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SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

18002100168 (Toll Free Number)

MUTUAL FUND Har term ke liye			& TOP UP FOR
Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branc	Code/Internal Code Employee Unique Identification Number
ARN-181211			E528682
anager/sales person of the above of the broker and the distributor has no A Declaration: I/We hereby give y	distributor/sub broker or notwiths t charged any advisory fees on the ou my/our consent to share/prov	anding the advice of in-appropriateness, if nis transaction. If no ARN is mentioned inve	dings/NAV etc. in respect of my/our investments under Direct Plan of all Sch
Signature of Sole/First Applican	t/Guardian	Signature of Second Applicant	Signature of Third Applicant
OLIO No.	Sole/	First Applicant (Mr./Ms.): FIRST NAM	MIDDLE NAME LAST NAME
ETAILS OF SIP INVESTMEN			
neque No:		ate:	
	t Month/Year: M M Y	Y Y Y SIP End Mo	Fortnightly (1st or 16th Monthly (Any Date) Quarterly (Any Date) (Default - 10th) onth/Year M M Y Y Y Y e of the bank/bank statement for which one time bank mandate is to be regis
	P-UP Frequency (✓):		nder Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
(If xed SIP TOP-UP Amount (Rs.):	, ,	cted, then the default option will be Yea Variable SIP TOP-UP:	rly.) □ 10% □ 15% □ 20% □ other (multiples of 5%
inimum Top-Up Amount is Rs.10			
P TOP-UP Start Month/Year:	MYYYY	SIP Top Up End Month/Year	M Y Y Y Y
EMAT ACCOUNT INFORM	ATION (Mandatory for cred	iting units in demat account)	
you wish to hold your investmen ancelled delivery instruction slip			a copy of the Client Master/Transaction Cum Holding Statement/
NSDL DP Name		DP ID I N	Beneficiary Account No.
CDSL DP Name		Beneficiary Account No.	
Signature of Sole/First Applic	cant/Guardian	Signature of Second Applicant	Signature of Third Applicant
MUTUAL FUND Har term he liye	UMRN FOR	ONE TIME BANK MA (NACH/OTM/Direct Debit Ma	
Tick (✓) Sponsor B	ank Code FOR C	OFFICE USE ONLY	Utility Code FOR OFFICE USE ONLY
CREATE ✓ I/We hereby	authorize HFLIOS M	UTUAL FUND to debit (tick	
MODIFY X	/c number		, ,
with Bank	Name of customers Bank	IFSC	or MICR
an amount of Rupees	Name of customers bank	Amount in words	of whick
FREQUENCY Mthly	Qtly H-Yrly		
PAN			Phone No. +91
Reference			Email ID
This is to confirm that the declaration understood that I am authorized to c PERIOD	n has been carefully read, understood ancel/amend this mandate by appropr	iately communicating the cancellation/amendmer	ty/Corporate to debit my account based on the instructions as agreed and signed by me. I I trequest to the User entity/Corporate of the bank where I have authorized the debit.
To DDMM	Y Y Y Y 1	Name as in Bank records 2.	Signature of Account Holder Name as in Bank records Signature of Account Holder Name as in Bank records
As per the NPCI circular dated Octo	ber 31, 2023, effective April 1,2024, th	e mandate can be for a maximum duration of 40	years from the date of application.
CKNOWLEDGEMENT – HELIC	S MUTUAL FUND - SIP + TO	P-UP FACILITY FORM	FOLIO No.
ame of the Investor:			FOLIO No.
			SIP Amount: ₹
			Top-Up Frequency (✓):
ariable SIP TOP-UP: 10%	☐ 15% ☐ 20% ☐ other	(multiples of 5% or	nly)

customercare@helioscapital.in