



AUTO DEBIT FACILITY FORM
Registration-cum-Mandate Form for ECS/Direct Debit

In case of new applicants this Form needs to accompany the Common Application Form for Registration of SIP through Auto Debit (ECS/Direct Debit).

Please read Terms & Conditions overleaf carefully. All sections to be completed legibly in English, in black/dark-coloured ink and in BLOCK CAPITALS.

Distributor's Code ARN- 0155 / NJ India Invest	Sub-Broker's Code 55537	Branch Code	Relationship Manager Name Mobile
--	-----------------------------------	--------------------	---

Initial commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

1 APPLICANTS' PERSONAL DETAILS (MANDATORY) (See Note 1)

Application Form No. (For New Applicants) _____ OR Folio No. (For Existing Unit holders) _____

Sole/First Applicant/Unitholder _____ First Name _____ Middle Name _____ Last Name _____

E-mail ID _____ For receiving Statements over E-mail instead of Post

2 PAN AND KYC DETAILS (See Note 2)

Please furnish below PAN of each Applicant. Fulfilment of KYC requirements is mandatory for all investments w.e.f. January 1, 2011.

PAN _____ First Applicant _____ Second Applicant _____ Third Applicant _____

Please enclose a copy of KYC Acknowledgement Letter issued to yourself and other applicant(s) to evidence fulfilment of KYC requirements.

Other Proof of Photo identity and Address [Allowed only for investments through Systematic Investment Plan (SIP) not exceeding Rs. 50,000 in a year]

Document Provided _____ First Applicant _____ Second Applicant _____ Third Applicant _____

Identification No. _____ First Applicant _____ Second Applicant _____ Third Applicant _____

REASON FOR INVESTING IN SIP (Please ✓) Child's Education Child's Marriage Purchase of House Purchase of Car Retirement Others _____

3 DECLARATION & UNIT HOLDER(S) SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.) (See Note 3)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Fidelity Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission 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. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred below through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Fidelity Mutual Fund, their Investment Manager - FIL Fund Management Private Limited, or any of their appointed service providers or representatives responsible. I/We will also inform FIL Fund Management Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date DD / MM / YYYY

X Sole/First Unit Holder X Second Unit Holder X Third Unit Holder

4 AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (See Note 4)

The Manager
Name of Bank _____ Branch _____ City _____

I/We authorize Fidelity Mutual Fund, acting through their service providers, to debit my account through ECS (Debit) clearing/Direct debit (Standing Instructions) as per the details given here:

A. Folio No./Application No. _____	Scheme/(Plan)/Option
B. Account Number _____	SIP Auto Debit Date <input type="radio"/> 1st <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All four dates i.e. 1st, 10th, 15th & 25th
C. Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) _____	SIP Installment Amount Rs. (Min. 500)
	SIP Auto Debit Period From MM / YYYY To* MM / YYYY

*Please fill in the 'To' date only if 'No. of Installments' have been specified in the Common Application Form or Micro SIP Form, otherwise leave blank.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. Mandate verification charges if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s) _____ Sole/1st Bank Account Holder _____ 2nd Bank Account Holder _____ 3rd Bank Account Holder _____

Signature(s) of Bank Account Holder(s) XX _____ XX _____ XX _____ Sole/1st Bank Account Holder _____ 2nd Bank Account Holder _____ 3rd Bank Account Holder _____

Date DD / MM / YYYY (To be signed by all holders if mode of operation of Bank Account is 'Joint')

ATTESTATION BY THE BANKER (Mandatory, if your First SIP Installment is through a Demand Draft/Pay Order)

I/We certify that the signature of account holder(s) and the details of bank account are correct as per our records.

Signature and Stamp of the Authorised Official from Bank
Bank Stamp & Date

FOR OFFICE USE ONLY (not to be filled in by investor)

Recorded on DD / MM / YYYY

Recorded by _____

Credit A/c. No. _____

We confirm that we have taken the above ECS/Auto Debit instructions on our records.

Stamp of Bank Branch Manager _____

Signature _____

Name _____