SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM

Bandhan Mutual Fund Badhte Raho

DISTRIBUTOR / BROKER INF	TIME STAMPING				
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIN	Internal Code for Sub-broker/ Employee		
ARN-181211	ARN-	E528682			
*Please sign below in case the EUIN is left blank/not provided. 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. #By mentioning RIA code, I/we authorize you to share with the InvestmentAdviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund. Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor and the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor and the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor and the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of					
distributor has not charged any advisory fees on this transaction. EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)					
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Name of the First Holder Folio No. PAN/PERN (mandatory) Enclosed PAN/PERN (mandatory)					
SWITCH CUN	I SYSTEMATIC WITHDRAWAL PL	AN	SYSTEMATIC WITHDRAWAL PL	AN	
SWITCH OPTION (To be fille	ed along with SWP section below)				
I wish to switch ₹ FROM Scheme Bandhan	OR	Units		Plan Regular Direct	
	vidend Dividend Payout Di	vidend Reinvestment Divide	nd Frequency		
TO Scheme Bandhan				Plan Regular Direct	
	vidend Dividend Payout Di	vidend Reinvestment Divide	nd Frequency		
SYSTEMATIC WITHDRAW	IAL PLAN				
Scheme Bandhan			Plan	Regular Direct	
			nd Frequency		
SWP Period Start M Y End M Y (If start date is not mentioned default start month will be 13th month.) (If End date is not mentioned SWP will be effected till funds are available) Option# Frequency Date Amount (₹)					
Fixed Amount	•••••••••••••••••••••••••••••••••••••••	lalf Yearly Annual		₹	
Percentage Withdrawal	Monthly Quarterly H	lalf Yearly 🗌 Annual	1 st 10 th 20 th Others	5% p.a. 7% p.a. 9% p.a. Other (Not less than 5%)	
Sp Sp	Decified Amount /inimum₹50,000/-) ₹ (in figure	es)	₹ (in words)		
Capital Appreciation* ^{\$}	Monthly Quarterly H	lalf Yearly 🗌 Annual	1 st 10 th 20 th <u>Others</u>	N. A.	
#Please tick only one Option. *Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. *Refer instructions					
Payout will be released to the default bank account registered in the folio. In case you wish to receive the SWP proceeds in any other bank account registered in the folio, please fill in the below mentioned details.					
Bank Name		Account	t No.		
YEARLY SWP TOP-UP (O	PTIONAL) (Refer instruction no. E) [#]				
Amount 500 1000 Other in multiples of 500 OR Percentage 3% (default) 4% 5% Other in multiples of 1%, not decimal					
*SWP TOP-UP facility not available for	r Capital Appreciation Option.				
DECLARATION & SIGNAT	TURES				
Foreign Account Tax Compliance Act ar Limited available on the website of Band directly or indirectly, to make this investr year. The ARN holder has disclosed to m the Scheme is being recommended to m as per applicable Regulations or (ii) resid FCNR Account maintained in accordanc processing my/our application and prov transaction related communication via m	nd Common Reporting Standards, statutory than Mutual Fund www.bandhanmutual.com nent. I/We hereby declare that I/we do not ha le/us all the commissions (in the form of trail c e/us. For NRIs / PIOs / FPIs only: I / We confirr dents of Canada, and I / we have remitted fur e with applicable RBI guidelines. I/We hereby iding the services to which I/we have subsc	requirements prescribed by SEBI, AM and all applicable rules and regulation ve any existing Micro SIPs which toge ommission or any other mode), payab m that I am / we are Non Resident India ads from abroad through approved ba / provide my/our consent to Bandhan.	n, Scheme Information Documents and Key Inf IFI, Prevention of Money Laundering Act, 2002 is and hereby confirm that I/We have not receive ther with the current application will result in a to le to him for the different competing Schemes of ins / Person(s) of Indian Origin / Foreign Portfolio nking channels or from funds in my / our Non-Re AMC Limited for (i) collecting, storing and usage ig legal and regulatory requirements; (ii) receive	(PMLA), Privacy Policy of Bandhan AMC d nor been induced by any rebate or gifts, tal investments exceeding Rs. 50,000 in a various Mutual Funds from amongst which Investors but not (i) United States persons esident External / Non-Resident Ordinary / of personal information for the purposes of	
First / Sole Applicant / Guardian / Authorised Signate	ory Second Applic	pant	Third Applicant	POA Holder	
ACKNOWLEDGMENT -	SYSTEMATIC WITHDRAW	AL PLAN - REGISTRAT		Bandhan Mutual Fund Bodint	

Name of the F	st Holder Folio No.	
SWP Scheme	Plan Option	
Frequency	Date Amount (₹) / Percentage	STAMP & SIGNATURE