

SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form for ECS / Direct Debit Facility
INVESTOR AND SIP DETAILS
ARN-3852

Sole / First Investor Name

Application No.

Folio No.

Scheme

Plan

Option

Each SIP Amount (Rs.)

Frequency

 Monthly Quarterly

First SIP transaction via Cheque No.

Cheque Dated

Amount (in Rs.)

SIP Date

 5th 15th 25th

SIP Period : Start from

 Month Year

End on

 Month Year

 E-mail I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update, Half yearly portfolio, Annual Report and any other related data by Email. PI Email-ID

I/ We hereby authorise Sahara Mutual fund/ Sahara Asset Management Company Private Limited and their authorised service provider to debit my/ our following bank account by ECS (Debit Clearing)/ Direct Debit for collection of SIP payment.

PARTICULARS OF BANK ACCOUNT

Bank Name

Branch Name

Bank City

Account No.

Account Type

 Savings Current Others

9 Digit MICR Code

 (Please enclose copy of cancelled cheque) (Mandatory)

Account Holders Name as in Bank account

Authorisation of the Bank Account Holder (to be signed by the account holder)

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/Direct debit. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, I/we would not hold the user institution responsible. I/we also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. I/We have read and condition mentioned overleaf.

1st applicant/ Guardian Signature (As in Bank Records)

2nd applicant / Signature (As in Bank Records)

3rd applicant / Signature (As in Bank Records)

BANKERS ATTESTATION

Certified that the Signature of Account Holder and details of the bank account are correct as per details. We accept the Mandate.

Verification request to be retained by the customer bank

Signature of authorised official of bank (Bank's stamp and date)

The Branch Manager,

Bank

Branch

Sub: Mandate Verification for account no.

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/we authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & Executed.

Thanking you,

Your Sincerely,

1st applicant/ Guardian Signature

2nd applicant Signature

3rd applicant Signature

ACKNOWLEDGEMENT SLIP (to be filled in by the investor)

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

Address

SIP / Auto Debit Application under

along with first SIP cheque no.

dated

drawn on (Bank / Branch)

for Rs.

Application No.

Seal, Signature & Date

PLEASE TURNOVER