

COMMON SIP REGISTRATION FORM & NACH MANDATE

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



Application No.

DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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1. UNITHOLDER INFORMATION

Folio No.		Legal Entity Identification(LEI) Code ⁵	
1st/Sole Unit Holder Name	Mr. Ms. M/s		
Second Applicant Name	Mr. Ms. M/s		
Third Applicant Name	Mr. Ms. M/s		
PAN/PEKRN of First Applicant		Second Applicant	
		Third Applicant	

2. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme	TRUSTMF	Plan (Please ✓)	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW* Reinvestment ☐ IDCW* Payout	Dividend Frequency	
*IDCW- Income Distribution cum Capital Withdrawal Option		5LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.	

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

Enrolment Period: From Date		To Date		OR Perpetual (99 years) (Default)	☐
First SIP Instalment via: Cheque No		Drawn on Bank and Branch			
Amount: ₹		A/c. No.			
Each SIP Amount: ₹		Amount in Words			

Frequency: (Please ✓)	☐ Monthly (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 6)	☐ Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 4)
Date	Preferred Debit Date (Any day from 1st to 28th of the month.)	Date Preferred Debit Date (Any day from 1st to 28th of the month.)

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date		Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.

This form should be accompanied with One Time Mandate Form (OTM)

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

From		Stamp & Signature	Application No.

Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.