servic Service Provider(s) a on the date of execut ect information, I/We Fund or a Bank holid	ce Provider(s) and the represent nd representative to debit m tion of standing instruction. would not hold Groww Mu lay, execution of the SIP will	sentative to raise debit on my/o y/our account with the amount I/We here by declare that the tual Fund or their authorized Se happen on the next working da	ur above requeste particula rvice Pro ay and all	ntative for my/our payment to Groww Mutual mentioned account with your branch. I/We he ed, for due remittance of the proceeds to Growv rs given above are correct and complete. If the ovider(s) and representative responsible. If the lotment of units will happen as per the Terms a able for, nor be in default by reason of any failu	re by authorize you to honor al v Mutual Fund. I/We undertake transactions is delayed or no date of debit to my/our accoun nd Conditions listed in Scheme

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 /	Second Holder /	Third Holder /
	Authorised Signatory	Authorised Signatory	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.

**Groww Asset** Management Limited

Address: Floor 12A, Tower 2 A, One World Centre, Jupiter Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013, Maharashtra.

Website: www.growwmf.in Phone number: 805-018-0222 Email: support@growwmf.in

Disclaimer: Mutual fund investments are subject to market risks, read all scheme related documents carefully.



# SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

Please fill this for	rm in ENGLISH in BL	ACK/DARK COLOURED I	NK in CAPITAL LE	TTERS.		
New Re	egistration	Micro SIP	Cancellation of S	IP		
(New Investors t	o submit duly filled a	ind signed Common Appli	ication Form)			
			INTERME	DIARY INFORMATION		
DISTRIBUT	FOR / BROKE		(Refer Instruction	No. I.9 & 10)		
Distributor	r ARN Code	Sub Distributor ARN	Sub Agent Cod	le /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIN)	RIA Code <sup>↔</sup>
ARARN	649177 here)	ARN-			E434563	
*Please sign along advice by the en manager/sales per	gside in case the EUIN i nployee/relationship ma rson of the distributor/su	s left blank/not provided. I/W nager/sales person of the a ub broker.	e hereby confirm that bove distributor/sub	t the EUIN box has been intentionally I broker or not with standing the ad	left blank by me/us as this transaction is execu lvice of in-appropriateness, if any, provided	ted without any interaction or by the employee/relationship
1. INVEST	OR'S DETAILS	S				
Folio/Application	No.			PAN / PEKRN^**		
Sole/First Investor	r Name: Mr. / Ms. / M/	/s. FIF	RST	MIDDLE	LA	\ST
		.S (Please ✓) Choice of Sc				
Scheme		.S (Please ♥) Choice of Sc	neme / Option / Fac	liity		
Option						
Facility						
Any date betwee	C Quarterly C 28th	S (Please ✓)				
No of Installment	ts:	SIP Start Date	DMMY	Y Y Y SIP End Date D	D M M Y Y Y Y Cheque	No.
Amount Per Insta	allment:	A	mount (in words)			
I/We hereby au collection of SIF		utual Fund and their au	thorized service	providers to debit my/our follo	owing bank account by SIP (Debit cl	earing/ Auto Debit) for
		ys for Auto Debit to regi	ster and start.* O	only monthly and quarterly SIP f	frequencies are available for Groww Li	iquid Fund.
Bank Name						
Bank Account No	p.					
mentioned bank acc such requests receiv to keep sufficient fu effected at all for re: happens to be a nor Information Docum service, where such unavailability of bar service by the above debited pursuant to suits, for any loss, d authorized signator reasonable notice to	count. For this purpose I/ ved through their authorr unds in the funding acco asons of incomplete or in n-business day as per Mu ent (SID) and Statement of failure or delay is cause iks computer system, for e-mentioned bank. I/We the mandate submitted damage, costs, charges a ies/ beneficiaries. This re o such withdrawals. I/W	We authorize their Service Pro ized Service Provider(s) and re unt on the date of execution o correct information, I/We wou utual Fund or a Bank holiday, e of Additional Information (SAI d in whole or in part by any act cce majeure event or any other shall not dispute or challenge by me/us. I/We shall keep the and the expenses incurred by t equest for debit mandate is va	ovider(s) and the repre- presentative to debit r of standing instruction IId not hold Groww Mu xecution of the SIP wi 1) of the Mutual Fund. <sup>-</sup> ts of God, civil war, civ cause of peril which is any debit, raised unde bank and authorized of the bank and authorized the bank and authorized tid and may be revoke tive units of Groww N	esentative to raise debit on my/our abov my/our account with the amount reques h. I/We here by declare that the particul utual Fund or their authorized Service Pr III happen on the next working day and a The above mentioned bank shall not be il commotion, riot, strike, mutiny, revolu beyond the above mentioned banks rea er this mandate, on any ground whatsoo Service Provider(s) and representative ied Service Provider(s) and representative ad only through written letter withdraw futual Fund Scheme(s) at NAV based ti	entative for my/our payment to Groww Mutual F re mentioned account with your branch. I/We her ted, for due remittance of the proceeds to Groww ars given above are correct and complete. If the rovider(s) and representative responsible. If the co allotment of units will happen as per the Terms ar liable for, nor be in default by reason of any failur tion, fire, flood, fog, war, lightning, earthquake, c asonable control and which has the effect of prev ever. I/We shall not have any claim against the ba ointly and or severally indemnified from time to t ive, by reason of their acting upon the instruction ing the mandate signed by the authorized signa he resale price an agree to abide by terms, cond	re by authorize you to honor all v Mutual Fund. I/We undertake transactions is delayed or not date of debit to my/our account nd Conditions listed in Scheme e or delay in completion of this hange of government policies, renting the performance of this ink in respect of the amount so ime, against all claims, actions, ns issued by the above named tories/beneficiaries and giving
SIGN HERE		e Applicant / Guardian / norised Signatory		Second Applicant / Authorised Signatory	Third App Authorised	

