

Customer Code: \_\_\_\_\_

ARN Code: \_\_\_\_\_

Ledger No/Ledger Folio No.(For Office Use Only): \_\_\_\_\_

Sub Broker Code: \_\_\_\_\_

## Electronic Clearing Service ( debit ) Clearing/Direct Debit

### HelpFul Tips for Quick Activation:

1. Please ensure signatures at the places marked with(X).
2. Please send the ESC application form along with a cancelled cheque

### Mailing Address

Aditya Birla Customer Services Pvt.Ltd  
501,Cello Triumph  
I.B Patel Road,off W.E. Highway  
Goregaon(East),Mumbai-400063

## Investor Information

Investor ID: ABMMU0050627Contact Email Id: shil\_new201@tcs.comInvestor Name: shilpaPAN No: AVEPP3962B

To,

I/We, \_\_\_\_\_ hereby authorize Aditya Birla Customer Service Pvt.Ltd.( ABCSL) a sub distributor of Aditya Birla Money Mart Ltd. to debit my account through ECS(Debit) clearing / Direct Debit account as per the details given below for making payment to Mutual fund companies for the Systematic Investment Plan (SIP) transtions scheduled by myself on Aditya Birla Customer Services Pvt.Ltd. The debit transtion will be processed by an authorised Service Provider on behalf of ABCSL.

## Bank Information

First Applicant Account Holder Name: shilpaBank Name: State bank of IndiaAccount No: 123456789012Account Type: SAVING IFSC Code: SBIN0003110MICR Code: 400002051Branch address: P.B.NO.17604 FILKA.BUILDING JUNCTION.OF.DAFTARYAND.PODDAR.RD MUMBAI

Effective Date of Mandates: \_\_\_\_\_

Expiry Date of the Mandates: \_\_\_\_\_

Maximum Amount Limit per Transaction (Rs.): \_\_\_\_\_

## Terms and Conditions :

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in ECS/Standing Instruction/Direct debit. 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 and its Service Provider responsible.I/We will also inform [ Distributor], about any changes in my bank account. I/We have read and undertood the scheme information document/Key Information Memorandum of the scheme.I/We apply for the units of the scheme and I/We agree to abide by the terms, conditions, rules and regulations of the sscheme.this is to inform I/We have registered for the electronic Clearing service( debit Clearing) and that my payment towards my investment in mutual fund companies shall we made form my/our below mention bank account with your bank.I/We authorize to representative carry this ECS mandate From to get it to verified & executed.I/We authorize the bank to honor the instructions as mentioned in the application form.I/We also hereby authorize bank to debit changes towards verification of this mandate,if any.I/We undertake to keep sufficient fund in the funding account on the date of execution of ECS/Standing institution/Direct Debit.I/We 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/We would not hold the mutual fund ,distributor Service Provider or the baank responsible.if the date of debit to my/our account happens to be a non banking/business day as defined in the scheme information document of the said schema of AMC,Execution of the debit will happen as per the normal prectice of the bank mandated by the investor and allotment of the units will happen as per the term and conditions listed in the schema information document of the mutual fund .I/We hereby agree to avail the facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct debit for a further increase in installment from my designated account.I/We agree that Distributor/AMC/Mutual fund(including its affiliates)/Service Provider, and any of its officers directors, personnel and employees, shall not be held responsible for anydelay / wrong debit on the part of the bank for executing the standing instructions of the additional sum on a specified date from my account.if the transaction is not effected at all for reasons of incomplete or incorrect information,the user institution would not be held responsible.I/We confirm to have undertood the introduction of this facility and agree to abide by the terms, conditions, rules and regulations of this facility.

## Signatures(s) of the account holders(s).(As per Bank's record)

(X) \_\_\_\_\_

Specimen Signature of PARAG REMESHWAR MOREY

Date: \_\_\_\_\_

Place: \_\_\_\_\_

