

COMMON APPLICATION FORM FOR LUMPSUM

Application No.



Badhte Raho

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser 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 above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. <input type="checkbox"/>			
Signature of First / Sole Applicant / Guardian / Authorised Signatory			

1 EXISTING FOLIO NO.

2 MODE OF HOLDING / OPERATION

Single Anyone or Survivor Joint (Default option is anyone or survivor)

3 APPLICANT'S DETAILS (Name and Date of Birth as per PAN) (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

Gender Male Female

1st APPLICANT Mr Ms M/s First Middle Last

PAN / PEKRN* KIN^ Proof Attached Date of Birth**

GUARDIAN NAME IF MINOR / CONTACT PERSON (FOR NON INDIVIDUALS) / POA HOLDER Mr Ms First Middle Last

PAN / PEKRN* KIN^ Proof Attached Relationship with Minor applicant Natural guardian Court appointed guardian Date of Birth**

2nd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ Proof Attached Date of Birth**

3rd APPLICANT Mr Ms First Middle Last

PAN / PEKRN* KIN^ Proof Attached Date of Birth**

*Mandatory information - If left blank, the application is liable to be rejected. **Mandatory in case the Sole/ First applicant is minor. ^Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

4 CORRESPONDENCE DETAILS OF SOLE/ FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address

HOUSE / FLAT NO.	STREET ADDRESS	CITY / TOWN	STATE	COUNTRY	PIN CODE
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Mobile No. Tel. No. Office Tel. No. Residence

Mobile No belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email ID

Email id belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA (Please refer Instruction No. Z and ✓)

Second Holder Contact details Mobile No. Email ID

Mobile No belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email id belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Third Holder Contact details Mobile No. Email ID

Mobile No belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

Email id belongs to:- Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)
If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) (Refer instruction Z)

5 TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO	<input type="checkbox"/> Other _____ Specify
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> Non Profit Organization/Charities	
<input type="checkbox"/> NRI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor	<input type="checkbox"/> QFI	

6 DEMAT ACCOUNT DETAILS (OPTIONAL) (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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7 BANK DETAILS (Mandatory)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type Current Savings NRO NRE FCNR Others (please specify)

Bank Name & Branch

Branch City IFSC Code 11 digit MICR Code 9 digit

<-> BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.) Application No.

Received, subject to realisation, verification and conditions

From Stamp & Signature

8 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Scheme Riskometer, Benchmark Riskometer, Plans and Sub-options)

Scheme	Bandhan	Plan		Option	
Mode of payment	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Payment (Please fill the 'Third Party Payment Declaration Form')	Payment mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Bandhan OTM <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS/NEFT	Cheque Date	D D M M Y Y
Amount (figures)		<input type="checkbox"/> Cheque/DD/UTR/UMR No.			
Account No.		Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Please specify	
Bank & Branch Name					

(*Please fill STP/SWP/IDCW Transfer Registration Form separately)

9 NOMINATION DETAILS	<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We do not wish to nominate ^{ss}	I/We want the details of my/our nominee to be printed in the statement of account	Name of Nominee(s) with %	Nomination:	<input type="checkbox"/> Yes / No (Default)
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Nominee Name & Address*	In case of Minor		Allocation %*
	Guardian Name	Relationship with the minor	
Nominee 1			
Nominee 2			
Nominee 3			

(a) *Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) **For identification details investor can provide PAN, Aadhaar, Driving license or Passport

Nominee 1	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 2	Identification Details**	Mobile*	Email ID*	Relationship with investor*
Nominee 3	Identification Details**	Mobile*	Email ID*	Relationship with investor*

^{ss} OPT-OUT: I/We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

 Sign Here →	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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10 FATCA AND CRS DETAILS FOR INDIVIDUALS (including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure II). The below information is required for all applicants / guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? YES NO (please tick ✓)

If "YES" please fill for ALL countries (other than India in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B → No TIN required (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons thereof:

