



SIP AUTO DEBIT (ECS) FACILITY FORM

Please read Instructions and Terms & Conditions overleaf carefully and complete all sections in BLOCK CAPITALS

(Application to be furnished with a gap of at least 60 days between the date of closing of NFO and date of first instalment through ECS)

SOLE / 1st APPLICANT'S DETAILS

(See Instruction 1)

SIP Application No.

Folio No.

SOLE / 1st APPLICANT

First Name

Middle Name

Last Name

SIP INVESTMENT DETAILS

(See Instruction 2)

☐ New Registration

☐ Change in Bank Account

Cheque should be made in favour of the Scheme

Option (Please ✓)

☐ Growth

OR

☐ Dividend Reinvestment

OR

☐ Dividend Payout

FIDELITY TAX ADVANTAGE FUND

SIP Date (Please ✓)

☐ 1st

☐ 10th

Each SIP Amount (Rs.)

(Min. Rs. 500)

SIP Frequency (Please ✓)

☐ Monthly

☐ Quarterly

☐ Yearly

SIP Period From

MM

YYYY

To

MM

YYYY

Checklist for SIP

- All instalments of equal amount,
- Each instalment - Minimum Rs. 500 or in multiples of Rs. 500
- Minimum instalments - 6
- Sum total of all instalments - Minimum Rs. 3000

First SIP Instalment Cheque No.

Dated

DD MM YYYY

DECLARATION

I / We hereby authorise Fidelity Mutual Fund and their authorised service provider (TechProcess Solutions Ltd.), to debit the following bank account by ECS Debit Clearing for collection of SIP payments. I / We understand that the information provided by me / us may be shared with third parties for facilitating transaction processing for the auto debit process or for compliance with any legal or regulatory requirements.

X

Sole / 1st Applicant

X

2nd Applicant

X

3rd Applicant

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

(See Instruction 3)

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

Name of the Account Holder as in Bank Records

First Name

Middle Name

Last Name

Name of the Bank

Branch & City

Branch

City

Account Number

MICR Code (Mandatory)

Account Type (Please ✓)

☐ Savings

☐ NRE

☐ NRO

☐ Current

☐ FCNR

☐ Others

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

Authorisation of the Bank Account Holder

SIGNATURE(S)

X

Sole / 1st Account Holder

X

2nd Account Holder

X

3rd Account Holder

(To be signed by all holders if mode of operation is joint) (As in Bank Records)

For Office Use only (Not to be filled in by Investors)

Scheme

Scheme Code

Credit Account Number