

SYSTEMATIC INVESTMENT PLAN (SIP)



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

LUMP SUM / 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 83753	Employee Unique Identification Number (EUIIN)* E069272	RM CODE	DATE & TIME OF RECEIPT <small>FOR OFFICE USE ONLY</small>																										
<p>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</p> <p>* I/We hereby confirm that the EUIIN 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.</p>																														
<p style="text-align:center;">Sole/1st applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder</p>																														
2	REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)																													
(Please <input checked="" type="checkbox"/>) <input type="checkbox"/> New Registration* <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Cancellation of SIP <input type="checkbox"/> 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)																													
<input type="checkbox"/> 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 <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout Dividend 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 : _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Frequency</td> <td><input type="checkbox"/> Fortnightly</td> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Half Yearly</td> <td rowspan="2">SIP Period</td> <td>Start Date</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>End Date</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>SIP Date</td> <td><input type="checkbox"/> Every Alternate Wednesday</td> <td><input type="checkbox"/> 1st</td> <td><input type="checkbox"/> 7th</td> <td><input type="checkbox"/> 10th</td> <td><input type="checkbox"/> 15th</td> <td><input type="checkbox"/> 20th</td> <td><input type="checkbox"/> 25th</td> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Perpetual</td> </tr> </table> <p>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.</p> <p>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</p> <p>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).</p>					Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period	Start Date	M	M	Y	Y	End Date	M	M	Y	Y	SIP Date	<input type="checkbox"/> Every Alternate Wednesday	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	<input type="checkbox"/> Regular	<input type="checkbox"/> Perpetual
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Signature(s) _____ <div style="display: flex; justify-content: space-between;"> 1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 3rd Applicant / Authorised Signatory </div>																														

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

6	LUMP SUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMP SUM additional purchase as well as SIP registration)																					
UMRN _____ Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>															D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y															
Sponsor Bank Code _____ Utility Code _____ (Tick <input checked="" type="checkbox"/>) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">CREATE</td> <td rowspan="3">I/We hereby authorize</td> <td rowspan="3">ESSEL MUTUAL FUND</td> <td rowspan="3">to debit (Tick <input checked="" type="checkbox"/>)</td> <td rowspan="3">SB / CA / CC / SB-NRE / SB-NRO / Other</td> </tr> <tr> <td>MODIFY</td> </tr> <tr> <td>CANCEL</td> </tr> </table>															CREATE	I/We hereby authorize	ESSEL MUTUAL FUND	to debit (Tick <input checked="" type="checkbox"/>)	SB / CA / CC / SB-NRE / SB-NRO / Other	MODIFY	CANCEL	
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MODIFY																						
CANCEL																						
Bank a/c number _____ with Bank _____ Name of customers bank _____ IFSC _____ or MICR _____ an amount of Rupees _____ Rs. _____ Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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



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

Collection Centre's Stamp & Receipt
Date and Time

An application for Scheme : _____

Plan : _____

Option : _____

Amount : _____

Frequency : _____

Date of Commencement : _____