

SIP AUTO DEBIT (ECS) FORM

I. For Existing Unitholders

First Unitholder			F	I	R	S	T							M	I	D	D	L	E							L	A	S	T			N	A	M	E
Existing Folio No.																																			
Enclosed please (✓)																																			
Sole / First Applicant / Guardian	<input type="checkbox"/> Certified PAN Card Copy		PAN NO.										OR		<input type="checkbox"/> Form 49A ^		ACK. NO.										&		<input type="checkbox"/> Form 60/61*						
Second Applicant	<input type="checkbox"/> Certified PAN Card Copy		PAN NO.										OR		<input type="checkbox"/> Form 49A ^		ACK. NO.										&		<input type="checkbox"/> Form 60/61*						
Third Applicant	<input type="checkbox"/> Certified PAN Card Copy		PAN NO.										OR		<input type="checkbox"/> Form 49A ^		ACK. NO.										&		<input type="checkbox"/> Form 60/61*						
^ If PAN not available * If investment amount is Rs. 50,000 & above																																			

2. For New Investor - Applicant's Details (Mandatory)

Sole / First Applicant	F	I	R	S	T					M	I	D	D	L	E					L	A	S	T		N	A	M	E
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3. Systematic Investment Plan (SIP) Details (Mandatory)

Scheme Name																																			
Plan*					Option*																														
SIP Frequency (Please ✓) <input type="checkbox"/> Monthly* OR <input type="checkbox"/> Quarterly SIP Date (Please ✓) <input type="checkbox"/> 1 st OR <input type="checkbox"/> 7 th * OR <input type="checkbox"/> 14 th OR <input type="checkbox"/> 21 st OR <input type="checkbox"/> All four dates																																			
Installment Amount (Rs.) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Rs.</td><td></td><td>M</td><td>I</td><td>N</td><td>I</td><td>M</td><td>U</td><td>M</td><td></td><td>R</td><td>S.</td><td></td><td>I</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td></tr> </table>										Rs.		M	I	N	I	M	U	M		R	S.		I	0	0	0									
Rs.		M	I	N	I	M	U	M		R	S.		I	0	0	0																			
First SIP Cheque No.					Dated					Cheque amount same as Auto Debit / ECS amount																									
Drawn on (Bank / Branch Name) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																			
SIP Auto Debit Period (The first Auto Debit should be at least 30 days after the first SIP transaction date)										Start Date From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td></td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> End Date ⁽¹⁾ To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td></td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> (Last Installment)										M	M		/	Y	Y	Y	Y	M	M		/	Y	Y	Y	Y
M	M		/	Y	Y	Y	Y																												
M	M		/	Y	Y	Y	Y																												
* Default Option will be applied in case of no information, ambiguity or discrepancy.										⁽¹⁾ If no End Date is specified SIP will continue till further instructions.																									

4. Particulars of Bank Account (From which money will be debited)

Account holder name as in Bank Account																												
Bank name																												
Branch Address																					City							
Account No.						MICR Code	M	A	N	D	A	T	O	R	Y	(This is a 9 Digit Number next to your Cheque Number)												
For NRI / FI Investors, please indicate account type of your remittance (please ✓) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Please specify</div>																												
Enclosed (please ✓) <input type="checkbox"/> Account Debit <input type="checkbox"/> Foreign Inward Remittance Certificate <input type="checkbox"/> Others																												

I/We hereby, declare that the particulars given above are correct and express my/our willingness to make payments referred above through direct debit / participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold AIG Global Investment Group Mutual Fund, their Investment Manager - AIG Global Asset Management Company (India) Private Limited or any of their appointed service providers or representatives responsible. I/We will also inform AIG Global Asset Management Company (India) Private Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S) (ALL ACCOUNT HOLDERS MUST SIGN HERE)

<div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> First Account Holder's Signature (As in Bank Records)	<div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> Second Account Holder's Signature (As in Bank Records)	<div style="border: 1px solid black; height: 50px; margin-bottom: 5px;"></div> Third Account Holder's Signature (As in Bank Records)
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Dated

D	D	/	M	M	/	Y	Y	Y	Y
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FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on	D	D	/	M	M	/	Y	Y	Y	Y
Credit A/c. No.										

Recorded by

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5. Authorisation of Bank Accountholder(s) (to be signed by the Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in AIG Global Investment Group Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise AIG Global Asset Management Company (India) Private Limited - Investment Manager to AIG Global Investment Group Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise AIG Global Asset Management Company (India) Private Limited (Investment Manager to AIG Global Investment Group Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Account Number	1	2	3	4	5	6	7	8	9	0	A	B	C	D	E	F	G	H	I	J									
Name of First Account Holder (As in Bank Records)	Name of Second Account Holder (As in Bank Records)										Name of Third Account Holder (As in Bank Records)																		
<div style="border: 1px solid black; height: 20px;"></div>										<div style="border: 1px solid black; height: 20px;"></div>										<div style="border: 1px solid black; height: 20px;"></div>									
First Account Holder's Signature (As in Bank Records)										Second Account Holder's Signature (As in Bank Records)										Third Account Holder's Signature (As in Bank Records)									
<div style="border: 1px solid black; height: 40px;"></div>										<div style="border: 1px solid black; height: 40px;"></div>										<div style="border: 1px solid black; height: 40px;"></div>									