

## SYSTEMATIC INVESTMENT PLAN (NACH FORM) Please attach the scheme application form duly filled & signed

Name &	ARN of Distributor	1	Internal S	Sub-Br	oker	Code	(as a	llote	d by	Distri	buto	or)			Sub	o-Brol	cer Al	RN				Er	nplo	yee	Uniq	ue l	dent	tifica	ation	n No. (	(EUIN	)^
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-mail ID (Capital Le	tters):																		_ M	obil	e No	:										
cheme: JM								Plan	:										S	ub-O	ptio	n										
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he Scheme is being	recommended to me/u	IS".																														
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• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.

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## SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT) Please attach the scheme application form duly filled & signed

Mandatory: It is mandat						e (as allo	oted by	/ Distrib	utor)		Su	b-Broke	AKN			Empl	oyee of	iique	luenti	incati		<b>). (EU</b>	IN)^^
10	ory to provide the F	EUIN details of	 f the distribute	or's sales per	son for all	transacti	ions (both	h Advisory	and Exec	ution).													
DR <b>Declaration:</b> In case the ab	oove EUIN column i	s left blank / n	ot provided in	lease read a	nd sian th	ie followir	ng declar	ation in th	16 pux(ec)	provide	d below												
'I/We hereby confirm that t	the EUIN box has be	en intentiona	lly left blank b	y me/us as t	this transa	action is e	executed	without a	ny interac			e employee	/relationsl	hip mana	ager/sale	s person	of the ab	ove dist	ributor/	/sub br	roker or	notwi	thstandi
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Name of Sole/1st Ap	-		ividual Mr.	/Ms./M/s											,								
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