

SIP AUTO DEBIT (ECS / NACH / SI) FACILITY: REGISTRATION CUM MANDATE FORM

ISTRIBUT	OR / BROKER INF	ORMATION [refer instruction 1(b)]								
Name ar	nd AMFI Reg. No.	Sub Agent's N	lame and AMFI Reg. No.	Bank Serial No.	SBFS Serial	l No.	Sub-Bro	cer Code		EUIN	
RN- 9	992	ARN-					(As allo				
ront commissio	n shall be paid directly by th	ne investor to the AM	MFI registered Distributors base	ed on the investors' assessi	ment of various fac	ctors inclu	iding the ser	vice rendered	d by the	distributor	
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This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.