

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM



Registration Cum Mandate Form For ECS (Debit Clearing) / Direct Debit

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN NJ India Invest-0155	Sub-Broker Code/ Lead Generator Code 55537	Branch Code	MO Code	Collection Date D D M M Y Y Y Y
				Time Stamping

Any 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.

1. APPLICANT INFORMATION [Please shade (●)] (Refer Section 'A and B' of Instructions)

Folio No. _____ (For Existing Unit Holders)	OR	Application No. _____ (For New Investors)
Name of First Applicant/ Unit Holder [Please shade (●)] _____		Permanent Account Number (PAN) _____
		<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.

2. INVESTMENT DETAILS [Please shade (●)] (Refer Section 'C' of Instructions) Please allow minimum 30 days for ECS/ Direct Debit/ Standing Instructions to register and start.

<input type="radio"/> New SIP Registration <input type="radio"/> SIP Renewal <input type="radio"/> Change in SIP Bank Mandate <input type="radio"/> Micro SIP			
Scheme U N I O N K B C	Option _____	Sub Option _____	Dividend Frequency _____
SIP Period From D D M M Y Y Y Y	To D D M M Y Y Y Y	SIP Date	<input type="radio"/> 2nd <input type="radio"/> 8th <input type="radio"/> 15th <input type="radio"/> 23rd
SIP Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly	SIP Amount in ₹ (Figures)	
First SIP Cheque/DD No	Cheque/DD Amount in ₹	Dated	D D M M Y Y Y Y
Document attached in the case of third party payments		<input type="radio"/> Proof / Bank Certificate for DD <input type="radio"/> Third Party Declarations	
Document Details in case of Micro SIP	Document Description	Document No.(if any)	

3. BANK ACCOUNT DETAILS (as per Bank records) [Please shade (●)] (Refer Section 'D' of Instructions)

I/We hereby, authorise Union KBC Mutual Fund and their authorised service providers, to debit my/our following bank account through ECS (Debit Clearing)/Auto debit to account for collection of SIP payments.

Bank Account Number _____	(please provide Core Banking Account Number only)
Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others _____ (Please Specify)
Name of Sole/ First Bank Account Holder	
Name of Second Bank Account Holder	
Name of Third Bank Account Holder	
Name of Bank	
Branch & City	PIN
IFSC CODE	MICR CODE _____

(Mandatory to submit a cancelled cheque leaf of the bank account mentioned here)
(IFSC Code is the 11 digit no appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no)

4. DECLARATION & SIGNATURES (Refer Section 'E' of Instructions)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/ We would not hold the user institution responsible. I/ We will also inform AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000 in a year (applicable to Micro SIP investors only). 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 have read and agreed to the terms and conditions mentioned in SID/KIM.

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant/ POA / Authorised Signatory
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5. AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDER (Refer Section 'F' of Instructions)

The Branch Manager

Bank _____	Branch _____
A/C No _____	

This is to inform that I/We have registered for the RBIs Electronics Clearing Service (Debit Clearing)/Auto debit-facility and that my payment towards my SIP installments of Union KBC Mutual Fund shall be made from my/our above mention bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account.

Signature First Account holder's (As in Bank Records)	Signature Second Account holder's (As in Bank Records)	Signature Third Account holder's (As in Bank Records)
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FOR BANK USE ONLY

I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us.

Recorded on	D D M M Y Y Y Y	Recorded by	_____
Branch	_____	Bank Stamp and Signature of Authorised Bank Official	

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

SIP through ECS /Auto Debit Form

Folio No./ Application No. _____

Received from: Mr./ Ms. /M/s _____ Dated ____/____/____

First Cheque No. _____ Dated ____/____/____ Amount (₹) _____

Scheme / Option / Frequency _____

Amount (₹) _____ SIP Period _____ Date of Commencement ____/____/____

Application No. _____



Collection centre's stamp with date and time of receipt