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure I and Annexure II are available on the website of AMC i.e. www.bandhanmutual.com or at the Investor Service centres (ISCs) of Bandhan Mutual Fund

11 KYC DETAILS (Mandatory)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	Please specify									
Second Applicant	<input type="checkbox"/>	Please specify									
Third Applicant	<input type="checkbox"/>	Please specify									

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on D D M M Y Y Y Y as on (Not older than 1 year)
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore OR Net worth ₹ _____

OTHERS [Please tick (✓)]

First Applicant / Guardian	For Individuals Please tick (✓) <input type="checkbox"/> I am Politically Exposed Person (PEP) [^] <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non-Individuals Please tick (✓) (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)): (i) Foreign Exchange / Money Changer Services <input type="checkbox"/> Y <input type="checkbox"/> N (ii) Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Y <input type="checkbox"/> N (iii) Money Lending / Pawning <input type="checkbox"/> Y <input type="checkbox"/> N
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) [^] <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP) [^] <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gift directly or indirectly, to make this investment. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trial commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/We have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

 Sign Here →	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Instrument No.	Dated	Amount (₹)	Scheme
	D D M M Y Y		

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SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee
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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 above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant /
Guardian / Authorised Signatory

Please Tick (✓) SIP Registration SIP Renewal SIP with Top-up Registration

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

UNIT HOLDER INFORMATION

Existing Folio Number PAN

Name of the First Holder (Name and Date of Birth as per PAN)

SYSTEMATIC INVESTMENT PLAN DETAIL (For Monthly / Quarterly frequency, choose any date from 1st to 31st of a given month)

Scheme Bandhan	Plan <input type="text"/>	Option <input type="text"/>
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Transfer Frequency (Please (✓) any one of the below frequencies)

- Monthly (Default date 10th)
- Quarterly (Default date 10th)
- Weekly - Datewise (Transfer will be 7th/14th/21st/28th of the month)
- Weekly - Daywise (Monday Tuesday Wednesday Thursday Friday)

SIP Date D D (For Monthly & Quarterly frequency)
SIP Period From M M Y Y Y Y To M M Y Y Y Y Or 40 Years
Installment Amount (₹) in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency Half Yearly Yearly[^] (Default) Amount ₹ in figures (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

👉 For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

<input type="checkbox"/> My existing OTM registered to be used for initial & subsequent SIP instalments <input type="text"/> (OR)	<input type="checkbox"/> Cheque <input type="text"/> Cheque Date <input type="text"/> Cheque Amount <input type="text"/> Bank & Branch Name <input type="text"/>
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DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>	CDSL: Depository Participant (DP) ID (CDSL only) <input type="text"/>
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I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in total investments exceeding ₹ 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For all NRIs / PIOs / FPIs only: I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian /
Authorised Signatory

Second Applicant

Third Applicant

Bandhan One Time Mandate (OTM)

UMRN <input type="text"/> F O R <input type="text"/> O F F I C E <input type="text"/> U S E <input type="text"/> O N L Y	Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M Y <input type="text"/> Y <input type="text"/> Y
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Sponsor Bank Code <input type="text"/> FOR OFFICE USE ONLY	Utility Code <input type="text"/> FOR OFFICE USE ONLY
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Tick (✓) CREATE MODIFY CANCEL I/We hereby authorize Bandhan Mutual Fund to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c. number IFSC or MICR

with Bank an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. Mobile No. +91

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

PERIOD Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

From D D M M Y Y Y Y To D D M M Y Y Y Y

Or Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm the declaration 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 & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

TERMS AND CONDITIONS :

