

SIP REGISTRATION CUM AUTO DEBIT / NACH MANDATE FORM

Fill the form in BLOCK letters only | Leave one space between words

Indiabulls
MUTUAL FUND

| | | | | |
|----------------------|--------------------------|-------------------------------------|------|-----------------|
| Distributor ARN Code | Sub-Distributor ARN Code | Internal Sub-Broker / Employee Code | EUIN | Application No. |
| ARN: 54854 | | | | |

Up front commission 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.

☐ 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.

| | | |
|---------------------------------------|------------------|-----------------|
| Sign Here | Sign Here | Sign Here |
| First / Sole Applicant / Guardian POA | Second Applicant | Third Applicant |

Transaction charges for applications through distributors only

☐ I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

☐ I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

APPLICANT DETAILS

| | | | | | | |
|------|-----------|---------------------------|--------|------|----------|--------------------------|
| Name | Mr Ms M/s | FIRST | MIDDLE | LAST | Folio No | |
| PAN | | PAN Proof Enclosed please | | | ✓ | <input type="checkbox"/> |

INITIAL INVESTMENT DETAILS (Refer Instruction No.12)

Scheme Name: Indiabulls

PLAN: ☐ Direct Plan ☐ Existing/ Regular Plan OPTIONS: ☐ Growth ☐ Dividend (☐ Payout ☐ Reinvestment) (Frequency:)

Cheque / DD No Cheque / DD Date D D M M Y Y DD Charge Rs. Cheque / DD Net Amount Rs.

Bank Name Branch City

SIP DETAILS ☐ SIP through Post Dated Cheques ☐ SIP through Auto DebitFrequency Please ☒ Monthly ☐ Quarterly SIP Date Please ☐ 1 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 Cheque Nos. From To

SIP AMOUNT ₹ (In figures) (In words) Bank Name

Enrolment Period From M M Y Y Y Y To M M Y Y Y Y

I/We hereby authorise Indiabulls Mutual Fund/ Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.

BANK ACCOUNT DETAILS as in Bank Records

| | | | | | | | | | | | | | | | | | | | |
|---|--------------------|-------------------|--------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1st/ Sole Account holder Name | Mr Ms M/s | FIRST | MIDDLE | LAST | | | | | | | | | | | | | | | |
| 2nd Account holder Name | Mr Ms M/s | FIRST | MIDDLE | LAST | | | | | | | | | | | | | | | |
| 3rd Account holder Name | Mr Ms M/s | FIRST | MIDDLE | LAST | | | | | | | | | | | | | | | |
| A/c Type please <input checked="" type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | A/c Number | | | | | | | | | | | | | | | | | | |
| Bank Name | Branch | City | | | | | | | | | | | | | | | | | |
| PIN CODE | 11 Digit IFSC Code | 9 Digit MICR Code | | | | | | | | | | | | | | | | | |

Mandatory: Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for NACH.

Mandatory Enclosure: Blank Cancelled Cheque Or Copy of Cheque

DECLARATION

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls 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 Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance 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, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions 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.

SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY

| | |
|--|--|
| Sole / 1st Applicant / Guardian Authorised Signatory | |
| 2nd Applicant / Guardian Authorised Signatory | |
| 3rd Applicant / Guardian Authorised Signatory | |

SIGNATURE/S AS PER BANK RECORDS MANDATORY

| | |
|--|--|
| Sole / 1st Applicant / Guardian Authorised Signatory | |
| 2nd Applicant / Guardian Authorised Signatory | |
| 3rd Applicant / Guardian Authorised Signatory | |

FOR OFFICE USE ONLY Not to be filled by the Investor

| | | | |
|---------------------------|--|-------------------|--|
| Recorded on | | Scheme Code | |
| Recorded by | | Credit A/c No. | |
| Bank use Mandate Ref. No. | | Customer Ref. No. | |

INSTRUCTIONS cum TERMS AND CONDITIONS FOR AUTO DEBIT

SIP payment through Auto Debit via Direct Debit and Electronic Clearing Service (NACH Clearing) of the Reserve Bank of India (RBI)

LIST OF CITIES FOR SIP FACILITY VIA NACH (DEBIT CLEARING) (87 CENTERS)

Delhi , Ludhiana, Amritsar, Jalandhar, Chandigarh , Shimla , Jammu, Kanpur, Allahabad, Varanasi , Lucknow, Dehradun, Gorakhpur, Agra, Jaipur, Bhilwara, Udaipur, Jodhpur, Rajkot, Jamnagar, Ahmedabad, Baroda, Surat, Mumbai, Goa, Pune., Sholapur, Kolhapur, Nasik, Aurangabad, Nagpur, Indore, Bhopal, Gwalior, Jabalpur, Raipur, Hyderabad, Tirupati, Vijaywada, Nellore, Vizag, Kakinada , Bangalore, Mysore, Mangalore, Udupi, Hubli , Gadag, Bijapur, Belgaum, Davangere, Shimoga, Tumkur, Mandya, Hasan, Gulbarga, Raichur, Chennai, Pondicherry, Trichy, Madurai, Salem, Erode, Tiruppur, Tirunelveli, Coimbatore, Calicut, Trichur, Cochin, Trivandrum, Kolkata, Bardhaman, Durgapur, Siliguri, Bhubaneshwar, Guwahati, Patna, Dhanbad, Jamshedpur, Ranchi, Haldia, Asansol, Cuttack , Bikaner, Gangtok, Anand, Bhavnagar, Kota, Imphal, Shillong

