



Application form for registration of Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and Systematic Withdrawal Plan (SWP)

Table with 6 columns: Distributor ARN, Sub Distributor ARN, Internal sub Code/Sol ID, Employee Code, EUIN, Serial No./Date, Time & Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' 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 transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Table for Signatures with columns for First/Sole Applicant/Guardian, Second Applicant, and Third Applicant

Please (✓) SIP WITH CHEQUE SIP WITHOUT CHEQUE

1. Investor and Investment details. Please ✓ wherever applicable.

Form fields for Sole/First Investor Name, PAN No., Folio No., Scheme Name, Plan, Option, and Mode of IDCW.

2. Systematic Investment Plan (SIP).

Form fields for SIP Amount, Frequency, Date, and No. of installments.

3. Systematic Transfer Plan (STP).

Form fields for Source Scheme, Target Scheme, STP Amount, Frequency, Date, and No. of installments.

4. Systematic Withdrawal Plan (SWP).

Form fields for SWP Amount, Enrolment Start, End, and No. of installments.

5. Declaration

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH)/Auto Debit.

Signature boxes for First Unit Holder, Second Unit Holder, and Third Unit Holder.



Form fields for UMRN, Date, Sponsor Bank Code, Utility Code, I/We hereby authorize, Bank A/c Number, With Bank, Frequency, DEBIT TYPE, Reference-1, Reference-2, and E-Mail ID.

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Form fields for PERIOD, Signature as per Bank Record, and Name as per Bank Record.

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 instructions as agreed and signed by me.