

# SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM (Refer General Guidelines 2A)

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)			FOR OFFICE USE ONLY	
Distributor Code	Sub Broker Code	Employee Code (E-UIN) <sup>#</sup>	Branch Serial Code	Registrar Serial No.
ARN - 83671	ARN -	E100500		

\*Please ✓ incase the Employee Code (E-UIN) box has been left blank.  
 I/We hereby confirm that where the EUIIN space has been left blank by me/us, the transaction is an execution-only transaction.  
 Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

## 2. APPLICANT INFORMATION (Refer Instruction No. 2A)

Application No. / Existing Folio No. \_\_\_\_\_  
 Name of Sole/1<sup>st</sup> Applicant \_\_\_\_\_

## 3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only) (Refer Instruction No. 3)

Scheme Name \_\_\_\_\_ Option  Growth\*  Dividend \* Default Option  
 Dividend Facility  Payout  Re-investment (Default) Dividend Frequency \_\_\_\_\_  
 SIP Frequency (Please ✓ any one)  Daily<sup>#</sup>  Monthly  Quarterly SIP Date for (Mnthly / Qtrly)  1st  7th  10th  15th  25th  All 5 Dates  
# Only for Pramerica Dynamic Fund & Pramerica Equity Fund. Facility available only through select banks. Refer Terms and Conditions - Point 3b  
 Instalment Amount (In figures) ₹ \_\_\_\_\_ SIP Period : (please ✓ A or B)  
 Till I/We instruct to discontinue the SIP (A)  No. of Instalments (B) \_\_\_\_\_  
 Please refer to instruction 3d

\*Please read the Scheme Information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.'  
**DECLARATION & SIGNATURE:** I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of 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.  
**For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.  
**Applicable to Micro Investors (Delete if not applicable):** I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA
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## 4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)

Account Number \_\_\_\_\_ Mention your Core Banking System (CBS) Account Number (if applicable). Please check with your bank, if you do not have the same.  
 Account Type  CA  SB  NRO  NRE  FCNR  
 Name of Sole / 1<sup>st</sup> Account Holder \_\_\_\_\_  
 Name of 2<sup>nd</sup> Account Holder \_\_\_\_\_  
 Name of 3<sup>rd</sup> Account Holder \_\_\_\_\_  
 Name of Bank \_\_\_\_\_  
 Branch & City \_\_\_\_\_ Pin \_\_\_\_\_  
 MICR Code (Mandatory) \_\_\_\_\_ IFSC Code \_\_\_\_\_  
(9 digit code next to the cheque no. MICR code starting and / or ending with 000 is not valid for ECS). (11 digit no. appearing on your cheque leaf)  
**Mandatory to submit a cancelled cheque leaf of the bank account mentioned here. (Refer General Guidelines 2B)**

**DECLARATION & SIGNATURE:** - I/We hereby, authorise Pramerica Mutual Fund and its authorised service providers, to debit my/our above mentioned bank account directly or by ECS (debit clearing) for collection of SIP payments.

SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 <sup>st</sup> Account Holder as in Bank Records	<input checked="" type="checkbox"/> 2 <sup>nd</sup> Account Holder as in Bank Records	<input checked="" type="checkbox"/> 3 <sup>rd</sup> Account Holder as in Bank Records
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## 5. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order) (Refer Instruction No. 4(e))

**Certified that the signature of account holder and the Details of Bank account are correct as per our records**  
 Signature verification request (To be retained by the Customer's Bank)  
 Signature of Authorised Official from Bank (Bank stamp and date)

## AUTHORISATION OF THE BANK ACCOUNT HOLDER

**The Branch Manager,**  
 This is to inform you that I/We have registered for making payment towards my investments in Pramerica Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this form) to get the above Mandate verified & executed. Mandate verification charges, if any, may be charged to my/our account.  
 Thanking you.

SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 <sup>st</sup> Account Holder as in Bank Records	<input checked="" type="checkbox"/> 2 <sup>nd</sup> Account Holder as in Bank Records	<input checked="" type="checkbox"/> 3 <sup>rd</sup> Account Holder as in Bank Records
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All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.