MFU **MF Utilities India Pvt. Ltd.**

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi
Thane (West) - 400 610
CIN : U74120MH2013PTC242939

Pay Eezz

PayEezz Mandate Registration Form

ARN	
EUIN	

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):

If you have submitted a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No below:

Common Account Number (CAN)　　　　**OR**

PAN PEKRN	please specify	CRF No.	please specify

Name of the First/Sole Holder

B. * Group Order Reference Number (GORN) /MFU Mandate Reference Number (MMRN): (Distributor / MFU / POS user to write the system generated GORN/MMRN below):

GORN	please specify GORN here	MMRN	please specify MMRN here

C. * Authorization of the Bank Account Holder (to be signed by the Investor):

To, The Branch Manager _____ (Name of the Bank)
This is to inform you that I/We have registered for making payment towards my / our investments in Mutual Funds through MF Utilities India Pvt Ltd by debit to my/our account directly or through ECS (Debit Clearing). I / We hereby authorize you to honour such payments and have signed and endorsed the Mandate Form. Further, I/We hereby authorize to honour my / our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account.

Bank Account Number

I / We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I / We hereby declare that the particulars given above are true and correct and agree to make payments referred. I / We will also inform MF Utilities India Pvt Ltd about any changes in my / our bank account.

1st Account Holder's Signature (As in Bank Records)	2nd Account Holder's Signature (As in Bank Records)	3rd Account Holder's Signature (As in Bank Records)

BANKER'S ATTESTATION (FOR BANK USE ONLY)		
Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records	Signature of Authorized Official from Bank (Bank Stamp and Date)	Bank Account Number

D. * Declaration and Signature(s):-

I / We hereby confirm and declare that the information provided by me / us is accurate. If the transaction or the Mandate registration cannot be processed due to incomplete or incorrect information provided by me / us, I / We would not hold MF Utilities India Pvt Ltd or its authorized service providers responsible.

Date : D D / M M M / Y Y Y Y　　　Place : _____

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	**Second Applicant**	**Third Applicant**

E. DEBIT MANDATE:

✂ ── ── ✂ ── ── ✂ ──

MFU MF Utilities

Mandate Registration Form - NACH / ECS / SI / Direct Debit

DATE D D / M M / Y Y Y Y

UMRN　　UMRN to be specified here

Tick (✓)		
CREATE	✓	Sponsor Bank Code　for office use only　Utility Code　for office use only
MODIFY	X	
CANCEL	X	I/We hereby authorize　**MF UTILITIES INDIA PVT LTD**　to debit (✓)　SB / CA / CC / SB-NRE / SB-NRO / Other

Bank Account Number

With Bank　SPECIFY BANK NAME　IFSC　or MICR

an amount of Rupees　SPECIFY AMOUNT (in words)　₹

Frequency　[X] Monthly　[X] Quarterly　[X] Half-Yearly　[X] Yearly　[✓] As and when presented　DEBIT TYPE　[X] Fixed Amount　[✓] Maximum Amount

CAN #　SPECIFY CAN　Phone #　SPECIFY LANDLINE OR MOBILE NUMBER

GORN　SPECIFY GROUP ORDER REFERENCE NUMBER GENERATED BY MFU　Email ID　SPECIFY EMAIL ID

I/We agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to debit my/our 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 of Primary Account Holder	Signature of Second Account Holder	Signature of Third 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/We are authorizing the User entity / Corporate to debit my/our account, based on the instructions as agreed and signed by me/us.
I/We have understood that I am/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I/We have authorized the debit.

✂ ── ── ✂ ── ── ✂ ──

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

POINT OF SERVICE STAMP & SIGNATURE

Received from Mr. / Ms. M/s. _____ an application for PayEezz registration.