APPLICATION FORM FOR SIP

[For Investments through NACH/ ECS (Debit Clearing)/ Direct Debit Facility/ Standing Instruction] Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use



July 2017

|] 0 2021, | onea ana to bo rogiotoroa m | | will start after mandate reg | istration which takes | bit date 15th, form can | ing on NACH or | r FCS modalities | |
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| KEY PARTNER / AGENT I | NFORMATION (Investors | applying under Direct Pla | n must mention "Direct" ir | ARN column.) | | FOR OFFICE | E USE ONLY (TI | ME STAM |
| ARN/ RIA Code | ARN/ RIA Name | Sub-Agent's ARN | Bank Branch Code | Internal Code for Sub-Agent/ | Employee Unique Identification Number | | | |
| ARN- | | | | Employee | (EUIN) | - | | |
| UIN Declaration (only w | hara FIIIN hav is left hla | nk) (Refer Item No. 3a | 1 | | | | | |
| /We hereby confirm th mployee/relationship n mployee/relationship m | at the EUIN box has nanager/sales person | been intentionally le of the above distrib | eft blank by me/us a utor/sub broker or n | s this transactio otwithstanding th | n is executed with e advice of in-app | out any inte ropriateness | eraction or adv , if any, provid | ice by th ded by th |
| | gn Here | | Sign Here | | | | | |
| | pplicant/ Guardian | _ | Second Applicant | | _ | Third Ap | | |
| ansaction Charges for A | | ributors only (Refer Ite | | | Date: D | D M | M Y Y | Υ |
| (Rs. 150 deduc the total commitment of ir harges, the same are dedu ssued against the balance of pfront commission shall be the ARN Holder. | the installment amounts in | . amount per SIP installi e installment amount an ovested. | ment X no. of installments d payable to the Distributo | e) amounts to Rs.10 r. In such cases Trai | | Distributor ha recoverable in | s opted to receive 3-4 installments. | transaction Units will b |
| ease (\checkmark) any one. In the abs | ence of indication of the opt | ion the form is liable to be | e rejected. | | | | | |
| NEW REGISTRATION | | CHANGE OTM DEBIT I | MANDATE (Refer Item I | No. 7(e)(iv)) | ☐ CAI | NCELLATION | (Refer Item No. | 11) |
|) INVESTOR DETA | LS | | | | | | | |
| plication No. (For new inves st/ Sole Applicant Details | tor)/ Folio No. (For existing | Unitholder) | | | | | | |
| Nobile No. | | Email Id | | | | | | |
| ME OF FIRST / SOLE APPLI | CANT Mr. Ms. M/s. | | | | | | | |
| AME OF THE SECOND APPLI | CANT Mr. Ms. M/s. | | | | | | | |
| AME OF THE THIRD APPLICA | Mr. Ms. M/s. | | | | | | | |
| Applicant | PAN/ PEKR | N# (Mandatory) | | | KYC Number | | KY(Manda | tory Attach |
| Sole / First Applicant | | | | | | | | |
| Second Applicant | | | | | | | | |
| | | | | | | | | |
| hird Applicant | | | | | | | | |
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| Guardian/POA Holder | RN/KYC is already validated ple | ase don't attach any proof. F | PEKRN mandatory for Micro SI | P. Refer Item No. 15 an | d 16. | | | |
| Guardian/POA Holder Please attach Proof. If PAN/PEK | | | | | | | | |
| Buardian/POA Holder Please attach Proof. If PAN/PEK ME OF THE GUARDIAN (In : Ms. M/s. | case of minor) / CONTACT | | | | | | | |
| Guardian/POA Holder Please attach Proof. If PAN/PEK ME OF THE GUARDIAN (In r. Ms. W/s. | case of minor) / CONTACT | | | | | | | |
| Third Applicant Guardian/POA Holder Please attach Proof. If PAN/PEK IME OF THE GUARDIAN (In r. Ms. M/s. ELATIONSHIP WITH MINOR /WE WOULD LIKE TO IN | case of minor) / CONTACT | F PERSON - DESIGNATIO | ON / PoA HOLDER (In case | e of Non-individual l | nvestors) | | | |
| Guardian/POA Holder Please attach Proof. If PAN/PEK IME OF THE GUARDIAN (In r. Ms. M/s. ELATIONSHIP WITH MINOI | case of minor) / CONTACT R VEST TO MEET MY/OU | T PERSON - DESIGNATION | ON / PoA HOLDER (In case | e of Non-individual l | nvestors) | Please Spe | | |

