Escorts Mutual Fund

SIP Auto Debit ECS Form

(Investor must read Key Scheme Features and Instructions before completing this form.)

ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
0186 / Bonanza					

DECLARATION for "execution-only" transaction (only where EUIN box is left blank)

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 inappropriateness, if any, provided by the employee / relationship manager/sales person of the above distributor and the distributor has not charged any advisory fees on this transaction

Transaction Charges For Applicants Through Distributors only

☐ I Confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

☐ I Confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Please tick (✓) ☐ New Registration ☐ Cancellation ☐ Change in Bank Account Date D D M M Y Y Y Y

The Trustee, Escorts Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following scheme and the terms and conditions of the SIP Enrolment.

Applicant Personal Details

First Unit Holder | Existing Folio No

PAN NO (Sole / First Applicant / Guardian) | (Second Applicant) | (Third Applicant)

KYC Compliant ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

SIP Details

Sr. No.	Scheme/Plan/Option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month [1] /Year
1			☐ 1st ☐ 10th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y
2			☐ 1st ☐ 10th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y
3			☐ 1st ☐ 10th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y

(The first Auto Debit should be at least 30 days after the first SIP transaction date) [1] if no End month is specified SIP will continue till investor gives a mandate to discontinue the same.

**Default Option will be applied in case of no information, ambiguity or discrepancy.*

Declaration: Having read, understood and agreed to the contents of Easy Pay Form Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Escorts Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP installments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT

UMRN Date D D M M Y Y Y Y

Tick (✓)
CREATE ☐
MODIFY ☐
CANCEL ☐

Sponsor Bank Code: For Office Use | Utility Code: For Office Use

I /We hereby authorize: Escorts Mutual Fund to debit ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ Other

Bank a/c number

with Bank | IFSC | or MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Reference 1: Folio No | Mobile: +91

Reference 2: Scheme Name | 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 ☐ Until Cancelled

Signature Primary Account holder | Signature Account holder | Signature Account holder

1. _____ Name as in bank records
2. _____ Name as in bank records
3. _____ Name as in bank records