

SIP / MICRO SIP AUTO DEBIT (ECS) FORM

(Please ✓) Mandatory	DIRECT	
	BROKER/DISTRIBUTOR	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Prudent CAS Ltd 9992</td> <td style="width: 40%;">BHAVESH MODH 27030</td> </tr> </table>	Prudent CAS Ltd 9992
Prudent CAS Ltd 9992	BHAVESH MODH 27030	

“Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors’ assessment of various factors including the service rendered by the distributor”

Sr. No.

1. For Existing Unitholders

First Unitholder <input type="text"/>	Existing Folio No. <input type="text"/>
Sole / First Applicant / Guardian	Second Applicant
PAN No.* <input type="text"/>	PAN No.* <input type="text"/>
PAN No.* <input type="text"/>	PAN No.* <input type="text"/>
KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory (Except for Micro SIP) - Enclose a Certified PAN Card

KYC Mandatory for investment of Rs. 50,000 and above

Photo Identification Document * (please specify the relevant document number under the respective column, as applicable)

	Voter Identity Card	Driving License	Passport	Photo Ration Card	Photo Debit Card	Any Other(Please specify)
Sole / First Applicant / Guardian						
Second Applicant						
Third Applicant						

* ONLY FOR MICRO SIP Please enclose self/ARN holder attested, copy of the document

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

Sole / First Applicant

3. Systematic Investment Plan (SIP) Details (Mandatory) OR Micro SIP Details (Mandatory)

Scheme Name

Plan Regular Growth* Dividend Payout Dividend Reinvestment

SIP Frequency (Please ✓) Monthly* OR Quarterly SIP Date (Please ✓) 1st OR 7th* OR 14th OR 21st OR All four dates

Installment Amount (Rs.)

First SIP Cheque No. Dated / /

Drawn on (Bank / Branch Name)

SIP Auto Debit Period (The first Auto Debit should be at least 30 days after the first SIP transaction date) Start Date From / End Date⁽¹⁾ To /

⁽¹⁾ If no End Date is specified SIP will continue for 50 years.

* Default Option will be applied in case of no information, ambiguity or discrepancy.

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 (This is a 9 Digit Number next to your Cheque Number)

For NRI / FI Investors, please indicate account type of your remittance (please ✓) NRE NRO FCNR Others

Enclosed (please ✓) Account Debit Foreign Inward Remittance Certificate 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. I/We have read and agreed to the terms and conditions mentioned overleaf.

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

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)

Dated / /

FOR OFFICE USE ONLY (Not to be filled in by investor)	
Recorded on <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Recorded by <input type="text"/>
Credit <input type="text"/>	<input type="text"/>
A/c. No. <input type="text"/>	<input type="text"/>

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 <input type="text"/>	Name of First Account Holder (As in Bank Records) <input type="text"/>	Name of Second Account Holder (As in Bank Records) <input type="text"/>	Name of Third Account Holder (As in Bank Records) <input type="text"/>
First Account Holder's Signature (As in Bank Records) <input type="text"/>	Second Account Holder's Signature (As in Bank Records) <input type="text"/>	Third Account Holder's Signature (As in Bank Records) <input type="text"/>	