

SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT) Please attach the scheme application form duly filled & signed

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Declaration: "I/We here	g of EUIN is mandatory for all transa by confirm that the EUIN box has b ice of in-appropriateness, if any, pro	een inter	entionally	left blank	by me/us	as this tr	ansactio	on is e	xecuted	withou	ut any i	nteract					ployee	e/rela	tionshi	ip ma	nager	/sale	s perso	n of	the at	ove d	istribut	or/sub	broker o
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	First & subsequent installment																t SIP i	insta	llment	t.									
Renewal/Contir	nuation of existing SIP only if	last SIP	installm	nent as pei	r current	registrat							in foll	owing o	colui	nns).													
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Folio No. (for exist	ting unitholders)											Appli	icati	on No.	. (fo	r ne	w Ap	ppli	cant)										
Name of Sole/1st	Applicant/Minor/Non-indi	vidual	Mr./M	ls./M/s.																									
E-mail ID (Capital Le	etters):																,		No.:										
Scheme: JM Plan:														Sul	b-0	ption													
SIP Installment A	mount (Rs.)						Fr	requ	ency (please	e tick a	ny on	ne):	Month	ıly *		Q	uart	erly		(*	Def	ault I	Freq	uen	cy)			
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SIP Dates (Pl. ✓ar	y one): 01st	C	05th	10th	h 🔲	15th	7	20th		25th	of the	mont	th (No	ote : Mi	nim	ım 30	days	are r	equired	for 1	st ins	tallm	ent thi	rough	auto	debit	to regi	ster ar	ıd start)
	s disclosed to me/us all the cor recommended to me/us".	nmissio	ons (in t	the form	of trail c	ommiss	ion or a	any o	ther m	ode),	payab	le to h	him f	or the o	diffe	rent	com	petir	ng Sch	eme	s of v	ario	us Mu	ıtua	l Fun	ds fro	m am	ongs	t which
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MODIFY	I/We hereby authorize :			M Finan	nancial Mutual Fund						_		to debit (tick ✓)						SB	SB / CA / CC / SB-NRE / SB-NI					KU / Other				
CANCEL	Bank a/c number :	<u>_</u>	Ш																										
with Bank							IFSO												or M	ICR									
an amount of Rupe	es																				ŧ	₹							
FREQUENCY M	thly Qtly H-Yrly	Yrly	V ,	As & whe	n preser	nted							De	bit Typ	e -		Fixe	d An	nount	-		axin	num <i>P</i>	mo	unt				
Reference 1		Folio	No:	Option	nal								Phone No.																
Reference 2	Appln No: Optional												Email ID IN CAPITAL																
I/We ag	ree for the debit of mandate process					we are aut	horizing	j to de	bit my/	our acco	ount as	per lat	⊐ :est sd	nedule o	∟ of cha	rges o	of the	bank											
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• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.