SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form for ECS / Direct Debit Facility

SAHARA MUTUAL FUND

DISTRIBUTOR INFORMATION	
Name & Broker Code/ARN	Sub-Agent/Broker Code
	BHAVESH MODH 27030

Serial No: SIP

Upfront commission, if any will be paid by me/us to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly.

INVESTOR AND SIP DETAILS

Application No. (Existing Investors Folio No)

Sole/First Investor Name (Mr./Ms.) **Date of Birth** D D M M Y Y Y Y

Second Applicant's Name (Mr./Ms.) **Date of Birth** D D M M Y Y Y Y

Third Applicant's Name (Mr./Ms.) **Date of Birth** D D M M Y Y Y Y

I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update , Half yearly portfolio, Annual Report and any other related data / information by Email.

PI (✓) ☐ Email-ID

DETAILS OF PHOTO IDENTIFICATION DOCUMENT (Please refer to instruction no. 20 of Terms & Conditions)

Applicant	Type / Nature of Photo ID	Issuing Authority	ID No.
Sole / 1st Applicant			
Second Applicant			
Third Applicant			

INVESTMENT AND PAYMENT DETAILS (Refer to KIM for instruction) (REFER TABLE "SCHEME NAME")

Scheme Name		Plan / Option		Sub Option	

SIP Amount (in Rs.)	Enrolment Period	Start Month M M – Y Y Y Y	End Month M M – Y Y Y Y	Frequency Please (✔)	☐ Monthly ☐ Quarterly

First SIP transaction via Cheque No. Cheque Dated Amount (in Rs.)

I/ We hereby authorise Sahara Mutual Fund/ Sahara Asset Management Company Private Limited and their authorised service provider to debit my/ our following bank account by ECS (Debit Clearing)/ Direct Debit for collection of SIP payment.

PARTICULARS OF BANK ACCOUNT

Bank Account No. **Account Type :** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Account Holders Name as in Bank account

MICR Code (9 digit) (Please enclose copy of cancelled cheque) [Mandatory] **IFSC Code** (11 digit for RTGS & NEFT)

Bank Name

Bank City

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS/Direct debit. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, I/we would not hold the user institution responsible. I/We also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. I/We have read and understood conditions mentioned overleaf, and agree to the Terms and Conditions mentioned in the Scheme Information Document (s).

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. Date / /

1st applicant/ Guardian Signature (As in Bank Records)	
2nd applicant / Signature (As in Bank Records)	☒
3rd applicant / Signature (As in Bank Records)	

BANKERS ATTESTATION

Certified that the Signature of Account Holder and details of the bank account are correct as per details. We accept the Mandate.

Verification request to be retained by the customer bank

Signature of authorised official of bank (Bank's stamp and date)

The Branch Manager,

Bank Branch

Sub: Mandate Verification for account no. _____

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Please debit my/our account for verification charges, if any. Thanking you,

1st applicant / Guardian (Signature)		2nd applicant (Signature)		3rd applicant (Signature)	

Serial No: SIP

ACKNOWLEDGEMENT SLIP (to be filled in by the investor)

Received from Mr./Ms./M/s.....

Address.....

SIP / Auto Debit Application under (Scheme) .....

along with first SIP cheque no. ..... dated.....drawn on (Bank / Branch)

..... for Rs. .....

Seal, Signature & Date

PLEASE TURNOVER