SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.



Distributor ARN / RIA Code	Sub Distributor A	ARN Sub Distributor	r / RM Internal Code	EUIN	*	LG Code	For Office	use only (Time Stamp)
ARN-181211				E528	682			
ont commission shall be paid ibutor.	directly by the investor to	the AMFI registered Distrib	outors based on the	investors' ass	sessment of va	arious factors	including the	service rendered by the
We hereby confirm that the EUIN executed without any interact son of the above distributor / s, provided by the employee / r	ion or advice by the e sub broker or notwithsta	mployee / relationship ma nding the advice of in-appr	nager / sales opriateness, if	irst / Sole App uardian / POA uthorised Sig	A Holder Se	cond Applica Holder	nt / POA	Third Applicant / POA Holder
RANSACTION CHARGES for		t time investor across Mutual Fu	i / Sub blokel.			ayable to the Di	stributor)	
a. 10,000 and above (✓ any one) EXISTING INVESTO		isting investor across Mutual Fu	unds. (Rs. 100 deductib	le as Transactio	on Charge and p	ayable to the D	istributor)	
io No.			First Name		Middle Name			ast Name
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2. SYSTEMATIC INVES		ETAILS SIP Monthly SIP Quarterly S	MULTI SIF	,				
	me Name	SIP Amount	SIP Date / Day (For Weekly	Start Date	Perpetual*	End Date**	Top Up Amount	Top Up Frequency
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