

# SIP through ECS facility

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING)

Distributor Code

Sub-broker Code



(APPLICATION SHOULD BE SUBMITTED AT LEAST TWENTY DAYS BEFORE THE FIRST DEBIT THROUGH ECS)

FOLIO NO.

(For Existing Investors)

Name of the  
First Applicant

PAN DETAILS (Refer Instruction C-20)

(Mandatory if transaction amount  
is Rs. 50,000/- or above)

To,  
The Trustee, Birla Mutual Fund

I/We have read and understood the contents of the Offer Document of the respective Scheme(s) and the instruction overleaf. I/We hereby apply for enrolment for the SIP through ECS facility of the following Scheme/Plan and agree to abide by the terms and conditions of the respective Scheme/Plan.

| SCHEME NAME | PLAN | OPTION | SUB OPTION |
|-------------|------|--------|------------|
|             |      |        |            |

## SYSTEMATIC INVESTMENT PLAN (SIP)\*

START DATE : D D / M M / Y Y Y Y END DATE : D D / M M / Y Y Y Y

NOTE : The 'End Date' must coincide with the date of the last Installment.

| INVESTMENT FREQUENCY  |  | Cheque No.  |  |
|---|--|---|--|
| <b>MONTHLY</b><br><input type="checkbox"/> 1st And/Or <input type="checkbox"/> 7th And/Or <input type="checkbox"/> 10th And/Or<br><input type="checkbox"/> 14th And/Or <input type="checkbox"/> 20th And/Or <input type="checkbox"/> 21st And/Or<br><input type="checkbox"/> 28th (Maximum 3 SIPs in a month) |  | <input type="text"/> (Note: Cheque should be drawn on bank as per details provided below)   |  |
| <b>QUARTERLY</b><br><input type="checkbox"/> 1st Or <input type="checkbox"/> 7th Or <input type="checkbox"/> 10th Or<br><input type="checkbox"/> 14th Or <input type="checkbox"/> 20th Or <input type="checkbox"/> 21st Or<br><input type="checkbox"/> 28th   |  | <b>Bank Name</b><br><input type="text"/>  |  |
| <b>Note:</b><br>ECS Debit for SIP investment, will be subject to availability of dates offered by M/s. Tech Process Solutions Ltd (previously M/s. Bill Junction Payments Ltd.) at the respective location.   |  | <b>Branch Address with Pin Code</b><br><input type="text"/>   |  |
|   |  | <b>Account No.</b><br><input type="text"/>  |  |
|   |  | <b>Account Type</b><br><input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRI <input type="checkbox"/> NRO |  |
|   |  | <b>9 Digit MICR No.</b><br><input type="text"/>   |  |
|   |  | <b>Account holder Name as in Bank Account</b><br><input type="text"/>   |  |
|   |  | <b>Each SIP Amount (Rs.)</b><br><input type="text"/>  |  |
|   |  | <b>Total No. of SIP's</b><br>(Excluding the 1st Cheque) <input type="text"/>  |  |

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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Birla Mutual Fund responsible. I/We will also inform Birla Mutual Fund, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

| SPECIMEN SIGNATURES<br>(As in your Bank Records) | FIRST APPLICANT | SECOND APPLICANT | THIRD APPLICANT |
|--|-----------------|------------------|-----------------|
|  |                 |                  |                 |

## Authorisation of the Bank Account Holder (To be signed by the Account Holder(s))

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards our investment in Birla Mutual Fund shall be made from my/our mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate form to get it verified & executed.

Bank Account Number

| SPECIMEN SIGNATURES<br>(As in Bank Records) | FIRST APPLICANT | SECOND APPLICANT | THIRD APPLICANT |
|---|-----------------|------------------|-----------------|
|   |                 |                  |                 |

## Acknowledgement Slip (To be filled in by the Investor)

Received from Mr / Ms / M/s

FOLIO NO.

(For Existing Investor)

APPLICATION NO.

(For New Investor)

Signature & Stamp

FREQUENCY

☐ Monthly  
☐ Quarterly

☐ 1st And/Or ☐ 7th And/Or ☐ 10th And/Or ☐ 14th And/Or ☐ 20th And/Or ☐ 21st And/Or ☐ 28th

Start Date

End Date

\*All SIP purchases are subject to realisation of Cheque / DD / ECS Debit.

Note : Please refer instructions mentioned overleaf before submitting the form.