

## Systematic Investment Plan Form (Debit Mandate Form NACH/ ECS/ Direct Debit)

Change in Bank details    Sour / Fins Applicant   Sour Applicant   Source	"We hereby confirm that the EUN 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 distributor/sub broker."  Sole / First Applicant  RANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)  Request for:  Registration of SIP   Registration of MICRO SIP   Renewal of SIP   Change in SIP Amount   Change in SIP Date   Cancellation of SIP    Third Applicant  Resistant on SIP Amount   Change in SIP Date   Cancellation of SIP    Thought in the second Application form    Registration of SIP   Replace in SIP Amount   Change in SIP Date   Cancellation of SIP    Threstory Information   Folio No.    Reform No.   Replace in SIP Amount   Replication No.    Reform No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.   Replication No.    Replication No.   Replicati
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"West profession of the above distribution for broken the formationally left blank by make a set in transaction in sectoral without any interaction or activity by the employee/relationship manager/sales promoted that the distribution is the control of in-appropriateness. If any provided by the employee/relationship manager/sales promoted through the control of the provided by the employee/relationship manager/sales promoted through distribution broken or notwithstanding the advice of in-appropriateness. If any provided by the employee/relationship manager/sales promoted through distribution broken or the provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted through distribution of specific provided by the employee/relationship manager/sales promoted by the employee/relationship manager/sales provided by the employee/relationship manager/sales prov	"We hereby confirm that the EUN 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 distributor/sub broker."  Sole / First Applicant  RANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)  Request for:  Registration of SIP   Registration of MICRO SIP   Renewal of SIP   Change in SIP Amount   Change in SIP Date   Cancellation of SIP    Third Applicant  Resistant on SIP Amount   Change in SIP Date   Cancellation of SIP    Thought in the second Application form    Registration of SIP   Replace in SIP Amount   Change in SIP Date   Cancellation of SIP    Threstory Information   Folio No.    Reform No.   Replace in SIP Amount   Replication No.    Reform No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.   Replication No.    Reform No.   Replication No.   Replication No.   Replication No.    Replication No.   Replicati
monage rules person of the above distributoriab broker of notwithstanding the advice of in-appropriateness, if any provided by the employee/relationship managerizable present of the distributor is he believe:    Sole / First Applicant	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."    Sole / First Applicant
REMARKS for Applications outset through distributor/agents only (Kindly refer Yanasction Charges under the heading Checklist' for details (Request for Change in Stank details (Change in Stank deta	RANSACTION CHARGES for Applications routed through distributor/agents only (Kindly refer Transaction Charges under the heading 'Checklist' for details)  Requistration of SIP
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Registration of SIP   Registration of MICRO SIP   Registration of MICRO SIP   Change in Bank details	Registration of SIP Registration of MICRO SIP Renewal of SIP Change in SIP Amount Change in SIP Date Cancellation of SIP  Investor's Information Folio No. (For New Investors, pls. attach the application form)  Name of Sole / First Holder  PAN (First Applicant) PAN Proof For New Investors Post Dated Cheques (PDC's)  Scheme Option Growth Dividend: Payout Re-investment  Plan (Please Y) Dividend: Payout Re-investment  Plan (Please Y) Dividend: Payout Re-investment  Plan (Please Y) Dividend: Frequency  Investment Frequency Monthly Quarterly SiP Period From MM / YYYY To MM / YYYY OR Default Date (December 2099)  SIP Instalment Amount (Rs.)  SIP Tenure (Please Y) 3 yrs 5 yrs 10 yrs 15 yrs 20 yrs First SIP vide Cheque No.  SIP Date (Please Y) 1st 7th 10th 14th 15th 21st 25th 28th  Cheque Nos. From Cheque For Post Dated Cheques)  Cheque Nos. From Dated Cheques (PDC's)  SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please Y) Half Yearly Yearly Booster Amount (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
Renewal of SIP   Change in SIP Amount   Change in SIP Date   Change in SIP Amount   Chang	Registration of SIP
Change in SIP Amount	Change in SIP Amount
Processor of Information   Processor of Inform	Investor's Information   Application No.   (For New Investors, pls. attach the application form)   E-mail:
Post Particular   Post Date   Service   Post Date	Ropication No.   Ropication form)
Meric of Sole / Sex Hold Sole	Name of Sole / First Holder  PAN (First Applicant)  Enclosed (Please / )
