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SIP AUTO DEBIT (ECS / NACH / SI) FACILITY : REGISTRATION CUM MANDATE FORM

Please read the Instructions before completing this Application Form.

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Name and A	w⊩i Keg. No.	Sub Agent	's Name and AMFI Reg.	NO. Sub-B	roker Code	EUI	N*	RIA Code++
RN- 54854		ARN-			allotted by N holder)			
ont commission shall be	paid directly by the investo	r to the AMFI register	ed Distributors based on the i	investors' assessment o	f various factors ir	ncluding the ser	rvice rendere	ed by the distributor.
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thstanding the advice of in-a	employee / relationship manager ppropriateness, if any, provided			End to Later				
the distributor / sub broker. I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan.			by give you my/our consent to					Third Applicant
are/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect all Schemes Managed by you, to the above mentioned Mutual Fund Distributor		etc. in respect of my/our	of my/our investments under Direct Plan / Author / SEBI-Registered Investment Adviser.				der	/ Guardian / POA Holder
APPLICANT'S	INFORMATION (M	andatory, if left	blank, the applicatio	on is liable to be	rejected)			
ne of Sole / First Unit	Holder	First Name		Middle Name			Last	Name
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bile No. +91	✓) Single Joint		ail ID		PAN (First	Unit Holder)		
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quency (Please ✓)	Weekly SIP	Monthly SIP	Quarterly SIP (Calende	er Quarter i.e. January,	April, July and Oct	tober)		
Date	Weekly SIP (Monday to Frid	day): Day of transfer	Mo	onthly and Quarterly SIF	: Preferred Debit I	Date (Any date	except 29th	, 30th and 31st)
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Top UP (Optional)	Top Up Amount* Amo	ount in multiples of ₹	500 only	Top Up F	requency 🗌 H	lalf Yearly	Yearly*	
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