

Escorts Mutual Fund

SIP Auto Debit ECS Form

(Investor must read Key Scheme Features and Instructions before completing this form.)

ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
9992					

DECLARATION for "execution-only" transaction (only where EUIN box is left blank)

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 above distributor and the distributor has not charged any advisory fees on this transaction

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Transaction Charges For Applicants Through Distributors only

<input type="checkbox"/> I Confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I Confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase / subscription amount is Rs. 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.

Upfront commission 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.

Please tick (✓) ☐ New Registration ☐ Cancellation ☐ Change in Bank Account Date

D	D	M	M	Y	Y	Y	Y
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The Trustee, Escorts Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following scheme and the terms and conditions of the SIP Enrolment.

Applicant Personal Details

First Unit Holder																	Existing Folio No										
PAN NO																											
	<i>Sole / First Applicant / Guardian</i>								<i>Second Applicant</i>								<i>Third Applicant</i>										
KYC Compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No								<input type="checkbox"/> Yes	<input type="checkbox"/> No								<input type="checkbox"/> Yes	<input type="checkbox"/> No							

SIP Details

Sr. No.	Scheme/Plan/Option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month ⁽¹⁾ /Year
1			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(The first Auto Debit should be at least 30 days after the first SIP transaction date) ⁽¹⁾ if no End month is specified SIP will continue till investor gives a mandate to discontinue the same.

**Default Option will be applied in case of no information, ambiguity or discrepancy.*

Declaration: Having read, understood and agreed to the contents of Easy Pay Form Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Escorts Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP installments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail 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.

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DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT

		UMRN												Date		<div style="display: flex; justify-content: space-between;"> DDMMYYYY </div>																											
<div style="border: 1px solid black; padding: 2px;"> Tick (✓) CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/> </div>		Sponsor Bank Code		For Office Use										Utility Code		For Office Use																											
		I /We hereby authorize		Escorts Mutual Fund										to debit		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> Other </div>																											
		Bank a/c number																																									
		with Bank												IFSC												or MICR																	
an amount of Rupees																																₹											
FREQUENCY		<input type="checkbox"/> Mthly		<input type="checkbox"/> Qtly		<input type="checkbox"/> H-Yrly		<input type="checkbox"/> Yrly		<input type="checkbox"/> As & when presented										DEBIT TYPE		<input type="checkbox"/> Fixed Amount		<input type="checkbox"/> Maximum Amount																			
Reference 1		Folio No										Mobile		+91																													
Reference 2		Scheme Name										Email ID																															

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

	Period							
From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y
Or	Until Cancelled							

Signature Primary Account holder

Signature Account holder

Signature Account holder

1. _____ 2. _____ 3. _____
Name as in bank records Name as in bank records Name as in bank records

TERMS AND CONDITIONS FOR SIP WITH AUTO DEBIT (ECS) FACILITY

1. Please check for the availability of SIP facility in the respective Scheme/Plan.
2. Existing investors are required to submit only the SIP Auto Debit (ECS) Form indicating the existing Folio Number and investment details in the SIP section.
3. Minimum investment amount for SIP is Rs. 1000/- for monthly and Rs. 1500/- for quarterly frequency. Minimum number of SIP installment is 6 for monthly & 4 for quarterly frequency.
4. SIP facility is available only on specific dates of the month viz 1st/10th/25th
5. In case "All three dates" are selected, SIP will be registered for a minimum of six months for each date.
6. If no end month is specified, SIP will remain active till we receive instruction from the investor to discontinue the SIP.
7. During ongoing purchase your first SIP can be for any day of the month. Your second and subsequent SIPs are available only on the above specified dates of the month with a minimum gap of atleast 30 days between first and second SIP installment. Incase the chosen date turns out to be a non-working day for the scheme; the SIP will be processed on the immediately following working day.
8. The SIP cheque should be drawn on the same bank account which is to be registered for ECS (debit). The bank account provided for ECS(debit) should participate in local MICR clearing.
9. The cheque should be drawn in favour of "Scheme Name".
10. If three consecutive SIPs fail, the SIP will automatically stand terminated.
11. If the SIP preferences are not indicated or incase of discrepancy or ambiguity, the default option shall be as under:
SIP Frequency – Monthly, SIP date – every 10th of the month.
12. Any request for a Modification/Cancellation of SIP shall be processed within 20 days on receipt of written request. All such request, should be accompanied by.:
a. A new SIP from duly filled in and carrying the revised/new SIP request details, or
b. A written and signed confirmation for discontinuing the existing SIP.
13. If you are a new investor, investing in a Scheme/Plan using the Systematic Investment Plan, please fill in all the sections in the Application Form except the section titled "Investment & Payment Details". The investment details must be indicated in the SIP Auto Debit (ECS) Form.
14. (a) Please furnish a certified copy of the PAN Card along with the Application Form/Transaction Form
16. (b) SYSTEMATIC INVESTMENT PLANS (SIP)SYSTEMATIC TRANSFER PLANS (STP) UPTO RS.50,000/- EXEMPT FROM PAN-(SEBI) letter no. MRD/DoP/PAN/PM/A66999/2009 dated 19.06.2009) : Investments in SIP/STP in schemes of Escorts Mutual Fund upto Rs.50,000/- per year per investor is exempted from the requirements of PAN, Such scheme may be operationalised with other standard specified identification instruments like Voter ID Card, Government/Defense IS Card, Card of reputed empower, Driving License, Passport.
16. (c) SEBI CIRCULAR ON ENTRY LOAD : "In terms of SEBI circular No. SEBI/MD/CIR No. 4/168230/90 dated June 30,2009, no entry load will be charged by the Scheme to the investor effective August 1, 2009. Upfront commission 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".
17. Investors will not hold Escorts Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investors bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS/Local holidays/ incomplete or incorrect instructions from the applicant.
18. Escorts Mutual Fund reserves the right not to represent any mandate for SIP auto debit facility if the registration could not be effected in time for reasons beyond control.
19. Escorts Mutual Fund, its registrars and other service providers shall not be responsible and liable for any transaction failures, due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate.

Please refer the Key information Memorandum and the Standard Offer Document for Minimum Investment Amounts under various options, Applicable NAV, Redemptions, Risk Factors, Load and other information on the respective Scheme/Plan before investing

Instructions to fill Easy Pay:

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| <ol style="list-style-type: none"> 1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length - 20 Alpha Numeric Characters) 2. Date in DD/MM/YYYY format. 3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary (Maximum length - 11 Alpha Numeric Characters) 4. Utility Code of the Service Provider (Maximum length - 18 Alpha Numeric Characters) 5. Name of Service Provider. 6. Tick on box to select type of actions to be initiated. 7. Tick on box to select type of actions to be affected. 8. Customer's legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters) 9. Name of the Bank and Branch. 10. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters) | <ol style="list-style-type: none"> 11. Amount payable for service or maximum amount per transaction that could be processed, in words. 12. Amount in figures, similar to the amount mentioned in words (Maximum length - 13 digit Numeric, in paise) 13. Service Provider generated consumer reference number. 14. Service Provider generated Scheme / Plan reference number. 15. Tick on box to select frequency of transaction. 16. Validity of mandate with dated in DD/MM/YYYY format. 17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name - 40 alpha Numeric Characters) 18. Undertaking of customer. 19. Permanent ID of customer e.g. PAN/Aadhaar No. 20. Telephone no. with STD code of customer. 21. 10 digit mobile number of customer. 22. Mail ID of customer. |
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