

SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ MICRO SIP/ SIP TOP UP



PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No:

1	DISTRIBUTOR INFORMATION	FOR OFFICE USE ONLY					
Distributor ARN	Sub-Agent Code/ Bank Branch Code	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
120166			185708				
<input type="checkbox"/> I/We hereby confirm that the EUIN 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 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/1 st applicant/Guardian/Authorised Signatory/POA		2 nd applicant/Authorised Signatory		3 rd applicant/Authorised Signatory			
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.							

2	REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY
<input type="checkbox"/> New SIP Registration* <input type="checkbox"/> SIP Cancellation <input type="checkbox"/> Change in Bank Account*	
(*Please provide a cancelled cheque)	

3	APPLICANT INFORMATION AND SCHEME DETAILS
Sole / First Investor Name	
PAN No.	Folio No.
Scheme Name	
Plan	Option
Sub Option	Dividend Frequency

4	SIP DETAILS
Each SIP Amount (✓)	SIP Frequency (✓) <input checked="" type="checkbox"/> Monthly
SIP Auto Debit Dates <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	(Default date is 7th)
Regular SIP <input type="checkbox"/> SIP Period **: Start M M Y Y Y Y End M M Y Y Y Y	<input type="checkbox"/> Till further Notice (Note: Please allow minimum one month for auto debit to register and start. If and date is not specified, the fund will continue SIP till it receives termination notice from the investor.)
<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)	TOP UP Amount: ₹ <input type="text"/> TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16). TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

I/We hereby, authorize BOIAXA Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.

** Minimum SIP term should be for 6 months for Monthly SIP.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto 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 responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf, I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **Applicable to NRI only:** I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/ Standing Instruction/ Direct Debit for a further increase in installment from my designated account, We are not Citizens / Residents of USA / Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory

Second Applicant/ Authorised Signatory

Third Applicant

DEBIT MANDATE FORM NACH / DIRECT DEBIT



UMRN

F O R O F F I C E U S E O N L Y

Date

D D M M Y Y Y Y

Tick (✓)
CREATE <input type="checkbox"/>
MODIFY <input type="checkbox"/>
CANCEL <input type="checkbox"/>

Sponsor Bank Code

For Office use only

Utility Code

For Office use only

I/We hereby authorize

BOI AXA Mutual Fund

to debit (tick ✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or

MICR

an amount of Rupees

Amount in words

₹

FREQUENCY

☒ Mthly

☒ Qtly

☒ H -Yrly

☒ Yrly

☒ As & when presented

DEBIT TYPE

☒ Fixed Amount

☒ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my 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	<input type="checkbox"/> Until Cancelled

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

• 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 instruction 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.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.

Investor Name

Scheme Name

(Scheme Name)

Plan

Option

SIP Period From

D D M M Y Y

to

D D M M Y Y

☐ Till further Notice

Stamp & Signature