

SIP AUTO DEBIT (ECS) FACILITY FORM

Registration-cum-Mandate Form for ECS (Debit Clearing)

Morgan Stanley

App-
No.

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Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No. ARN-97821	Sub-Broker/Branch Code	Distributor Unique Identification Number	Date of receipt	For office use
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Upfront 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.

TRANSACTION CHARGES (Please tick (✓) any one of the below. Refer instruction no. 8)	
<input type="checkbox"/> I am a first time investor in Mutual Funds Rs. 150 will be deducted as transaction charges for transaction of Rs. 10,000 and more	or <input type="checkbox"/> I am an existing investor in Mutual Funds Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more

1 APPLICANT'S INFORMATION (MANDATORY)

Existing Unit holder's Folio No.

NAME OF THE SOLE/FIRST APPLICANT/UNIT HOLDER

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

PAN No. (If PAN is already validated, please don't attach any proof.)

Please (✓) ☐ KYC (Mandatory - Please attach proof)

2 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (MANDATORY)

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed (Refer Instruction 5A on page 7)

Scheme ☐ Growth or ☐ Dividend Reinvestment or ☐ Dividend Payout

Plan ☐ Dividend ☐ Frequency

SIP Amount (One or more SIP dates can be chosen)

Rs. (Minimum Rs. 1000) SIP Date (Please ✓) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th SIP Frequency (Please ✓) ☐ Monthly or ☐ Quarterly

☐ Perpetual enrolment (Only for ECS facility) to Dec. 2099 **OR** SIP Period From MM YYYY To MM YYYY

First SIP Instalment Cheque Details:

Cheque No. Dated DD MM YYYY The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

Drawn on Cheque favouring name of the scheme

Branch City

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

3 AUTO DEBIT AUTHORISATION OF BANK ACCOUNT HOLDER(S) (MANDATORY)

Account No. Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

Bank Name

Branch Address City

MICR Code (This is a nine digit number on your cheque) IFSC Code (This is a eleven digit alpha numeric number on your cheque)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) Direct Debit and that my/our payment towards my/our investment in Morgan Stanley Mutual Fund shall be made from my/our above-mentioned bank account with your bank. I/We hereby authorise MSIMPL - Investment Manager to Morgan Stanley Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise MSIMPL through their authorised service providers to debit my/our above bank account by ECS (Debit Clearing) for collection of SIP payments. Mandate verification charges, if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s)

Sole/1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records.)

To, The Branch Manager

Bank Name Branch

Sub: Mandate verification for Account No.

This is to inform you that I have registered for making payment towards my/our investments in Morgan Stanley 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 authorise my/our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,

Sole/1st Bank Account Holder	2nd Bank Account Holder	3rd Bank Account Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

Yours sincerely

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records)

FOR OFFICE USE ONLY (Not to be filled in by investor)		
Recorded on <input type="text"/>	Recorded by <input type="text"/>	Credit A/c. No. <input type="text"/>