f sund	ARAM	MU1	UAL			For offic	ce use	e only				_	Π	_						_	_	٦ ٫		Б	Б	1.4	N 4	V I >	/	/ \
NACH/OTM				U	IMRN	Ш.										<u> </u>							ate			IVI	VI	$\frac{1}{2}$		Y
				Sponsor Bank Code							CITI000PIGW						_	(Cre				Modify O				$\stackrel{\smile}{=}$	Cancel		
Utility Code				CI	11000	J020	000	000	37						_	I/V	Ve authorise	; <u> </u>		_	SUN	DAF	KAM	MU	10/	AL F	UN	ש	_	_
To debit Tick (✓)	□SB□]CA 🗆	SB-N	RE [□ SB-N	NRO [] Oth	ers			Ва	nk A	/c N	اه oا	050	637	30274196	97							\perp	\perp	\perp	\perp	\perp	
With Bank			Nam	e of	f cust	omer	s ba	nk				IF	SC	SE	311	\1 1	184865				or N	MICF								\perp
An amount of ₹ (in	words)	Т	wer	ıty-	Five	Th	ous	san	d R	υрє	es	onl	У											₹ 2!	500	00				
DEBIT TYPE	ixed An	nount	\bigcirc	Max	kimun	n Amo	ount		FREC	UEI	VCY	×	Vo	nthly	×	Q Qu	larterly 🗷	Hali	Yoar	ly	×	arly	V) As	& v	vher	ı pr	ese	nte	d
Reference 1				URN	N.								R	efere	nce	2				Fo	lio N	О								
Phone No													E	mail I	D	Ī														
1. I agree for the debit been carefully read, ur authorised to cancel/a	of Manda derstood mend this	te proce and mad mandat	ssing o de by n e by ap	charg ne/us oprop	es by the s. I am a priately of	ne Bank authoris commu	k who sing th inicat	om I ar ne use ing the	n auth r entity e cance	orizin /corp ellatio	g to de oorate on/ame	ebit m to deb endme	y ac pit m ent re	ccount ny acc eques	as pount to t	per la , bas the us	test Schedule of sed on the instru ser entity/corpo	of ch uctio orate	arges ns as or the	of the agree bank	e Banl ed and k wher	k. 2. T I signe re I ha	This is ed by ave au	to co me. 3 thoriz	nfirm I. I ha ed th	that ave un ne de	the onders bit.	decla stood	ratio d that	n has t I an
From DDMM	YYY	₫	Signa	atur	e of t	he Pr	ima	ry Ho	older		Si	ignat	ture	e of	the	Joi	nt Account	Но	lder		Sign	atur	e of	the .	Joir	nt A	cco	unt	Ho	lder
To* D D M M	YYY	4.	N	ame	e as ir	n han	k re	cord	S				Na	me:		in h	ank records	S				Na	ame	as ir	n ha	ank	rec	ord		
*As per NPCI circular	dated 18	1 3th Aug.								 ratio	_2 n of 30	0 year								(3	140	11110	00 11	1 100			JI GI	_	
				-				_				_ \$	<u>_</u>		-	-			-						-		-	-		
SUNDAR	AM MU	U TUA .	L		SIP	Reais	trat	ion /	Rene	wal	Forn	n / M	lod	lifica	tion	1 - N	IACH / One	Tin	ne Ma	anda	ate (C	MTC)			me inv				
Please tick ☑ as app	olicable:				V			· · · ·				,						••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_		ng wit				IUIIII
 □ NACH/OTM Form □ NACH/OTM Form 											er ma	ndate	reç	gistrat	tion	whic	ch may take 3	80 da	ays.				SC	5	51	911 2	dl	LUI	e	
Distributor's ARN & Name		oroker's AR			ub-broker		T	Judi	EUIN*	an ij.		Regis	stereo	d Investr	ment A	Advisor	r For Offic	e use	only			Т	im	e.	St	x ar	nr	oir	ıcı	
		(Code)			(interna		(Em	ployee Un	ique Idendi	fication N	lumber)			(RIA) Co					,			-					111	/111	9	
ARN - 3280 I/We confirm that the EUIN	I hav is intan	tionally loft	blank by	mo/u	e ae thie i	c an "ov	oution	-only"	trancac	tion w	ithout a	ny into	rantii	on or a	dvico	hv th	a distributor nors	onno	conco	rnod										