Pash (Pists Applicant)  Post Dated Cheques (PDCs)  Scheme   Genovith   Divident   Post Dated   Post Dated Cheques (PDCs)  Scheme   Genovith   Divident   Post Dated   Post Dated Cheques (PDCs)  Scheme   Genovith   Divident   Post Dated   Post Dated Cheques (PDCs)  Scheme   Genovith   Divident   Post Dated	First Holder  PAN (First Applicant)  Enclosed (Please / )
Endowed (Pieses V )  I would like to opt for Systematic Investment through   Auto-Debit   Post Dated Cheques (PDCS)  Scheme   Option   Ordered   Option   Ordered   Option   Overled   Option   Overled   Option	Enclosed (Please \( \)   PAN Proof KYC Compliant Status \( \) Yes \( \) No  I would like to opt for Systematic Investment through \( \) Auto-Debit \( \) Post Dated Cheques (PDC's)  Scheme \( \) Option \( \) Growth \( \) Dividend: \( \) Payout \( \) Re-investment  Plan \( \) (Please \( \) Dividend: Frequency \( \) Monthly \( \) Quarterly SIP Period \( \) From \( \) MM / YYYY \( \) To \( \) MM / YYYY \( \) OR \( \) Default Date \( \) (Please \( \) Option \( \) SIP Instalment \( \) Amount (Rs.)  SIP Tenure (Please \( \) \( \) 3 yrs \( \) 5 yrs \( \) 10 yrs \( \) 15 yrs \( \) 20 yrs \( \) First SIP vide Cheque No. \( \) Dated \( \) Dated \( \) DO / MM / YYYY \( \) To \( \) Cheque Nos. From \( \) Cheque Nos. From \( \) to \( \) Cheque Dated From \( \) DD / MM / YYYY \( \) (Excluding initial investment Cheque for Post Dated Cheques)  Cheque on \( \) Bank \( \) City \( \) Branch  SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please \( \) \( \) Half Yearly \( \) Yearly \( \) Booster Amount \( \) (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
Endowed (Pieses V )  I would like to opt for Systematic Investment through   Auto-Debit   Post Dated Cheques (PDCS)  Scheme   Option   Ordered   Option   Ordered   Option   Overled   Option   Overled   Option	Enclosed (Please \( \)   PAN Proof KYC Compliant Status \( \) Yes \( \) No  I would like to opt for Systematic Investment through \( \) Auto-Debit \( \) Post Dated Cheques (PDC's)  Scheme \( \) Option \( \) Growth \( \) Dividend: \( \) Payout \( \) Re-investment  Plan \( \) (Please \( \) Dividend: Frequency \( \) Monthly \( \) Quarterly SIP Period \( \) From \( \) MM / YYYY \( \) To \( \) MM / YYYY \( \) OR \( \) Default Date \( \) (Please \( \) Option \( \) SIP Instalment \( \) Amount (Rs.)  SIP Tenure (Please \( \) \( \) 3 yrs \( \) 5 yrs \( \) 10 yrs \( \) 15 yrs \( \) 20 yrs \( \) First SIP vide Cheque No. \( \) Dated \( \) Dated \( \) DO / MM / YYYY \( \) To \( \) Cheque Nos. From \( \) Cheque Nos. From \( \) to \( \) Cheque Dated From \( \) DD / MM / YYYY \( \) (Excluding initial investment Cheque for Post Dated Cheques)  Cheque on \( \) Bank \( \) City \( \) Branch  SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please \( \) \( \) Half Yearly \( \) Yearly \( \) Booster Amount \( \) (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
New and a like to opt for Systematic Investment through   Auto-Debit   Post Dated Cheques (PDCs)	I would like to opt for Systematic Investment through Auto-Debit Post Dated Cheques (PDC's)  Scheme Option Growth Dividend: Payout Re-investment  Plan (Please v) Dividend: Frequency  Investment Frequency Monthly Quarterly SIP Period From MM / YYYY To MM / YYYY OR Default Date (Please v)  SIP Tenure (Please v) 3 yrs 5 yrs 10 yrs 15 yrs 20 yrs  SIP Date (Please v) 1st 7th 10th 14th 15th 21st 25th 28th  Cheque Nos. From Cheque From DD / MM / YYYY To MM / MONTH / MM / MONTH / MONTH / MM / MONTH / MONT
Scheme	Scheme Option Growth Dividend: Payout Re-investment  Plan (Please  Dividend: Frequency Monthly Quarterly SIP Period From MM / YYYY To MM / YYYY OR Default Date (December 2099) SIP Instalment Amount (Rs.)  SIP Tenure (Please  SIP Tenure (Please  To MM / YYYY To MM / YYYY OR Default Date (December 2099) SIP Instalment Amount (Rs.)  SIP Tenure (Please  To MM / YYYY To MM / YYYY To MM / YYYY To MM / YYYY To MM / YYYYY TO M
Plan	Plan
The control of the control of the Cay Superior of From	Investment Frequency   Monthly   Quarterly   SIP Period   From   MM / YYYY   To   MM / YYYY   OR   Default Date (December 2099)   SIP Instalment Amount (Rs.)    SIP Tenure (Please   3 yrs   5 yrs   10 yrs   15 yrs   20 yrs   First SIP vide Cheque No.   Dated   DD / MM / YYYY    SIP Date (Please   1 st   7th   10th   14th   15th   21st   25th   28th    Cheque Nos. From   to   Cheque Dated From   DD / MM / YYYY   to   DD / MM / YYYY    (Excluding initial investment Cheque for Post Dated Cheques)  Cheque on   Bank   City   Branch    SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please   Yearly   Yearly   Booster Amount   (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
SP Tenure (Please   3 yrs   5 yrs   10 yrs   15 yrs   20 yrs   28th	(Please V)
SiP Date (Pleasev)	SIP Date (Please V)
Cheque Nos. From	Cheque Nos. From
