

# 9A. MANDATE FORM FOR ECS (Debit) - AUTOSAVE

Standard Chartered  
Mutual Fund



## (Systematic Investment Plan)

ECS Debit facility for SIP is currently available for account holders of all banks participating in local clearing at Delhi, Chandigarh, Kanpur, Lucknow, Jaipur, Ahmedabad, Vadodara, Surat, Mumbai, Pune, Nagpur, Hyderabad, Bangalore, Chennai, Coimbatore, Kolkata, Bhubaneswar, Indore, Bhopal, Panjim, Vijaywada, Vizag, Mangalore, Trivandrum, Guwahati, Patna.

Application No. \_\_\_\_\_

### Authorization to pay SIP instalments through Electronic Clearing Service (ECS)

I/We hereby, authorise Bill Junction Payments Limited, the authorised service provider for Standard Chartered Asset Management Company Private Limited to debit my/our bank account by ECS (Debit Clearing) for the collection of SIP instalments.

#### UNIT HOLDER'S DETAILS

First Unit Holder's Name \_\_\_\_\_

SMS : Yes ☐ No ☐ E-mail : Yes ☐ No ☐ PAN No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Id \_\_\_\_\_

Preferred Messaging Medium (Please tick (✓) for your preferred medium of messaging)

#### SIP DETAILS

Scheme Name _____	SIP Auto Debit Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SIP Amount (Rs. in fig.) _____	
(Rs. in words) _____	

#### PARTICULARS OF BANK ACCOUNT - Please attach cheque copy of the below mentioned bank account with this application form.

Account Holder's Name _____
A/c Number _____
Bank Name _____
A/c Type Please tick (✓): Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> Other _____
Branch Name _____

9 Digit MICR Code (Please enter the 9 digit number that appears after your cheque number) \_\_\_\_\_

I/We hereby declare that the particulars given above are correct and express my willingness to pay the instalments 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 the user institution responsible.

I/We will also inform Standard Chartered AMC Pvt. Ltd. about any changes in my bank account.

Signature of First holder	Signature of Second holder	Signature of Third holder
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Place: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR BANK USE ONLY

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly complete, has been submitted to us.

Branch \_\_\_\_\_ Date

Signature of the authorised official from the Bank	Bank Stamp
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#### AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I/ we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards SIP instalments 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.

Account Holder's Signature (As in Bank Records)	Joint Account Holder's Signature (As in Bank Records)	Account Number
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#### ACKNOWLEDGEMENT SLIP - SIP (To be filled in by the investor)

Application No.: \_\_\_\_\_

Standard Chartered Mutual Fund, 90, M. G. Road, Fort, Mumbai - 1

SCHEME: ☐ GSSIF-IP ☐ GSSIF-ST ☐ GSSIF-MT ☐ GGSF-IP ☐ GGSF-ST ☐ GDBF ☐ GFRF-ST ☐ GFRF-LT ☐ SCASBF ☐ SCCEF ☐ SCIEF ☐ SCPEF ☐ OSCLMP ☐ OSCLM ☐ OGGSF-PF

INVESTOR NAME: \_\_\_\_\_

DEBIT MANDATE/CHEQUE NO. \_\_\_\_\_

INVESTMENT AMOUNT Rs. \_\_\_\_\_

Signature & Stamp