Scheme 3

| 2) INVESTMENT DETAILS [Please tick (✓)] | | | | |
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| Scheme Name (1) | | Plan | Opti | on/Sub-option |
| | | Regular Direct | | |
| SIP Installment | Start Month/Year | End Month/Year (Default | ′ | quency (Please refer Instruction 6) |
| Amount (₹) | M M Y Y Y | M M Y Y | Y Y Daily ⁺⁺ | ☐ Monthly ⁺ ☐ Quarterly |
| SIP Date (Please (✓) one or more of the following dat | | | 44b | |
| ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ € ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 2 | 6th 7th 8th 22nd 23rd 24th | ☐ 9th ☐ 10th ⁺ ☐ 1: | | ☐ 14th ☐ 15th ☐ 16th ☐ 30th ☐ 31st |
| SIP TOP-UP (✓) Not available for Daily SIP | | SIP TOP-UP CAP | 7111 | CAP Month-Year*: |
| | | CAP Amount*: ₹ | OR | M M Y Y Y Y |
| | uency: Yearly | (Investor has to choose only one | option) | |
| Scheme Name (2) | | Plan | Opti | on/Sub-option |
| | | Regular Direct | | |
| SIP Installment | Start Month/Year | End Month/Year (Default | , | quency (Please refer Instruction 6) |
| Amount (₹) | M M Y Y Y | M M Y Y | Y Y Daily ⁺⁺ | ☐ Monthly ⁺ ☐ Quarterly |
| SIP Date (Please (✓) one or more of the following dat | · · | <i>'</i> | | |
| 1st 2nd 3rd 4th 5th 6 | | 9th 10th ⁺ 1 | | ☐ 14th ☐ 15th ☐ 16th |
| | 22nd 23rd 24th | 25th26th27 | 7th 28th 29th | 30th 31st |
| ☐ SIP TOP-UP (✓) Not available for Daily SIP Amount (₹) ^ OR Perc | | SIP TOP-UP CAP CAP Amount*: ₹ | OR | CAP Month-Year*: |
| | uency: Yearly | (Investor has to choose only one | | |
| rioquency (*) rian roany roany | ucity. Idany | (mirector ride to eneced only one | option) | |
| Scheme Name (3) | | Plan | | on/Sub-option |
| | | | Opti | on/Sub-option |
| | Start Month/Year | Plan | Opti | on/Sub-option quency (Please refer Instruction 6) |
| Scheme Name (3) | | Plan Regular Direct End Month/Year (Default | Opti | · |
| Scheme Name (3) SIP Installment Amount (₹) SIP Date (Please (✓) one or more of the following dat | Start Month/Year M M Y Y Y Y tes) (Please refer Instruction | Plan Regular Direct End Month/Year (Default M M Y Y 7) | Opti | quency (Please refer Instruction 6) Monthly ⁺ Quarterly |
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| emat A | ccount details are mandatory if the | he investor wishes t | o hold the units in | Demat Mode | | | | | | | | | | | | | | | | |
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| e herel e have of NAC | by confirm and declare as under:- read, understood and agree to co CH/ECS (Debit Clearing)/ Direct D lolder has disclosed to me/us al | mply with the terms ebit / Standing Instru | and conditions of t | the scheme re | lated docume | ents of th | he Sch | ieme ar | nd the t | erms | & con | ditions | of enr | rolm | ent for | Syste | emati | ic Inves | stmen | nt Pla |
| n amor - | ngst which the Scheme is being r | ecommended to me | e/us. | | ii or any ome | ii iiiodo, | ,, p uy | ubic to | , | | 01 1110 | umoro | | po | ung o | 0110111 | 103 01 | i vano | uo ini | |
| _ | First/ Sole Unit holder/ Guar | rdian/ POA Holde | r | | Second Uni | t holde | r | | | - | _ | | | | Third | Unit | t hold | der | | |
| | | Please note: | Signature(s) sh | nould be as | it appears | on the | Appli | ication | ı Forn | n and | d in tl | ne san | ne or | der. | | | | | | |
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Name as in Bank Records

Name as in Bank Recor

From to

☐ Until Cancelled

Signature of Account Holder