



Systematic Investment Plan (SIP)

ARN-3852

ENROLMENT FORM (Please read instructions overleaf)

Folio No. (for existing Unit holder) / Application No. (for new Investor)																				
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Enrolment Form No.

Name of the First / Sole Applicant	PAN No.*																			
	or <input type="checkbox"/> Form 60 / 61 & Proof of Address attached																			
Name of the Guardian (in case of First / Sole Applicant is a minor)	PAN No.*																			
	or <input type="checkbox"/> Form 60 / 61 & Proof of Address attached																			
Name of the Second Applicant	PAN No.*																			
	or <input type="checkbox"/> Form 60 / 61 & Proof of Address attached																			
Name of the Third Applicant	PAN No.*																			
	or <input type="checkbox"/> Form 60 / 61 & Proof of Address attached																			

* Mandatory for a transaction of or above Rs. 50,000 each. For more details on PAN see Instruction No. 16 overleaf.

SIP DETAILS

Name of Scheme	Plan																			
Option	Dividend Mode																			
Frequency (Please <input checked="" type="checkbox"/> any one only)	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP (Calendar Quarter i.e., January, April, July and October)																	
SIP Date	Weekly SIP	Monthly and Quarterly SIP (Please <input checked="" type="checkbox"/> any one only)																		
	1st, 7th, 15th and 25th	1st of the month	7th of the month	15th of the month	25th of the month															
Enrolment Period	From	DD		MM		YY		To	DD		MM		YY		No. of Weeks / Months / Quarters					
Cheque(s) Details																				
	Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs.)		Cheque Number(s)	Dated (DD/MM/YY)	Amount (Rs.)													
1.					7.															
2.					8.															
3.					9.															
4.					10.															
5.					11.															
6.					12.															
							TOTAL (Rs.)													
Cheques drawn on																				
Bank										Bank										
Branch										Account No.										

Receipt of Document(s) by E-Mail (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Account Statement	<input type="checkbox"/> Quarterly Newsletter	<input type="checkbox"/> Annual Report																
E-Mail ID :																			

DECLARATION	Having read and understood the contents of the Offer Documents of the Scheme(s) of ABN AMRO Mutual Fund, I / We hereby apply to the Trustee of ABN AMRO Mutual Fund for units of the Scheme(s) and agree to abide by terms and conditions, rules and regulation of the Scheme(s). I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment.	SIGNATURE(S)	First / Sole Applicant / Guardian
	I / We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person.		Second Applicant / Guardian
	I / We hereby declare that I / We am / are authorised to make this investment in the above-mentioned Scheme and that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India.		Third Applicant / Guardian
Applicable to NRIs only : I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.	<input checked="" type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis		
If NRI, (please <input checked="" type="checkbox"/>)			
D D M M Y Y Y Y			

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)	ABN AMRO MUTUAL FUND
Systematic Investment Plan (SIP)	Date : / /
Received from Mr./Ms./M/s. _____	ISC Stamp & Signature
'SIP' application for; Scheme _____ Plan _____	
Option _____ Total Amount (Rs.) _____	
Cheques Nos. From _____ To _____	
Drawn on _____ on <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	