I. GENERAL INSTRUCTIONS

1. Please refer the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time and our website www.indiabullsamc.com for instructions, terms and conditions, Applicable NAV, Risk Factors, load and other information, various requirements of the respective Scheme / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application and investment.
2. This facility is only offered to those investors having bank accounts in select cities as mentioned above. The list of cities, may be modified/updated/changed/removed at any time in future at the discretion of AMC without assigning any reasons or prior notice. If the SIP auto debit facility is discontinued in a city for any reason, SIP instructions for investors in such city via NACH (Debit) route/Direct debit/SI may be discontinued without prior notice.
3. PAN is mandatory for all investors. However, investments through Micro SIPs, i.e. where aggregate of installments per year per investor does not exceed Rs. 50,000, will be exempt from the requirement of PAN. Such investors must submit a valid and self attested standard photo identification and address proof documents in lieu of PAN. List of acceptable documents are available with the ISCs of the AMC/Registrar. If the identification document is not in order, or registration of SIP results in aggregate of the SIP investments exceeding Rs. 50,000 per investor per year, the SIP will be rejected.
4. If SIP application form and cheque is submitted with bank details of a city where the Mutual Fund does not provide auto debit facility, first SIP cheque may get processed. However, future debits may not happen and SIP instruction may get rejected.
5. In case of rejection of SIP form for any reason whatsoever, the Mutual Fund will not entertain any request for refund of proceeds of first cheque which is already processed. Investors will have to redeem the units allotted through first cheque at applicable NAV.
6. To avail of SIP in separate schemes/plans via debit facility, an investor will have to fill a separate form for each scheme/plan. A single form cannot be used for different schemes simultaneously and may be rejected.
7. Complete application form and SIP Autodebit form along with the first cheque (drawn on the same bank account which is to be registered for NACH Debit/Direct Debit / Standing Instruction) should be submitted to the Mutual Fund or the Registrar. AMC reserves the right to reject any application without assigning any reason thereof. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 20 days via normal post.
8. The bank account provided for NACH should participate in local MICR clearing. In case MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
9. The first SIP cheque /draft could be of any Business day but subsequent cheques or NACH /Auto Debit Transactions should be dated 1st or 5th or 10th or 15th or 20th or 25th and there should be minimum gap of at least 30 Days between the 1st SIP and the 2nd SIP or as specified by IBMF from time to time
10. If the date on the cheque/draft/NACH/Auto Debit Transactions is a non - Business Day for the scheme, then the units shall be allotted on the next Business Day.
11. In case the first cheque is issued from a different bank account or is a demand draft or in case of renewal of SIP debit, then investors should attach a cancelled cheque or a copy of the cheque pertaining to bank account which is to be registered for NACH Debit/direct debit / standing instruction. Alternatively, investors can also get the bank account mentioned on the form along with Bankers certificate form.
12. Minimum SIP installment amount: Monthly: Rs. 500/- and in multiples of Re.1/- thereafter; Monthly: Rs. 1000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund).

Quarterly: Rs. 1500/- and in multiples of Re.1/- thereafter; Quarterly: Rs. 3000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Minimum No. of SIP installments: monthly - 12 installments, quarterly - 4 installments [including the first SIP cheque]. Investors may also choose to invest in SIP without the first SIP installment cheque. SIP Dates: 1st /5th / 10th / 15th / 20th/ 25th of the month/ quarter. Registration period: There must be at least 30 days between the first SIP cheque and subsequent due date of NACH [debit clearing];

13. If no start date is specified, SIP will be registered to start from a period after 30 days on the SIP date as available / mentioned. In case of the auto debit facility, the default options (**where auto debit period, frequency and SIP date are not indicated**) will be as follows:

- SIP auto debit period: The SIP auto debit will continue till 5 years.
- SIP date: 15th of the month (commencing 30 days after the first SIP installment date); and
- SIP frequency: Monthly.

14. The investor agrees to abide by the terms and conditions of NACH facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time at a later stage.
15. The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction / Direct debit / Auto Debit. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason by the investor's banker, the investor would not hold the Mutual Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Mutual Fund, execution of the NACH Debit / Direct Debit / SI may happen on non business and allotment of Units will happen as per the terms and conditions listed in the SID, SAI, KIM and all relevant Addenda of the scheme concerned.
16. The Mutual Fund, its Registrars, Direct Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay.

II. DOCUMENTS REQUIRED

New Investors are required to submit the following documents:

- a. SIP Enrolment along with Registration cum Auto Debit/NACH Mandate Form.
- b. The Initial investment amount cheque should be issued from the same bank account which is to be debited under NACH/Auto Debit for SIP instalments
- c. A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the application form should be submitted along with other requirements.
- d. In case of payment made through an instrument issued from a bank account other than that of the first named applicant / investor mentioned in the application form, Investors are required to additionally fill up & submit the 'Third Party Payment Declaration Form' (available at any of our ISC's or on our website www.indiabullsamc.com) along with the SIP Registration cum Auto Debit/NACH Mandate Form.

Existing Investors are required to submit SIP Registration cum Auto Debit/NACH Mandate Form.

III. CHANGE OF BANK

In order to change the existing bank account for NACH/SIP Auto Debit investors need to submit an Autodebit form selecting a 'change of bank option' in the form for the existing SIP, 30 days before the next SIP debit.

IV. DISCONTINUE / CANCELLATION OF SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 days in advance of the immediate next due date to any of the offices of Indiabulls Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated. Further, Indiabulls Mutual Fund shall have the right to discontinue the SIP in case of 3 consecutive failures.

V. PAN and KYC

PAN & KYC is mandatory irrespective of amount of investment, except in case of IP(Refer Instruction No II, 6 & 7 for details)

ONE TIME BANK MANDATE
(NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------|---|--------------|---------------------|---|---|---|--|--|--|--|--|--|---|--|--|------------|-------------------|--------------------------|--|-----------------------------|-----------------|--|-----------------------------|---|--|-----------------------------|---|--|---------------------------------|---|--|---------------------------------|---|--|--------------------------------|---------|--|--|---|--|--|--|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|--|-------------------------|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tick (✓) | UMRN | | | | | | | | | | | | | | | | | Date | D | D | M | M | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CREATE <input checked="" type="checkbox"/> | MODIFY <input checked="" type="checkbox"/> | CANCEL <input checked="" type="checkbox"/> | Sponsor Bank Code | For Office Use Only | | | | | | | | | | | | | | | | Utility Code | For Office Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | I/We, hereby authorize | | | | | | | | | | | | | | | | Indiabulls Mutual Fund | | | | | | | | | | | | | | | | To debit (tick ✓) | | | <input type="checkbox"/> SB | | | <input type="checkbox"/> CA | | | <input type="checkbox"/> CC | | | <input type="checkbox"/> SB-NRE | | | <input type="checkbox"/> SB-NRO | | | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Bank A/c. Number | | | | | | | | | | | | | | | | Destination Bank Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | With Bank | | | | | | | | | | | | | | | | Destination Bank Account Number | | | | | | | | | | | | | | | | IFSC | | | | | | | | | | | | | | | | | | | or MICR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | An amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | FREQUENCY | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> Mthly | | | <input checked="" type="checkbox"/> Qtrly | | | <input checked="" type="checkbox"/> H-Yrly | | | <input checked="" type="checkbox"/> Yrly | | | <input checked="" type="checkbox"/> As & when presented | | | DEBIT TYPE | | | <input checked="" type="checkbox"/> Fixed Amount | | | <input checked="" type="checkbox"/> Maximum Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Uniq ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Reference 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of changes of the bank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | PERIOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | From | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | D | | | M | | | M | | | Y | | | Y | | | Y | | | Y | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | | Signature Primary Account holder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | | | 1 | | | 1 | | | 2 | | | 2 | | | 0 | | | 9 | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | Until cancelled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. | | | Name as in bank records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2. | | | Name as in bank records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2. | | | Name as in bank records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 instruction as agreed and signed. 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.

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 Indiabulls Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions 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.

AUTHORISATION TO BANK

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund for ECS / NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

| FOR OFFICE USE ONLY (Not to be filled by Investor) | |
|--|-----------------------|
| Affix Barcode | Date & Time Stamp No. |
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OTM INSTRUCTIONS: TERMS & CONDITIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Indiabulls Mutual Fund.
- If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

MANDATORY FIELDS: **Date:** Date is mandatory • **CREATE/MODIFY/CANCEL:** tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • **To Debit (tick):** account type is mandatory • **Bank A/c Number:** Investor debit bank a/c number mandatory • **With Bank:** Investor bank name is mandatory • **IFSC / MICR:** Correct IFSC code or MICR code is mandatory • **An amount of Rupees:** SIP fixed instalment amount in words in word column is mandatory, maximum amount in words in word column is mandatory • **Rs.:** SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in figure column is mandatory • **Frequency:** SIP monthly/ quarterly mandatory, Lump sum: as & when presented is mandatory • **Debit Type:** For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • **Folio No.:** For Existing Investor only • **Phone No./ Email ID:** Phone No. or Email ID is Mandatory • **PAN Number:** Mandatory • **Period:** SIP start date is Mandatory, Lump sum: indicate till what date the mandate should be valid • **Signature of Account Holder:** Signature is mandatory as per bank record • **Name of the Bank A/c Holder:** Name of the Bank A/c Holder is mandatory