

# SIP REGISTRATION CUM AUTO DEBIT / NACH MANDATE FORM

Fill the form in BLOCK letters only | Leave one space between words

**Indiabulls**  
MUTUAL FUND

Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIN	Application No.
ARN-102495 (Meri Punji IMF Pvt Ltd)			E145320	

Up front commission shall be paid directly by the investor to the AMFI registered distributor 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.

Sign Here First / Sole Applicant / Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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### Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

### APPLICANT DETAILS

Name  FIRST  MIDDLE  LAST  Folio No

PAN  PAN Proof Enclosed please

### INITIAL INVESTMENT DETAILS (Refer Instruction No.12)

Scheme Name: **Indiabulls** \_\_\_\_\_

PLAN:  Direct Plan  Existing/ Regular Plan **OPTIONS:**  Growth  Dividend ( Payout  Reinvestment) (Frequency: \_\_\_\_\_)

Cheque / DD No  Cheque / DD Date  DD Charge Rs.  Cheque / DD Net Amount Rs.

Bank Name  Branch  City

### SIP DETAILS SIP through Post Dated Cheques SIP through Auto Debit

Frequency Please  Monthly  Quarterly SIP Date Please  1  5  10  15  20  25 Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

SIP AMOUNT ₹ \_\_\_\_\_ (In figures) \_\_\_\_\_ (In words) \_\_\_\_\_ Bank Name \_\_\_\_\_

Enrolment Period From  To  I/We hereby authorise Indiabulls Mutual Fund/ Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments.

### BANK ACCOUNT DETAILS as in Bank Records

1st/ Sole Account holder Name  FIRST  MIDDLE  LAST

2nd Account holder Name  FIRST  MIDDLE  LAST

3rd Account holder Name  FIRST  MIDDLE  LAST

A/c Type please  SB  Current  NRO  NRE  FCNR A/c Number

Bank Name  Branch  City

PIN CODE  11 Digit IFSC Code  9 Digit MICR Code

**Mandatory:** Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for NACH.

**Mandatory Enclosure:** Blank Cancelled Cheque Or Copy of Cheque

### DECLARATION

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions 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.

### SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY

Sole / 1st Applicant / Guardian Authorised Signatory	(X)
2nd Applicant / Guardian Authorised Signatory	(X)
3rd Applicant / Guardian Authorised Signatory	(X)

### SIGNATURE/S AS PER BANK RECORDS MANDATORY

Sole / 1st Applicant / Guardian Authorised Signatory	(X)
2nd Applicant / Guardian Authorised Signatory	(X)
3rd Applicant / Guardian Authorised Signatory	(X)

### FOR OFFICE USE ONLY Not to be filled by the Investor

Recorded on  Scheme Code

Recorded by  Credit A/c No.

Bank use Mandate Ref. No.  Customer Ref. No.

# ONE TIME BANK MANDATE

(NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

Tick (✓) UMRN                      For Office Use Only Date

CREATE  MODIFY  CANCEL  Sponsor Bank Code  For Office Use Only Utility Code  For Office Use Only

I/We, hereby authorize  Indiabulls Mutual Fund To debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c. Number  Destination Bank Account Number

With Bank  Destination Bank Account Number IFSC  or MICR

An amount of Rupees  ₹

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

Uniq ID  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 accounts as per latest schedule of changes of the bank.

PERIOD From         (X) Signature Primary Account holder (X) Signature Primary Account holder (X) Signature Primary Account holder

To  3 1 1 2 2 0 9 9 1. Name as in bank records 2. Name as in bank records 2. Name as in bank records

Or  Until cancelled

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. 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.