

SIP Registration cum Mandate Form

(For investment through NACH/ ECS/ SI/ Auto Debit)

Application No.

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
ARN-181211		E	

I/ We the account holders with the Bank as per details given below hereby request and authorise the Bank to accept this ECS mandate executed by me/ us in favour of IIFL Mutual Fund and submitted by them or through their authorised service provider under RBI ECS debit procedures. I/ We further request and authorise the bank to debit my / our account to honor the periodical payment contribution requests presented by the service provider. Various details of Bank account and Periodical payment are furnished below:

BENEFICIARY DETAILS:

Name of the Beneficiary : IIFL Mutual Fund

Scheme Name: _____ Option: _____

Folio Number/ Application No.: |

Investor's name: _____

REQUEST FOR:

- ☐ Registration of SIP ☐ Renewal of SIP ☐ Change in Bank details
☐ Change in SIP Amount ☐ Change in SIP Date ☐ Cancellation of SIP

PERIODIC PAYMENT DETAILS:

Date of effect (tick applicable date): ☐ 1st ☒ 7th (Default) ☐ 14th ☐ 21st Amount of installment: Rs. |

Installment Start date:
 Installment End date:
 Frequency: ☐ Monthly ☐ Quarterly
 Type: ☐ Regular ☐ Perpetual

DECLARATION :

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the IIFL Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorise the beneficiary or their authorised Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the IIFL Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that IIFL Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate.

AUTHORISATION :

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. If the date of debit happens to be a holiday or non working day for the bank or location, the debit may happen on any subsequent working day. Debited contributions may be passed on to the IIFL Mutual Fund / Service Provider as per rules, procedures and practices in force.. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

SIGNATURE/S AS PER IIFL MUTUAL FUND RECORDS (MANDATORY):

Sole /1st AccountHolder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

Mandate Form for NACH/ECS/DIRECT DEBIT (Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

Tick (✓)		Sponsor Bank Code		FOR OFFICE USE ONLY										Date		D D		M M		Y Y		Y Y	
CREATE				FOR OFFICE USE ONLY																			
MODIFY				FOR OFFICE USE ONLY																			
CANCEL				FOR OFFICE USE ONLY																			

I/We hereby authorise **IIFL MUTUAL FUND** to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank a/c number

with Bank **NAME OF INVESTOR'S BANK** IFSC or MICR

an amount of Rupees ₹

FREQUENCY
 ☐ Monthly
 ☐ Quarterly
 ☒ Half Yearly
 ☒ As & when presented
 DEBIT TYPE
 ☐ Fixed Amount
 ☐ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

• I Agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD										
From	D	D	M	M	Y	Y	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y	Y	Y
Or	<input checked="" type="checkbox"/> Until Cancelled									

Signature of Primary Account Holder

Name as in Bank Records

Signature of Account Holder

Name as in Bank Records

Signature of Account Holder

Name as in Bank Records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorise to make payments referred above through participation in NACH/ECS/ Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of Mandate Facility offered by IIFL Mutual Fund and as amended form time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions.

Authorisation to Bank: This is to inform that I/We have registered for ECS/NACH (Debit Clearing) I Direct Debit I Standing instructions facility and that my/our payment towards my/our investment in IIFL Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorise the representatives of IIFL Mutual Fund carrying this mandate form to get it verified and executed. I/We authorise the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

The above Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

SIP Acknowledgement Slip	IIFL Mutual Fund	ISC Stamp
Investor Name: _____	Folio No./ Application No. _____	
Scheme Name: _____	Plan: _____ Option: _____ Amount: _____	