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.

Groww Asset Management Limited Address: Floor 12A, Tower 2 A, One World Centre, Jupiter Mills Compound, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400013, Maharashtra. Website: www.growwmf.in Phone number: 805-018-0222 Email: support@growwmf.in

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SIP Cum Auto Debit Form (OTM) / 29th May 2023 / Version No. 1.0



# **SYSTEMATIC TRANSACTION FORM** (PDC SIP/ STP/ SWP)

Distributor ARN Code	Sub Distributor ARN Sub	ub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIN) RIA Code	le
ARARN=64917here)	ARN-		E434563	
Please sign alongside in case the EUIN dvice by the employee/relationship ma aanager/sales person of the distributor/si	anager/sales person of the above d	y confirm that the EUIN box has been intentionally istributor/sub broker or not with standing the ad	left blank by me/us as this transaction is executed without any i dvice of in-appropriateness, if any, provided by the employee	interactic e/relation
] New Registration	Cancellation			
. NEW / EXISTING UNI	T HOLDER INFORMA			
lio/Application No.		PAN / PEKRN		
ame of the Sole/1st Applicant: Mr.	/ Ms. / M/s. FIRST	MIDDLE	LAST	
SCHEME DETAILS (Ple	ase $\checkmark$ ) Choice of Scheme / Option	/ Facility		
cheme				
ption				
acility				
. FREQUENCY DETAIL	S (Please ✓)			
Daily	Weekly	Fortnightly	Monthly Quarterly	
All Business Days	7th, 15th, 21st, 28th of a week	5th, 21st OR	5th OR 7th OR 15th	
Regular SIP	<b>MENT PLAN (SIP) DI</b> Change in Bank Mandate for	r existing SIP Micro SIP (		
S. SYSTEMATIC INVEST Regular SIP nrollment Details lo of Installments:		ETAILS (Please ✓ )	MSIP)	
Regular SIP		ETAILS (Please ✓) r existing SIP Micro SIP (	MSIP)	
Regular SIP		ETAILS (Please ✓) r existing SIP Micro SIP (	MSIP)	
Regular SIP         nrollment Details         lo of Installments:		ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment:	MSIP)	
Regular SIP         nrollment Details         lo of Installments:	Change in Bank Mandate for	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment:	MSIP)	
Regular SIP         nrollment Details         lo of Installments:	Change in Bank Mandate for	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y	MSIP)	
Regular SIP	Change in Bank Mandate for	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant	MSIP)	
Regular SIP         nrollment Details         lo of Installments:         umount (in words)         1st Installment Cheque Details         theque/DD         Drawn on Bank & Branch         thoto Identification proof and R         nd Applicant	Change in Bank Mandate for esidential Proof number in ca	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant #Only monthly	MSIP)	
Regular SIP         nrollment Details         Io of Installments:         Immount (in words)         Ist Installment Cheque Details         Theque/DD         Orawn on Bank & Branch         Thoto Identification proof and R         Ind Applicant         Theque Nos From	Change in Bank Mandate for esidential Proof number in ca	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant #Only monthly	MSIP)  Y Amount (Rs.)  & quarterly SIP frequencies are available for Groww Liq	
Regular SIP         nrollment Details         Io of Installments:         Immount (in words)         Ist Installment Cheque Details         Theque/DD         Drawn on Bank & Branch         Thoto Identification proof and R         Ind Applicant         Cheque Nos From         S. SYSTEMATIC TRANS	Change in Bank Mandate for esidential Proof number in ca	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant #Only monthly	MSIP)  Y Amount (Rs.)  & quarterly SIP frequencies are available for Groww Liq	
Regular SIP         nrollment Details         lo of Installments:         smount (in words)         Ist Installment Cheque Details         theque/DD         Orawn on Bank & Branch         whoto Identification proof and R         nd Applicant         Strematic TRANS         o Scheme	Change in Bank Mandate for esidential Proof number in ca	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant #Only monthly TAILS (Please ✓) 10 busin	MSIP)  Y Amount (Rs.)  & quarterly SIP frequencies are available for Groww Liq	
Regular SIP         nrollment Details         Io of Installments:         Immount (in words)         1st Installment Cheque Details         Theque/DD         Drawn on Bank & Branch         Thoto Identification proof and R         Ind Applicant         State Nos From         State Nos From         Ian	Change in Bank Mandate for esidential Proof number in ca	ETAILS (Please ✓) r existing SIP Micro SIP ( Amount Per Installment: Date D D M M Y Y Y ase of Micro SIP of 1st Applicant 3rd Applicant #Only monthly TAILS (Please ✓) 10 busin	MSIP)  Y Amount (Rs.)  & quarterly SIP frequencies are available for Groww Liq	

**Management Limited** 

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

Amount Per Installment:

No of Installments:

	CONI	L V CT	DET	AILC
D.	LUN	ALL	DEI	AILS

Tel. (Res.)	STD Code		(Off.)			Mobile No.		(Country Code)			
	Mobile No. Mobile No. provided pertains to			Email ID		Email ID provided pertains to					
FIRST APPLICANT		Self Spouse Dependent Siblings A Guardian in case of	Depender	nt children nt Parents				Self Spouse Dependent Siblings A Guardian in case of a	Dep	endent ch endent Pa	
SECOND APPLICANT		Self Spouse Dependent Siblings A Guardian in case of	Depender	nt children nt Parents				Self Spouse Dependent Siblings A Guardian in case of a	Dep	endent ch endent Pa	
THIRD APPLICANT		Self Spouse Dependent Siblings A Guardian in case of	Depender	nt children nt Parents				Self Spouse Dependent Siblings A Guardian in case of a	Dep	endent ch endent Pa	

Amount (in words)

#### 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/FIIs 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

Groww Asset Management Limited Address: Floor 12A, Tower 2 A, One World Centre, Jupiter Mills Compound, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400013, Maharashtra. Website: www.growwmf.in Phone number: 80501 92888 Email: support@growwmf.in