## SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ SIP TOP UP



Stamp & Signature

## PLEASE FILL ALL FIELDS WITH BLACK BALL POINT. IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Inst	uctions and Product			pefore completing	, ,	L. I. L. I. S AILD O	Application No:		
DISTRIBUTOR INFORM			- F0-			<i>,</i>	-Philogetion 110:	FOR OFFIC	E USE ONLY
Distributor ARN/ RIA	Bank Bran		Sub A	gent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
ARN-181211	RIA Registrat	IOII INUIIIDEL			E				or Receipt
	the EUIN box has he	en intentiona	  ly left bla	ink by me/iis as t		ecuted without anv int	eraction or advice by the emp	     lovee/relationshi	p manager/sal
person of the above distributor/									
Sole/1 <sup>st</sup> applicant/Guardi	an/Authorised Signa	ntory/POA		2 <sup>nd</sup> annlic	ant/Authorised Signa	itory	3 <sup>rd</sup> applicant / Δu	thorised Signatory	
Upfront commission shall be pai	, ,	• • • • • • • • • • • • • • • • • • • •	l Tregister			,			
REGISTRATION CUM MA	ANDATE FORM	FOR AUTO	DEBIT	/ NACH FACI	LITY				
		SIP Cancella	ation	Cha	nge in Bank Acco	ınt*	(*	Please provide a	cancelled chequ
APPLICANT INFORMATI	ON AND SCHEN	ME DETAILS	5						
Sole / First Investor Name									
PAN No.							Folio No.		
Scheme Name/ Plan/ Option	on								
Sub Option				I	DCW Frequency				
ANY DAY OR ANY DATE	SIP/ PAYMENT	DETAILS							
Monthly - Any date of th		(Betwee	n 1 to 28	3)	<u> </u>	Any day of Transfer _		(Mon	day to Friday)
,	efault date is 10th if not specified)			(Default day Wedne heque Amount			nesday if not specified) Chaque Number		
Each SIP Amount (₹)  Bank & Branch Name			oneque /	Ailloullt			Cheque Number		
Regular SIP SIP Period *	*· Start M M	Y Y V	Y End	M M V	ууу	Till further Notice	Note: Please allow minimum one month fo	or auto debit to register a	nd start). If end date
SIP TOP UP (Optional)	TOP UP Amour		· Elic		1 1	imitaruler Nouce	ot specified, the fund will continue SIP till TOP UP Frequen	it receives termination r	otice from the investory  Yearly
(Tick to avail this facility			multiples	of ₹500 only (Re	efer Point No. 16).	<del></del>	TOP OP Frequen	icy naii tea	iny reany
I/We hereby, authorize Bank **Minimum SIP term should b	of India Mutual Fur	nd (Formerly				wing bank account b	y Auto Debit / NACH Facility	for collection of	SIP payment
First/ Sole Applicant/ Guard	ian/ PoA/ Authorise				licant/ Authorised Si		Third A	Applicant	
of India 😾					ORM NACH / DI				
ıal Fund	UMRN F 0	R 0	F F	I C E	U S E	0 N L Y	Date	D D M M	YYY
(√) Sponsor Ban	k Code	For Off	ice use o	only	Utility Code		For Office use		
I/We hereby au	thorize	Bank of	India M	utual Fund (F	ormerly BOI AX	Mutual Fund)	to debit (tick ✓) SB/	CA/CC/SB-NRI	E/SB-NRO/Ot
Bank a/cr	umher								
Name o	f customers bank			IFSC			or MICR		
nt of Rupees Amou	nt in words						₹		
		V V.I.	- A -	& when presen	atod	NEDIT TO			Amazint
CY X Mthly X Q	ıy <u>∧</u> п-тпу	X Yrly	V AS	α when preser		DEBIT TYPI	E X Fixed Amount	✓ Maximum	Amount
e 1					Phone No.				
e 2					Email ID				
I agree for the debit of ma	ndate processing cha	arges by the ha	ank whom	I am authorizing		s per latest schedule o	f charges of the bank		
) ————————————————————————————————————		. 3-1-27 0.00			and a second to		9		
D D M M Y	YYY	Signat	ure Prim	ary Account ho	lder	Signature of Accoun	t holder	Signature of Ac	count holder
D D M M Y	Y Y Y								
		1N	ame as i	n bank records	2	Name as in bank r	ecords 3.	Name as in ba	ink records
Until Cancelled confirm that the declaration has	been carefully read,	understood &			orizing the user entity		account, based on the instruc		
nderstood that I am authorized to	cancel/amend this i	mandate by ap	propriate	ly communicating	the cancellation/am	endment request to the	e User entity/Corporate of the b	oank where I have	authorized the d
WLEDGMENT SLIP (To be fille	d by the investor)								
			Investo	r Name					
e Name				(Schem	ne Name)				
			Option			<del></del>			

Till further Notice