

COMMON SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)
(all points marked * are mandatory)



1. 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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Please (✓) as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes upto 21 days.

1. UNITHOLDER INFORMATION

Folio No. PAN No.

1st Unit Holder Name (As per PAN) Mr. Ms. M/S

Name of the Guardian / POA Holder Mr. Ms. M/S

2. INVESTMENT DETAILS

Scheme Name Plan - Regular Direct

Option - Growth IDCW* Reinvestment IDCW* Payout *IDCW - Income Distribution cum Capital Withdrawal Option

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

3. SIP DETAILS

OTM Reference No. (If Multiple One Time Mandate are registered)

Installment Period: From Date To Date* *(Maximum SIP end date should be upto 40 years from the start date)

First SIP Instalment via: Cheque No. Drawn on Bank and Branch

Amount: ₹ A/c. No.

Amount per installment: ₹ Amount in Words

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.

Frequency: (Please ✓)	<input type="checkbox"/> Weekly (Please ✓)	<input type="checkbox"/> Fortnightly (Please ✓)	<input type="checkbox"/> Monthly** (Please ✓)	<input type="checkbox"/> Quarterly (Please ✓)
	Dates: <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22	SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)

** Tenth of the month will be the default frequency if not ticked

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.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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