Size	(Excluding initial investment Cheque for Post Dated Cheques) Cheque on Bank City Branch  SIP BOOSTER (Optional) (Please refer instructions overleaf) Frequency (Please✓) □ Half Yearly □ Yearly Booster Amount (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
SIP BOOSTER (Optional) (Please refer instructions overleaf)	Cheque on Bank City Branch  ☐ SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please✓) ☐ Half Yearly ☐ Yearly Booster Amount ☐ (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
SIP BOOSTER (Optional) (Please refer instructions overleaf) Frequency (Please / )	□ SIP BOOSTER (Optional) (Please refer instructions overleaf)  Frequency (Please ✓) □ Half Yearly □ Yearly Booster Amount □ (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
Peclaration and Signature  Whe have read and understood the contents of the SAV SD of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. Whe hereby apply for allowent/purchase of Units in the Scheme(s) indicated as above and any stress of the scheme of the stress of the SAV SD of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. Whe hereby apply for allowent/purchase of Units in the Scheme(s) indicated as above and agree to abide the text of Wile hereby declare that I/We authorized to make this investment, in the above mentioned Scheme(s) and the amount invested in the Scheme(s) indicated as above and agree to abide the text of the purpose of any contravenetion or evasion of any Act. Rules, Regulations, Notifications or Directions of the provisions of the come lax-Act, Anti Money Laundering Act, Anti Scheme applicable laws an extendity the comment of the Mahindra Mutual Fund. Is mentioned that Managar and its agains to doctool details of the purpose of any contravenetion or evasion of any Act. Rules, Regulations, Notifications or Directions of the provisions of the come lax-Act, Anti Money Laundering Act, Anti Money Laundering to a scheme and the scheme	Frequency (Please 🗸 ) 🔲 Half Yearly 🔲 Yearly Booster Amount [ (Minimum Rs. 500 and in multiples of Rs. 500 thereof)
Declaration and Signature  We have read and understood the contents of the SAV SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. We hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable there to. Whe hereby declare that I We authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) and the Schem	, , , , , , , , , , , , , , , , , , , ,
Whe have read and understood the contents of the SAV SD of the above referred Scheme(s) of Katak Mahindra Mutual Fund. Whe hereby apply for allotment / purchase of Units in the Scheme(s) and that the amount invested in the Scheme remitioned Scheme remitioned Scheme and mutual from a mount invested in the Scheme (s) and so not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Momey Laundering Act, Anti Comptibin Act or any understanding the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Momey Laundering Act, Anti Comptibin Act or any understanding the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Momey Laundering Act, Anti Comptibin Act or any understanding the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Momey Laundering	Declaration and Signature
Sole / First Account Holder  To be signed by All Applicants if mode of operation is "Joint". (As in Bank Records)  Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	
Sole / First Account Holder  To be signed by All Applicants if mode of operation is "Joint". (As in Bank Records)  Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	IWWe have read and understood the contents of the SAI/SID of the above referred Scheme(s) of Kotak Mahindra Mutual Fund. IWWe hereby apply for allotment / purchase of Units in the Scheme(s) indicated as above and agree to abide by the terms and conditions applicable there to. IWWe hereby declare that I / We authorized to make this investment in the above mentioned Scheme(s) and that the amount invested in the Scheme(s) is
Sole / First Account Holder  To be signed by All Applicants if mode of operation is "Joint". (As in Bank Records)  Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of income lax Act, Anti Money Laundering Act, Anti-Corruption Act or any other applicable laws enacted by the Government of India from time to time. Whe hereby authorize Kotak Mahindra Mutual Fund, its investment Manager and its agents to disclosure that our total SIP  The provision of the provisions of income lax Act, Anti Money Laundering The provisions of income lax Act, Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)  Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	for folling 12 months of FY April to March does not exceed its. 50,000 through this application of any existing SiP in the schemes. If we also declare that the ARN Holder has disclosed all commission (in the form of trail
To be signed by All Applicant's if mode of operation is "Joint". (As in Bank Records)  Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	
Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN For office Use Utility Code For Office Use  I/We hereby authorize Kotak Mutual Fund to debit (tick */) SB CA CC SB-NRE SB-NRO Other  With Bank Name of Customers bank IFSC or MICR Amount or MICR Amount Maximum Amount  FREQUENCY Mthly Oylt HYrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount  Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	Sole / First Account Holder Second Account Holder Third Account Holder
Debit Mandate Form NACH/ ECS/ Direct Debit  UMRN	To be signed by All Applicant's if made of eneration is "laint" (As in Dank Decords)
Sponsor Bank Code For Office Use  CREATE V MODIFY CANCEL Bank a/c number With Bank Name of Customers bank IFSC  FREQUENCY MAximum Amount Reference 1 Reference 2 Application Number  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	io de signed by All Applicant's il mode of operation is Joint . (As in Bank Records)
Sponsor Bank Code For Office Use Utility Code For Office Use    CREATE	Debit Mandate Form NACH/ ECS/ Direct Debit
Sponsor Bank Code For Office Use Utility Code For Office Use    CREATE	LIMAN E O T O f f i C O U S O Data
TICK (Y)  CREATE V  MODIFY  Bank a/c number  With Bank  Name of Customers bank  Name of Customers bank  IFSC  Or MICR  THEOUENCY  Maximum Amount  Reference 1  Reference 2  Application Number  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	
MODIFY CANCEL  Bank a/c number  with Bank  Name of Customers bank  IFSC  or MICR  or MICR  TREQUENCY  Mthly Qylt H Yrly Yrly  As & when presented  DEBIT TYPE  Fixed Amount  Maximum Amount  Reference 1  Reference 2  Application Number  Phone No.  Reference 2  Application Number  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	TICK (V)
with Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY Mthly Qylt H Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount  Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	// We hereby authorize Rotak windtai rund
with Bank Name of Customers bank IFSC or MICR  an amount of Rupees  FREQUENCY ── Mthly ── Cylt ── H Yrly ── Yrly ── As & when presented DEBIT TYPE ── Fixed Amount	
an amount of Rupees  FREQUENCY Mthly Qylt H-Yrly Yrly Maximum Amount  Reference 1  Reference 2  Application Number  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	
FREQUENCY Mthly Qylt H-Yrly Yrly IAs & when presented DEBIT TYPE Fixed Amount Maximum Amount  Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	CANCEL Bank a/c number
Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	CANCEL Bank a/c number  with Bank Name of Customers bank IFSC or MICR
Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	Mame of Customers bank  Name of Customers bank  IFSC  or MICR  ₹
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.	Mame of Customers bank  Name of Customers bank  IFSC  or MICR  ₹
	With Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY ☑ Mthly ☑ Qylt ☑ H-Yrly ☑ Yrly ☑ As & when presented DEBIT TYPE ☑ Fixed Amount ☑ Maximum Amount  Reference 1 Folio Number Phone No.
PERIOD	With Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY Mthly Qylt H Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount  Reference 1 Folio Number Phone No.
From	With Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY
	With Bank Name of Customers bank IFSC or MICR  an amount of Rupees  FREQUENCY ☑ Mthly ☑ Qylt ☑ H-Yrly ☑ Yrly ☑ As & when presented  Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.  PERIOD
To 3 1 1 2 2 0 9 9 Signature Primary Account holder Signature of Account holder Signature of Account holder	With Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY
Or —XI Hatil Cancelled	with Bank a/c number  with Bank   Name of Customers bank   IFSC   or MICR    an amount of Rupees  FREQUENCY   Mithly   Qylt   H Yrly   Yrly   As & when presented   DEBIT TYPE   Fixed Amount   Maximum Amount    Reference 1   Folio Number   Phone No.    Reference 2   Application Number   Email ID    I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.  PERIOD   From   PRIOD   From   Processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.
1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records	with Bank a/c number  with Bank   Name of Customers bank   IFSC   or MICR    an amount of Rupees  FREQUENCY   Mthly   Qylt   H Yrly   Yrly   As & when presented   DEBIT TYPE   Fixed Amount   Maximum Amount    Reference 1   Folio Number   Phone No.    Reference 2   Application Number   Email ID    I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.  PERIOD   From   PRIOD   From   Processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.
This is to confirm that the declaration has been carefully read, understood& 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 or the	with Bank Name of Customers bank IFSC or MICR an amount of Rupees  FREQUENCY Mthly Qylt H Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount  Reference 1 Folio Number Phone No.  Reference 2 Application Number Email ID  I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.  PERIOD  From 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