

For Existing Investors Only SIP Enrollment/Renewal Form

Channel Partner / Agent Information						۔ به				
Agent's Name and ARN	1.Sub Agent Code	2.Sub Age	ent Code	3.Sub Ager	nt Code	For Office Use Only				
ARN-97821						ē S				
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										
Existing Investor Information (Please fill in your Folio No.) Please note that applicant details and mode of holding will be as per existing Fo			Number.	Folio No]/[
If Micro SIP, please tick Yes Micro SP: Less than Rs 50,000 per person inany rolling 12-month period If Micro SIP, supporting document/identification number:										
Fund in which you wish to invest										
Plans and Options Plan Regular Plan Institutional Plan Option Growth Dividend Payout Dividend Re-investment										
Initial Cheque/DD amount	, regular r lan 🖸 monador	·	que/DD number							
Cheque/DD date D D M M Y Y	Y Y Drawn on Bank/B	ranch								
Please provide information on your SIP										
Each SIP Amount Rs			Mode of SI	P Auto De				st-dated	l chequ	ies
SIP Frequency Monthly (Minimum amount Rs 250/- Minimum No of installments 20) Quarterly (Minimum amount Rs 750/- Minimum No of installments 7)			Period for the SIP							
	*/	□ 6 months □ 1 year □ 2 years □ 3 years □ 5 years □ 10 years □ othersmention □ □								
SIP Period from M M Y Y Y Y Y to M M Y Y Y Y Y Othersmention :										
First Cheque No			Declaration: I/We • having read and understood the contents of the Statemer							
Last Cheque No			of Additional Information/Scheme Information Document/Offer Document • hereby apply for units as indicated in the application form • agree to abide by							bide by
If you opt for SIP through Auto Debit facilit	the terms, conditions, rules and regulations of the scheme • agree to the terms and conditions for Auto Debit • agree to abide by the terms, conditions, rules									
and regulations of the scheme • agree to terms & conditions of PIN agree								reement		
agec to receive account statement by Email - have not										
If you have given a bank mandate for ECS/Direct Debit and wish to make a change please tick and provide details of the new bank mandate. The received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The control of the new bank mandate. The control of the new bank mandate. The received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the control of the new bank mandate is not provided in the control of the new bank mandate. The control of the new bank mandate is not provided in the new bank mandate in the control of the new bank mandate is not provided in the new bank mandate. The control of the new bank mandate is not provided in the new bank mandate is not provided in the new bank mandate is not provided in the new bank mandate. The new bank mandate is not provided in the new bank mandate is not provided in the new bank mandate is not provided in the new bank mandate is not provi										
Name as in hank account: 50,000 in a year. 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 Bank Name:										
Branch: the Scheme is being recommended to me/us.										
Account				10. Sign	ature (re	fer inst	ruction	10)		
Number Savings Current Other	rs									
Nine-digit MICR No from cheque First / Sole										
SIP through Systematic	Applicant / Guardian									
I/We would like to use Systematic Transfer Plan for SIP by:										
Transferring funds from										
Scheme Name:										
Option: Growth Dividend Payout Dividend Re-investment			Second							
To (fund in which you wish to invest through		Applicant								
Scheme Name:										
Option: Growth Dividend Payout D	Dividend Re-investment									
Each SIP Amount Rs										
SIP Frequency Monthly (Minimum amount Rs 250/- Minimum No of installments 20) Quarterly (Minimum amount Rs 750/- Minimum No of installments 7)			Third Applicant							
SIP Date □ 1 □ 7 □ 14 □ 20 □ 25			Аррисан							
	to M M Y Y Y Y									
Acknowledgement CAMS Folio No			Date D	D M M Y Y	YY					
Name										
							Sorvice	e Cent	tro	
Fund in which investment made Signature & Stamp										
☐ Additional Purchase ☐ SIP: Total Amount (Rs.)										
Cheque No.(s) STP										
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