Upfront commission shall be p	aid directly b	y the invest																				S	ole/Firs	Applic	ant's (Signati	ure Ma	andato	ıry	
Sharoh Ha		llCant 	1 1	ī	1 1	1 1	ı	1 1	1 1	1	1 1	1	ı	1 1	ı		Mobile*	1	 + 1 -:	2h1	L⊿ስ	111	 ፋ6ሰ	ı	ı	1 1	1	1		ı
	allegos	sierer	 n√@	ex	ampl	le.or	d I			1			1								 			\top	╁	Т	П	\Box	$\overline{}$	_
*Please tick the Family C	ode for the N	Nobile Num	ber and	Email I	ID provide	ed																					_			ndato
Email: Self Spous Default Communication	node is É-ma	ail only, if yo										(√) □	Annu				☐ Spouse ☐ Dep Statutory Information		it Childr	en 🔲 l	Jepend	ent Sib	lings L	I Depei	ndent	Parent	s∐(Juardi	an	
Name of Secon	a Applic I I I	ant II	1 1	ī	1 1	1 1	ı	1 1	1 1	1	1 1	1	ı	1 1	ı		Mobile*	1	1 1	1	1 1	ı	1 1	ı	ı	1 1	1	1		1
E-Mail												1	1							1					1	\perp			T	
*Please tick the Family C Email: ☐ Self ☐ Spous	se 🗆 Depen	dent Childr	en 🗆 D	epend	ent Siblina	gs 🗆 Dei	pender	nt Paren	ts □ Gı	uardian	1	//					□ Spouse □ Dep		ıt Childr	en 🗆 I	Depend	ent Sib	lings 🗆	I Deper	ndent	Parent	.s 🗆 (Guard		ndato
Default Communication in Name of Third A			JU WISTI L	o rece	IVE IOIIOWI	ng docur	nenu(s)	via priy	sicai IIIO	ue: Me	ase lick	(✔) 🗀	Aririu	и неро	III 🗀	Other	Statutory Information	OH												
				ī		1.1		1 1		ı		1	1	1 1	1		Mobile*	1		1	П	1	1 1			1 1	1			
E-Mail				İΙ			İ		Πİ	ī	ī	i	T	ī						Ī	Ϊİ	i	Π	i	T	Τ	П	П	T	Τ
*Please tick the Family C Email: ☐ Self ☐ Spous	ode for the N	Nobile Num	ber and	Email I	ID provide	ed	n an da	ot Douge	+- C	.o.voli ovo				Mahi	ila. 🗆	1 0 olf [□ Spouse □ Dep	ondor	+ Obilde	an 🗆 I	Janand	ant Cila	lingo [I Dana	ndont	Dovoni		Cuard	*Mar	ndato
Default Communication	node is E-ma	ail only, if yo	ou wish t	o rece	ive follow	ing docur	nent(s)	via phy	sical mo	de: Ple	ase tick	(√) □	Annu	ual Repo	rt 🗆	Other	Statutory Information	on	il Grillun		Jepenu	eiil oid	III IYS L	і Береі	IUCIII	raitiil	5□(Judiui	dli	
Existing Invest	tor Folio	No.		ı								1		Nev	w In	vest	tor Application	on N	lo.											
Permanent Ac			r (PA	N)*	ABC	DE28	355F	PE	KRN	ı		_							ral K	YC	Num	ber			CKYC	Proof	attac	hed (N	/landat	tory)
First/Sole Applicant/Gu	ardian																								Ĺ					
Second Applicant	ĺ			ĺ	ĺ		ĺ	- - 	Ī				Ī	i	Ī	ĺ		ĺ	ĺ	j	ĺ	Ì								Ī
Third Applicant													ī																	L
			1.1	Bank	k Name	е											Cheque No							Dat	ied					
Please tick ☑ □	SIP Reg	gistratic			k Name with To		Reg	jistrat	ion								Cheque No							Dat	:ed					
				1													2													
Scheme Name Plan / Option				i.																										
SIP Installment	Amount	: (₹)																												
SIP Date: (for Mont			uency).					28	3/07	/20	24 E	=									D	Δ	T	-	=					
Frequency:					☐ Daily ☐ Weekly® Monthly* ☐ Quarterly												☐ Daily ☐ Weekly® ☐ Monthly* ☐ Quarterly													
Start Month/Year:					M M Y Y Y Y												M M Y Y Y Y													
End Month/Year	(Default	30 yea	rs):				M	M	Y		Υ	Υ	Υ	#					N	/	M	Y	1	/	Υ	Y	#			
SIP Top Up amou	nt (Opti	onal):	₹	_				_						f voai			. [_				Ton I	_								