

SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT)

Please attach the scheme application form duly filled & signed

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AUTO DEBIT (ECS / DIRECT DEBIT) REGISTRATION CUM MANDATE FORM

First Installment of SIP through a Cheque and subsequent investments via Electronic Clearing Services (ECS) (for all Banks in select cities only as per overleaf) / Direct Debit (for select Banks only). Application should be submitted at least 30 days before the 2nd SIP installment.

INVESTMENT DETAILS

Folio No. (for existing unitholders)	<input type="text"/>	Application No. (for new Applicant)	<input type="text"/>
Name of Sole/1st Applicant/Minor/Karta of HUF/Non-individual Mr./Ms./M/s.		Date of Birth	
<input type="text"/>		<input type="text"/>	
Scheme :	<input type="text"/>	Plan :	<input type="text"/>
Option (Pl.) : <input type="checkbox"/> Bonus <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout		Sub-Plan : <input type="text"/>	
SIP Installment Amount (Rs.)	<input type="text"/>	Frequency :	<input checked="" type="checkbox"/> Monthly
SIP Period :	<input type="text"/>	Start date :	<input type="text"/>
		End date :	<input type="text"/>
SIP Dates (Pl. any one) :	<input type="text"/> 01st <input type="text"/> 05th <input type="text"/> 10th <input type="text"/> 15th <input type="text"/> 20th <input type="text"/> 25th of the month	(Note : Minimum 30 days are required for auto debit to register and start)	

BANK ACCOUNT DETAILS

The Branch Manager	Copy to the user Company
Bank Name :	Name :
Branch Name :	Address :
Branch Address :	
Telephone No. :	Telephone No. :

This is to inform you that I/We have registered with JM Financial Mutual Fund through their authorised service provider for the RBIs Electronic Clearing Service (Debit Clearing)/Auto Debit Facility and that my/our payment towards my/our investment in JM Financial Mutual Fund shall be made from my/our above mentioned account with above bank & branch. Further, I/We authorize the representative carrying this ECS/Auto Debit to get the above mandate verified and executed. (I/We hereby authorize you to debit my/our account of making payment to JM Financial Mutual Fund through AUTO DEBIT (through Electronic Clearing Service / DIRECT DEBIT for collection of SIP payments.) as per the details furnished as under.

Bank Account Number :	<input type="text"/>	Account Type :	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
9-digit MICR Code (Mandatory) :	<input type="text"/>	Ledger No / Ledger Folio No. :	<input type="text"/>

SIGNATURE/S (order & mode of operation as per bank records)	First/Sole Account holder	Second Account holder	Thrid Account holder
Name of the A/c holder / Guardian (in case of minor)			
Signatures			

Date:

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on	<input type="text"/>	Scheme Code	<input type="text"/>
Recorded by	<input type="text"/>	Credit Account Number	<input type="text"/>
Bank Mandate Ref. No.	<input type="text"/>	Investor Ref. / Folio No.	<input type="text"/>

Banker's Attestation for ECS/ Direct Debit

Folio No. of JM Financial Mutual Fund	<input type="text"/>	Bank Account Number :	<input type="text"/>
Certified that Signature of account holder(s) and the details of Bank Account are correct as per records		Signature of Authorised Bank Official with seal & date	Date: <input type="text"/>