SYSTEMATIC INVESTMENT PLAN (SIP)

Essel MUTUAL FUND

(Applicable for Lumpsum Additional Purchase as well as SIP Registration)

LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM (for Lumpsum Investment please fill 6)

New Investor are requested to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

1

DISTRIBUTOR / ARN CODE / RIA	Employee Unique Indentification Number (EUIN)*	RM CODE	DATE & TIME OF RECEIPT
24863	E043887		FOR OFFICE USE ONLY

Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors Including the service rendered by the distributor

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder

2 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)

(Please ☑) ☐ New Registration* ☐ Renewal of SIP ☐ Change in Bank Details ☐ Cancellation of SIP ☐ Micro SIP

* if you are a new investor kindly fill the common application form

3 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

☐ **I confirm that I am a First Time Investor in Mutual Funds**
(Rs. 150/-will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

OR

☐ **I confirm that I am an Existing Investor in Mutual Funds**
(Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.

4 INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name

PAN/PERN ☐ KYC Proof

CKYC Id

Aadhaar No

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Folio/Application No. Existing Investors please mention Folio No.

Scheme Essel

Plan ☐ Direct ☐ Regular Option: ☐ Growth ☐ Dividend Sub Option ☐ Dividend Reinvestment (default) ☐ Dividend Payout

Divdend Frequency

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information . Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

5 SIP DETAILS (Please tick on any 1 SIP frequency only. In case the SIP frequency opted for is either Monthly, Quarterly or Half Yearly, please tick on any 1 SIP date only)

Each SIP Amount (Rs)

First SIP Cheque No. Cheque Amount (Rs) Cheque Date :

Frequency ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly

SIP Date Every Alternate Wednesday ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

SIP Period Start Date M M Y Y End Date M M Y Y

☐ Regular ☐ Perpetual

SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer NACH instruction page for further clarification.

I/We hereby, authorise Essel Mutual Fund and their authorised service providers, to debit my/our following bank account NACH/ECS (Debit Clearing)/Auto Debit to account for collection of SIP Payment

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in Lumpsum NACH/ECS/Auto debit. If the transaction is delayed or not executed at all for any reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Essel Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM/SAI, I/We hereby apply for the respective units of Essel Mutual Fund Scheme at NAV based resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

Signature(s)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

To be signed by ALL UNIT HOLDERS if mode of holding is Joint

6 LUMPSUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMPSUM additional purchase as well as SIP registeration)

Essel MUTUAL FUND **UMRN** **Date** D D M M Y Y Y Y

Sponsor Bank Code (Tick ☑) **Utility Code**

CREATE / MODIFY / CANCEL

I/We hereby authorize ESSEL 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 **Rs.**

Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As and when presented **DEBIT TYPE** ☒ Fixed Amount ☑ Maximum Amount

Reference 1 **Folio No.:** **Mobile No.**

Reference 2 **Scheme / Plan:** All schemes of Essel Mutual Fund **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

To **1.** Signature Primary Account holder **2.** Signature of Account holder **3.** Signature of Account holder

Or ☐ **Until Cancelled** **1.** Name as in bank records **2.** Name as in bank records **3.** Name as in bank records

Declaration: 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 or the bank where I have authorized the debit.

Acknowledgment Slip (To be filled in by the investor) **SIP through Lumpsum / ECS / Auto Debit Form**

Essel MUTUAL FUND

Received from Mr./Ms./M/s.

An application for Scheme : Plan : Option :

Amount : Frequency : Date of Commencement :

Collection Centre's Stamp & Receipt
Date and Time

Communication in connection with this application should be addressed to the Registrar,
Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana