

App. No.

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 9992	ARN-			(As allotted by ARN holder)	

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.

I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

First / Sole Applicant  
/ Guardian / POA Holder  
/ Authorised SignatorySecond Applicant  
/ Guardian / POA HolderThird Applicant  
/ Guardian / POA Holder

TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) (See Instruction on page 12):

☐ Existing Investor - Rs. 100 ☐ New Investor - Rs. 150☐ I confirm that I am a first time investor across Mutual Funds.☐ I confirm that I am an existing investor in Mutual Funds.

## 1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No.

The details in our records under the Folio number mentioned alongside will apply for this application.

## 2. APPLICANT'S INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.

First / Sole Applicant ☐ Mr. ☐ Ms. ☐ M/s. ☐ Minor

Name: FIRST MIDDLE LAST

PAN / PEKRN  Date of Birth\* / Incorporation  \* Required for First holder / Minor KYC Identification Number (KIN) 

Name of Guardian (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)

☐ Mr. ☐ Ms. Name: FIRST MIDDLE LASTGuardian PAN / PEKRN  Contact No.  KYC Identification Number (KIN) For Investment "on behalf of Minor" ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other Relationship with Minor (Mandatory) ☐ Father ☐ Mother ☐ Court Appointed Legal GuardianMailing Address 

City	State	Pin Code (Mandatory)
Country	STD Code	Tel. Off.

Overseas Address (Mandatory for NRI / FII Applicant) (See Instruction 2.ai) on page 17)

Country

## GO GREEN (Default mode of Communication) → Mobile

E-Mail

Tax Status:

Individual

Non-Individual

☐ Resident ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Sole-Proprietorship ☐ On Behalf of Minor ☐ Company ☐ Trust ☐ Society / Club ☐ Partnership / LLP ☐ AOP / BOI ☐ FPI ☐ NRI - On Behalf of Minor ☐ PIO / OCI ☐ HUF ☐ Others (Please Specify) ☐ Non Profit Organisation ☐ Others (Please Specify)Occupation: ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculturist ☐ Proprietorship ☐ Defence ☐ Others (Please Specify)Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net worth ₹

## Second Applicant's Details

Mode of Holding (please ✓) ☐ Joint# ☐ Anyone or Survivor (# Default, in case of more than one applicant and not ticked)Name: ☐ Mr. ☐ Ms. FIRST MIDDLE LASTPAN / PEKRN  Date of Birth  Mobile  KYC Identification Number (KIN) Occupation ☐ Pvt. Sector Service ☐ Pub. Sector Service ☐ Gov. Service ☐ Housewife ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Defence ☐ Agriculturist ☐ Forex Dealer ☐ OthersGross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net worth ₹

## Third Applicant's Details

Name: ☐ Mr. ☐ Ms. FIRST MIDDLE LASTPAN / PEKRN  Date of Birth  Mobile  KYC Identification Number (KIN) Occupation ☐ Pvt. Sector Service ☐ Pub. Sector Service ☐ Gov. Service ☐ Housewife ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Defence ☐ Agriculturist ☐ Forex Dealer ☐ OthersGross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore OR Net worth ₹

## Additional Details

	Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	Are you / entity involved in any of the services mentioned below? If yes write down it in the following box
First / Sole Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Second Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Third Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	

Are you / entity involved in any of the following : Precious metals (in particular buying-selling Gold) and Gems • Luxury Cars • Boats • Race-horses • Jewellery • Money Service Businesses (MSB) & their agents (excluding Banks) • Currency dealers or Exchanges • Sellers for redeemers of traveler's cheques Money Orders/Remittance services • Pawn shops • Street Market stall • Hotels • Restaurants • Internet Cafes • Door to door sales companies • Taxi • Bars • Night Clubs • Second hand Goods sales • Second hand vehicle dealers (excluding Automobile Franchise) • Casinos • Lotteries • Gambling Clubs • Slot machines Antiques • Art Galleries • Art Dealers • Auctioneer • Art Expert • None of the above

## 3. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of PoA Holder)

☐ First / Sole Applicant ☐ Second Applicant ☐ Third Applicant  
☐ Mr. ☐ Ms. ☐ M/s. ☐ Others  Name of PoA HolderPAN  KYC Identification Number (KIN) Enclosed ☐ PAN card proof ☐ KYC Confirmation proof

Signature of (PoA) Holder

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s.

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

App. No.

ISC Stamp, Date &amp; Signature

**4. INVESTMENT & PAYMENT DETAILS : Please issue separate Cheque / DD favouring the Scheme Name you wish to invest (refer instruction 4) (Mandatory)**

<input type="checkbox"/> Zero Balance <input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP (Mention the first purchase details below and fill and submit the SIP form separately)					
Scheme Name / Plan / Option	Amount (₹)	Cheque/DD No./UMRN	Bank / Branch	Payment Mode	Account No.
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
<b>Payment Type</b> <input type="radio"/> Non-Third Party Payment <input type="radio"/> Third Party Payment (Please attach "Third Party Declaration Form")					

**5. DEMAT ACCOUNT DETAILS (refer instruction 1f)**

<input type="checkbox"/> National Securities Depository Ltd. <input type="checkbox"/> Central Depository Services (India) Ltd.	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____
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Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

**6. BANK ACCOUNT DETAILS (See Instruction 3 on page 19) (Mandatory, as per SEBI Regulations)**

Bank Name _____			
Bank A/c. No. _____	A/c. Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR		
Branch Name _____	City _____	Pin Code _____	
MICR Code _____	(9 Digit No. next to your Cheque No.)	IFSC Code _____	

**7. OVERSEAS EXPOSURE - MANDATORY ONLY FOR CORPORATES / BANKS / FINANCIAL INSTITUTIONS**

Does your Entity\* have any offices, transactions, investments, activities or planned activities offshore? ☐ Yes ☐ No

\* includes any business directly or indirectly controlled by, or under common control with your entity.