- 1) Bandhan Mutual Fund can register the attached 'One Time mandate' to facilitate collection of payments towards investments in Mutual Funds as directed by the investors.
- 2) The facility is made available to investors of Bandhan Mutual funds who subscribe to use this one time mandate for their intended investment collections only.
- 3) The Scheme Information Document (SID), Scheme Additional Information (SAI) and Key Information Memorandum, all Instructions, Addenda issued from time to time, as available on the Bandhan Mutual Funds' website, Risk Factors, Loads and all other information related to various requirements of the respective Scheme/Plan shall be understood and referred to before providing the mandate by the investor. It is deemed that the investor agrees to the terms and conditions of the respective chosen scheme as stipulated by AMC from time to time.
- 4) Bandhan MF shall map this mandate, after due acceptance from investor's bank, as one of the authorised payment modes in the RTA folio records for all investments in Bandhan Mutual Fund and the above mapping shall be purely based on automatic matching of PAN mentioned in the attached mandate with the first holder's PAN (Guardian's PAN for Minors) in investor's folios.
- 5) Bandhan MF, directly as or through its appointed aggregator (service provider) shall arrange to lodge only the duly valid Mandate with investor's bank under Automated Clearing House (ACH) Rules.
- 6) As per NPCI, mandate can be registered upto 40 years.
- 7) Any charges payable by the investor to his/her bank for registering and honoring this mandate will not be borne by Bandhan and for the same to be debited to bank account, the mandate contains necessary authorization.
- 8) Bandhan MF or its aggregator shall also facilitate collection of periodical or adhoc payments due from the Investor, (either for fresh purchase or additional purchase or SIP investments as the case may be) as per duly lodged and accepted mandate terms. This will be as per specific instructions received from Bandhan Mutual Fund for the desired adhoc/ periodical transactions instructions issued/conveyed to them directly by the investor through various permitted modes.
- 9) Bandhan MF shall ensure that under any circumstances, the funds will not be used other than for the intended purpose and Bandhan MF shall not have any title or ownership over the proceeds except for the interim period pending pass through to the Bandhan MF.
- 10) Bandhan MF shall be bound by rules and procedures prescribed by NPCI from time to time for this ACH Debit mandate collection services operated by them.
- 11) The investor cannot hold the Bandhan Mutual Fund or the aggregator responsible for any loss, if mandate is rejected or any of its transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason at or of the investor bank.
- 12) Bandhan MF will not be responsible or liable for nor be in default for reasons of any failure or delay in ensuring obligations under this facility, where such failure or delay is caused, in whole or in part, by any force majeure event (including network failures) which are beyond the reasonable control of Bandhan MF.
- 13) The investor clearly understands that this common ACH mandate provides for multiple debits on same settlement date to pay various underlying transactions for values, each of which shall be less or equal to the maximum amount specified in the relevant mandate. Accordingly, the investor shall ensure that the intended bank account remains funded well in advance of any given date to meet all his adhoc/periodical commitments for transactions under the relevant mandates. Investor shall note that his bank may charge service fees for any dishonor.
- 14) All the intended transactions will be presented on best efforts basis if received by and within the timelines agreed by the service provider and the decision of the investor's bank will be final in acceptance or rejection of any or all transaction.
- 15) Bandhan MF shall recover any wrongful credits afforded in investor's folios and for which notice/information is hereby waived.
- 16) The investor clearly understands that debit of funds for transactions using Bandhan One Time Mandate form will be subject to normal processing time taken for clearing such transactions through the ACH platform and in accordance with NPCI guidelines.
- 17) SIPs can be registered for a maximum period of 40 years.
- 18) All Applicants name and date of birth should be as per PAN.
- 19) In case the chosen SIP date is not available in a particular month, the SIP instalment will be processed on the last available calendar day of the month. If last available calendar day falls on a non-business day, then the SIP instalment will be processed on the next available business day.
- 20) Weekly IDCW payout option is available only in **Bandhan Liquid Fund**.
- 21) Default option for Weekly SIP is Wednesday for Weekly Daywise SIP option. Wednesday is also the default option if none of the Weekly option is selected (Date / Day).

Toll free 1800 266 6688 / 1800 300 66688
Available Between
9:00 am - 6:00 pm on weekdays

Please note our investor
service email id
investormf@bandhanamc.com

www.bandhanmutual.com