MUTUAL FUND

COMMON SIP/ TOP-UP SIP REGISTRATION/ UPGRADE CUM DEBIT MANDATE FORM

First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms fi Conditions for SIP through NACH / Auto Debit' overleaf) and general instruction 6. Ne Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN fi ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name fi Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
73503 NEST-EGG SERVICES PVT LTD		E098791			

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): ☐ I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of All Mutual Fund AMC's, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).

EUIN Declaration (only where EUIN box is leffi blank) (Refer General Instruction 1): ☐ I/We hereby confirm that the EUIN box has been intentionally lefl 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Nird Applicant

(√) ☐ **SIP/ Top-Up SIP** ☐ **Micro SIP** ☐ **Change in Bank Account for Auto Debit (Proceed directly to fill the NACH mandate and provide a cancelled cheque)**

1. Investment and SIP Details: First / Sole Investor

Name ____________

Folio No.(Existing Unitholder) ____________ **KYC Identification Number** ____________

PAN / PEKRN^ ____________ Enclosed (√) #KYC Proof ☐ **Existing UMRN** ____________

PAYMENT THROUGH ☐ **SINGLE CHEQUE** ☐ **MULTIPLE CHEQUES Refer Note** (i) **and general instruction 4 D.**

Please mention Scheme-Plan-Option-Sub Option

☐ New SIP ☐ Upgrade Existing SIP	SIP Installment Amount (`)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly fi Quarterly Frequency (Optional) (Refer instruction 1b): Top-Up Details	CAP Details (Optional)	Frequency
1. ____________ Cheque No. ____ Cheque Date ____		☐ Weekly ☐ Monthly (Default) ☐ Quarterly	☐ Mon ☐ Tue ☐ Wed (Default) ☐ Nu ☐ Fri; 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y Ensure SIP Duration is not more than 30 years.	Amount*(`) Or Percentage	CAP Amount* (`) Or CAP Month-Year M M Y Y Y Y	☐ Yearly (Default) ☐ Half yearly
☐ New SIP ☐ Upgrade Existing SIP 2. ____________ Cheque No. ____ Cheque Date ____		☐ Weekly ☐ Monthly (Default) ☐ Quarterly	☐ Mon ☐ Tue ☐ Wed (Default) ☐ Nu ☐ Fri; 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y Ensure SIP Duration is not more than 30 years.	Amount*(`) Or Percentage	CAP Amount* (`) Or CAP Month-Year M M Y Y Y Y	☐ Yearly (Default) ☐ Half yearly

2. Demat Account Details (Optional)

NSDL	DP NAME	DP ID I N	Beneficiary Account No.
CDSL	DP NAME	Beneficiary Account No.	

Ne investors shall receive payments of Redemption/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^Refer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

Declaration : I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit/NACH and agree to abide by the same. I /We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/Auto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution of this mandate form responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. Ne ARN holder has disclosed to me/us all the commissions(in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First/ Sole Applicant/ Guardian / PoA Holder / Karta	**Second Applicant**	**Third Applicant**

TEAR HERE

MUTUAL FUND

One Time Bank Mandate (NACH/Direct Debit Mandate Form)

Date : D D M M Y Y Y Y

UMRN ____________ (Please √) ☑ **CREATE** ☒ **MODIFY** ☒ **CANCEL**

Sponsor Bank Code ____ Office use only ____ Utility Code ____

I/We hereby authorize: ____________ to debit (Please √) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others ____________

Bank A/c No.: ____________ IFSC ____________

with Bank ____ Bank Name & Branch ____ MICR ____________

an amount of Rupees ____ In Words ____ ` ____ In Figures ____

Frequency : ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☒ ~~Half Yearly~~ ☒ ~~Yearly~~ ☑ As & when presented Debit Type : ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Folio No. ____________ **PAN** ____________

1. 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 banks. 2. Nis is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

IDCW: Income Distribution cum Capital Withdrawal

PERIOD
From DD / MM / YYYY
To DD / MM / YYYY

Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Phone ____________