

ECS Autosave & Standing Instructions Form for Systematic Investment Plan (SIP) (Form 2)

Application Vin SESSIB

Distributor Ball VARNI 00365 Sub-D	M CRIRAKASH RA	Internal Code for Sub-broker/ Employee	EUIN =	u <b>⊯</b> №1213	69
We hereby confirm that the EUIN box has been intentionally left blank dvice by the employee/relationship manager/sales person of the above by the employee/relationship manager/sales person of the distributor an	by me/us as this is an "execution-only" transaction with distributor or notwithstanding the advice of in-appropriate d the distributor has not charged any advisory fees on this	out any interaction or eness, if any, provided transaction.	Second Holder		older.
A ECS Autosave Debit Mandate for					
Authorization to pay SIP installments through Elec /We hereby, authorise IDFC Mutual Fund or their authorise Debit for the collection of SIP installments  UNIT HOLDER INFORMATION  Existing Folio Number	uthorised service provider for IDFC Asset	c Debit Management Company Limited to deb	it my/our bank acco	unt by ECS (Debit	Clearing) /
Name of the First Holder  SYSTEMATIC INVESTMENT PLAN DETAILS					
Name of the Scheme		Plan	Option		
		t Period	SIP Installment Amount (Rs.)		3.)
Standard (any date of the month)	Standard From M M Y Y	YY To MMYYYY	5,000	. 10,000 2 1,00,000	25,000
Default (10th of every month)	Default • From M M Y Y	Y Y To 1 2 2 0 9 9	any other amount		4
BANK DETAILS (Centralised Bank Account (CBS) Nu	mber is mandatory for ECS and Direct Debit. E	nclose a blank cancelled cheque or copy the	ereof)		
Name of the Account Holder				*	***************************************
Name of the Bank		Branch			
Account Number		City			
Account Type Current Savi	ngs NRO NRE	FCNR Others	(please	Specify)	
Directions of the Taxation Laws, Anti Money Laundering Law belong to me / us and I / we have not received nor have been authorised to make this investment as per the Constitutive de judicial or regulatory authority.  In the event " Know Your Customer" process is not complet applicant, at the applicable NAV prevailing on the date of such I/We undertake to keep sufficient funds in the funding accour effected at all for reasons of incomplete or incorrect information in the funding accourant fund immediately.  I/We hereby acknowledge and confirm that the information is untrue or misleading or misrepresenting, I/we shall be liable provide any other additional information as may be required updates to such information as and when provided by me/ us. Indian or foreign governmental or statutory or judicial author. The ARN holder has disclosed to me / us all the commission Scheme is being recommended to me / us.  For micro-investments only: I/We confirm that I/we do not he Rs.50,000/- in a year.  For NRIs / PIOs / FPIs only: I/We confirm that I am / we are I States Securities Act of 1933, or as defined by the U.S. Conbanking channels or from funds in my / our Non-Resident Ex	induced by any repate or gifts, directly or indirectly ocuments/ authorisation(s). I/We further confirm the deed by me / us to the satisfaction of the Mutual Funder on the date of execution of standing instruction. I/Netion, I/We would not hold the Mutual Fund or the base or order above is/are true, correct and complete to for it. I/We also undertake to keep you informed in at your end. I/We hereby authorise you to disclose, so to the Mutual Fund, its Sponsor, Asset Management ities / agencies, the tax / revenue authorities and other ins. (in the form of trail commission or any other may ave any other existing investment in the schemes of the Decidents Indians (Person(s) of Indian Origin / Indian	at I am not/we are not prohibited from accessing at I am not/we are not prohibited from accessing and, I / we hereby authorise the Mutual Fund, to recreate such other action with such funds that may We hereby declare that the particulars given above nk responsible. I/We further undertake that any commediately in writing about any changes/modifical share, remit in any form, mode or manner, all / any and the company, Trustees, their employees, agents / ser investigation agencies without any obligation of mode), payable to him for the different competing IDFC Mutual Fund which together with this propose.	capital markets under and capital markets under and deem the funds invested be required by the Law. It are correct and complet hanges in my/our Bank do any of the above specified ation to the above information to the above information provides of the information provides advising me/us of the satisfactions of the satisfactions of the satisfactions within the meaning tersons within the meaning terms of the satisfaction terms of	y order/ruling/judgment I in the Scheme(s), in face. If the transaction is details will be informed to d information is found to etails will be informed to dinformation is found to etails will be informed to et	favour of the elayed or not to the Mutual to be false or undertake to all changes, diaries or any get which the exceeding der the United
SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)		SIGNATURE/S AS PER BANK RECORDS (MANDATORY)			
Sole / 1st applicant/ Guardian Authorised Signatory		Sole / 1st applicant/ Guardian Authorised Signatory			
2nd applicant/ Authorised Signatory		2nd applicant/ Authorised Signatory			
3rd applicant/ Authorised Signatory		3rd applicant/ Authorised Signatory			
FOR OFFICE USE ONLY (Not to be filled in by	Investor)				
Recorded on		Scheme Code			
Recorded by	**	Credit Account Number			
Bank use Mandate Ref. No.	DESCRIPTION OF STATE	Customer Ref. No.			***************************************