

Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

## SIP REGISTRATION FORM

First time investors, submit this form along with Common Application Form

FOR FIRST TIME INVESTORS FOR LUMP SUM INVESTMENTS / SIP INVESTMENTS.

PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.

ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS)

Distributor ARN <b>ARN-181211</b>	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN <b>E528682</b>	RIA CODE^
Employee Code	PMR (Portfolio Manager's Registration) Number^^	Serial No., Date & Time Stamp		

Upfront commission, if any, 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, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

1st Holder / Guardian	2nd Holder	3rd Holder	Power of Attorney Holder
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TRANSACTION CHARGES (Please tick any one of the below. For Application Through Distributors Only. For details refer KIM)

☐ I am a first time investor in Mutual Funds **OR** ☐ I am an existing investor in Mutual Funds (Default)

For Application Through Distributors Only. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

### YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here)

Folio number

Your Name (as in PAN Card / KYC records)

Name of the Guardian (In case of Minor)

(In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)

1st Holder PAN

2nd Holder PAN

3rd Holder PAN

**DO NOT FILL THE MANDATE BELOW, IF OTM DETAILS ARE PROVIDED IN SECTION 2 ON THE NEXT PAGE.**

To register Old Bridge One Time Mandate, please fill and submit the One Time Mandate form separately.

	OLD BRIDGE ASSET MANAGEMENT	UMRN	<input type="text"/>	Bank use	<input type="text"/>	Date	<input type="text"/>
Tick (✓)	Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>	Bank use	<input type="text"/>	
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	<b>OLD BRIDGE MUTUAL FUND</b>	to debit (tick✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other			
MODIFY <input type="checkbox"/>	Bank a/c number	<input type="text"/>					
CANCEL <input type="checkbox"/>							
with Bank	Name of customers bank	IFSC	<input type="text"/>	or MICR	<input type="text"/>		
an amount of Rupees	<input type="text"/>	In Words	<input type="text"/>	₹	In Figures	<input type="text"/>	
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount				
Reference 1	PAN No.	Phone No.	<input type="text"/>				
Reference 2		Email ID	<input type="text"/>				

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

<b>PERIOD</b>	
From	<input type="text"/>
To	<input type="text"/>
Maximum period of validity of this mandate is 40 years only.	

Signature Primary Account holder	Signature of Account holder	Signature of Account holder
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) 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. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**MANDATORY FIELDS :** • Instrument Date • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Account type • Bank A/c number (core banking a/c no only) • Amount (in words & in figures) • Account holder signature • Account holder name as per bank records • Period start date and end date

### ACKNOWLEDGMENT

Investor Name	<input type="text"/>
SIP Scheme	<input type="text"/>
Top-up	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIP Registration Mode ☐ Mandate along with SIP form

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
10-Nov-2021	2500	500	3000
10-May-2022	3000	500	3500
10-Nov-2022	3500	500	4000
10-May-2023	4000	500	4500