

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

Name and AMFI	Reg. No.	Sub Agent's	Name and AMFI Reg. No.	Bank Seria	l No.	SBFS Se	rial No.	Sub-	Broker	Code		EUIN		_
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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.