

SIP through ECS facility

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING)

Distributor Code

ARN-3852

Sub-broker Code



(APPLICATION SHOULD BE SUBMITTED AT LEAST TWENTY DAYS BEFORE THE FIRST DEBIT THROUGH ECS)

FOLIO NO.
(For Existing Investors)

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APPLICATION NO.

(For New Investor) Refer Inst. No. 1

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Name of the First Applicant

Mr.	Ms.	M/s.																		
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PAN DETAILS (Refer Instruction C-20)
(Mandatory if transaction amount is Rs. 50,000/- or above)

First Applicant																				
Second Applicant																				
Third Applicant																				
Guardian <small>(in case applicant is a minor)</small>																				

To,
The Trustee, Birla Mutual Fund
I/We have read and understood the contents of the Offer Document of the respective Scheme(s) and the instruction overleaf. I/We hereby apply for enrolment for the SIP through ECS facility of the following Scheme/Plan and agree to abide by the terms and conditions of the respective Scheme/Plan.

SCHEME NAME	PLAN	OPTION	SUB OPTION

SYSTEMATIC INVESTMENT PLAN (SIP)*

START DATE : D D M M Y Y Y Y **END DATE :** D D M M Y Y Y Y

NOTE : The 'End Date' must coincide with the date of the last Installment.

INVESTMENT FREQUENCY

MONTHLY

- 1st And/Or 7th And/Or 10th And/Or
 14th And/Or 20th And/Or 21st And/Or
 28th (Maximum 3 SIPs in a month)

QUARTERLY

- 1st Or 7th Or 10th Or
 14th Or 20th Or 21st Or
 28th

Note:
ECS Debit for SIP investment, will be subject to availability of dates offered by M/s. Tech Process Solutions Ltd (previously M/s. Bill Junction Payments Ltd.) at the respective location.

Cheque No. (Note: Cheque should be drawn on bank as per details provided below)

Bank Name

Branch Address with Pin Code

Account No.

Account Type Saving Current NRI NRO

9 Digit MICR No. **Please enter the 9 digit number that appears after your cheque number**

Account holder Name as in Bank Account

Each SIP Amount (Rs.) **Total No. of SIP's (Excluding the 1st Cheque)**

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Birla Mutual Fund responsible. I/We will also inform Birla Mutual Fund, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SPECIMEN SIGNATURES (As in your Bank Records)	FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

Authorisation of the Bank Account Holder (To be signed by the Account Holder(s))

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards our investment in Birla Mutual Fund shall be made from my/our mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate form to get it verified & executed.

Bank Account Number

SPECIMEN SIGNATURES (As in Bank Records)	FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

Acknowledgement Slip (To be filled in by the Investor)

Received from Mr / Ms / M/s _____

FOLIO NO.
(For Existing Investor)

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APPLICATION NO.
(For New Investor)

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Signature & Stamp

FREQUENCY

- Monthly 1st And/Or 7th And/Or 10th And/Or 14th And/Or 20th And/Or 21st And/Or 28th
 Quarterly

Start Date

End Date

*All SIP purchases are subject to realisation of Cheque / DD / ECS Debit.