Aditya Birla Money
MyUniverse

ADITYA BIRLA MONEY

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

Investor Information

Investor ID: ABMMU0097942 **Contact Email Id:** shil101@tcs.com

Investor Name: gg **PAN No:** NJNNQ0000K

To,

I/We, _____ hereby authorize Aditya Birla Customer Service 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) transctions scheduled by myself on Aditya Birla Customer Services Ltd. The debit transction will be processed by an authorised Service Provider on behalf of ABCSL.

Bank Information

First Applicant Account Holder Name: gg

Bank Name: ICICI Bank Account No: 77890000000

Account Type: SAVING IFSC Code: ICIC0006419 MICR Code: 400229072

Branch address: WADKE DIAMOND COMMERCIAL COMPLEX GROUND & FIRST FLOOR SUBHASH LANE MALAD(EAST) MUMBAI-400097.

Effective Date of Mandates: _____

Expiry Date of the Mandates: _____

Maximum Amount Limit per Transaction (Rs.):

_____

Terms and Conditions :

I/We hereby declare that the perticulars given above are correct and express my willingness to make payment reffered above through participation in ECS/Standing Instruction/Direct debit. if the transction 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 resposible.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 towords my investment in mutual fund companies shall we made form my/our below mention bank account with your bank.I/We authorize to representive 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 towords verfication 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 perticulars given above are correct and complete.if the transction 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 resposible.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 allootment 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 resposible for anydelay / wrong debit on the part of the bank for executing the standing instructionsof the additional sum on a specified date from my account.if the transction is not effected at all for reasons of incomplete or incorrect information,the user institution would not be held resposible.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: _____