If the answer is "Yes", please fill out the "Major Sanctioned Countries Questionnaire" Form available on our website [www.bnpparibasmf.in](http://www.bnpparibasmf.in).

**8. FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form**

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	<input type="radio"/> Third Applicant <input type="radio"/> PoA
Place & Country of Birth			
Nationality	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)
Address Type	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business
<b>Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide information below)</b>			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C _____ (Please Specify)

**Reason A:** The country where Account Holder is liable to pay tax does not issue TIN to its residents do not require the TIN to be collected) **Reason B:** No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected) **Reason C:** others, please specify the reason above

**9. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section (See Instruction 5 on page 20)**

<b>1. I/We do not wish to nominate</b>	<b>SIGNATURE(S)</b>	First / Sole Applicant	Second Applicant	Third Applicant
<b>2. Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death.</b>				
	Nominee Name	Date of Birth <sup>A</sup>	Allocation % <sup>#</sup>	Guardian Signature <sup>A</sup>
Nominee 1				
Nominee 2				
Nominee 3				

<sup>A</sup> In case Nominee is minor. <sup>#</sup> Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of **100 per cent.****10. DECLARATION & SIGNATURES**

I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under- I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person. I / We hereby declare that I am / we are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme. I / We confirm that I am / we are not NRIs / PIOs residing in any of the prohibited / banned Countries mentioned in the SID / addendums to the SID. I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of BNP Paribas Mutual Fund ("Fund"). I / We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds / income of mine only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, 1961, The Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and / or any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to not create a folio / account, reject the application / withhold the investments made by me / us and / or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option.

I / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year (Applicable for PAN exempt category of investors). I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.

I / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund / Trustees promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the AMC / Mutual Fund / Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

**Additional declaration for NRIs only :** I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

**Additional declaration for Foreign Nationals Resident in India only:** I / We will redeem my / our entire investment(s) before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**Additional declaration for NRIs / PIO / OCIs only:** I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. please (✓) ☐ Yes ☐ No If yes, (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Dated _____	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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**BNP PARIBAS  
MUTUAL FUND**

BNP Paribas Asset Management India Private Limited  
BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex,  
Bandra (East), Mumbai - 400 051, Maharashtra, India.  
Toll Free: 1800 102 2595 • Web : [www.bnpparibasmf.in](http://www.bnpparibasmf.in)  
E-mail: [customer.care@bnpparibasmf.in](mailto:customer.care@bnpparibasmf.in)





**BNP PARIBAS**  
MUTUAL FUND

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

Please read the Instructions before completing this Application Form.

Please (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP Cancellation ☐ SIP - Change in Bank Details

### DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 9992	ARN-			(As allotted by ARN holder)	

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.

I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

First / Sole Applicant  
/ Guardian / POA Holder  
/ Authorised Signatory

Second Applicant  
/ Guardian / POA Holder

Third Applicant  
/ Guardian / POA Holder

### 1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Name of Sole / First Unit Holder	First Name	Middle Name	Last Name
Folio No.			
Mode of Holding (please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	Application No.		
Mobile No. +91	PAN (First Unit Holder)		
E-mail ID			

### 2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option			
Frequency (Please ✓) <input type="checkbox"/> Weekly SIP <input type="checkbox"/> Monthly <sup>#</sup> SIP <input type="checkbox"/> Quarterly <sup>#</sup> SIP (Calendar Quarter i.e. January, April, July and October)	(#ECS available)		
SIP Date	Weekly SIP (Monday to Friday): Day of transfer	Monthly and Quarterly SIP: Preferred Debit Date (Any date except 29th, 30th and 31st)	
Enrolment Period	<input type="checkbox"/> Regular From MM / YYYY To MM / YYYY <input type="checkbox"/> Perpetual From MM / YYYY To 01 / 2099		
Each SIP Amount	₹	No. of instalments	Total Amount ₹
Drawn on Bank	First SIP Instalment via: Cheque No.		
Branch	A/c No.		
SIP Top UP (Optional)	Top Up Amount* Amount in multiples of ₹ 500 only	Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*	

### 3. DECLARATION & SIGNATURES

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I /We will also inform BNP Paribas Mutual Fund/ BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

#### SIGNATURE AS PER BNP PARIBAS MUTUAL FUND (To be signed as per Mode of Holding)

Sole/First Applicant/Guardian	
Second Applicant (Not applicable if first applicant is minor)	
Third Applicant (Not applicable if first applicant is minor)	

#### SIGNATURE AS PER BANK RECORDS (To be signed by all holder if Mode of Operation in the Bank is Joint)

Sole / First Holder	
Second Holder	
Third Holder	



**ECS/NACH/SI  
Mandate**

UMRN

Date

DDMMYYYY

Tick (✓)

CREATE ✓  
MODIFY  
CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize

BNP PARIBAS MUTUAL FUND

to debit (tick✓)

SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☒ Mthly ☒ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount-

☒ Maximum Amount

Reference 1

Phone No.

Reference 2

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	DD	MM	YYYY
To	31	12	2099
Or	<input checked="" type="checkbox"/> Until Cancelled		

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

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.