

SIP Mandate Form

Destimoney
world-class financial services

User ID

The Manager

(Bank Name)

(Branch Name)

(Address)

Telephone No.

I hereby authorize Destimoney Securities private Limited (DSPL) to debit my account for making payment to mutual fund companies for the Systematic Investment Plan (SIP) transactions scheduled by myself on Destimoney Securities private Limited (DSPL) website www.destimoney.com. The debit transaction will be processed by DSPL authorized Service Provider on behalf of DSPL.

My bank details are mentioned below.

A 9-digit Micr Code Of The Bank & Branch (Appearing on the MICR cheque issued by the bank) :

B Account Type (S.B. Account/Current Account or Cash Credit) :

C Ledger No / Ledger Follo No. (For Office Use Only) :

D Account Holder Name (in Caps) :

E Customer Code : 1 0 2 0 (User ID) (For Office Use Only)

F Account Number :

G Effective Date of the Mandate : D D M M Y Y Y Y

H Expiry Date of the Mandate : D D M M Y Y Y Y

I Maximum Amount Limit per transaction (Rs.) (Please mention "NA" in case you do not want to mention any limit) :

Terms and Conditions:

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Standing Instruction/Direct 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 and its Service Provider responsible. I/We will also inform (Distributor), about any changes in my bank account. I/We have read and understood the Scheme Information Document/Key Information Memorandum of the Scheme. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme.

This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in mutual fund companies shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS mandate Form to get it verified & executed. I/We authorize the bank to honor the instructions as mentioned in the application form. I/We also hereby authorize bank to debit charges towards verification of this mandate, if any.

I/We undertake to keep sufficient funds in the funding account on the date of execution of ECS/Standing Instruction/Direct Debit. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the Mutual Fund, Distributor, Service Provider or the Bank responsible. If the date of debit to my/our account happens to be a non banking/business day as defined in the Scheme Information Document of the said Scheme of AMC, execution of the debit will happen as per the normal practice of the bank mandated by the investor and allotment of units will happen as per the Terms and Conditions listed in the Scheme Information Document of the Mutual Fund.

I/We hereby agree to avail the facility for SIP and authorize my bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account. I/We agree that Distributor/AMC/Mutual Fund (including its affiliates)/ Service Provider, and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. If the transaction is not effected at all for reasons of incomplete or incorrect information, the user institution would not be held responsible. I/We confirm to have understood the introduction of this facility and agree to abide by the terms, conditions, rules and regulations of this facility.

Signature of the 1st Applicant
(As per bank account)

Signature of the 2nd Applicant
(As per bank account)

Date: