



**ESCORTS
MUTUAL FUND**

SIP AUTO DEBIT (ECS) FORM

Name and AMFI Reg.No. (ARN)	Register's Serial No.
Sub Broker's Code	ARN Bonanza - 0186

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1. For Existing Unit holders

First Unit holder	Existing Folio No.
Sole/First Applicant/ Guardian	Second Applicant
PAN No.*	Third Applicant
KYC Compliant # <input type="checkbox"/> Yes <input type="checkbox"/> NO.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Please <input checked="" type="checkbox"/>)	*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

2. For New Investor - Applicant's Details (Mandatory)

Sole/First Applicant	F I R S T	M I D D L E	L A S T	N A M E
----------------------	-----------	-------------	---------	---------

3. Systematic Investment Plan (SIP) Details (Mandatory)

Scheme Name	
Plan	<input type="checkbox"/> Growth Option * <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Bonus Option
SIP Frequency (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Monthly* or <input type="checkbox"/> Quarterly SIP Date (Please <input checked="" type="checkbox"/>)
Installment Amount (Rs.)	Rs. <input type="text"/> M <input type="text"/> I <input type="text"/> N <input type="text"/> I <input type="text"/> M <input type="text"/> U <input type="text"/> M Rs. <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0
First SIP Cheque No.	Dated <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Drawn on (Bank/Branch Name)	
SIP Auto Debit Period	Start Date From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y End Date ⁽¹⁾ To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

(The first Auto Debit should be at least 30 days after the first SIP transaction date) ⁽¹⁾ If no End date is specified SIP will continue till investor gives a mandate to discontinue the same.
*Default Option will be applied in case of no information, ambiguity or discrepancy.

4. Particulars of Bank Account (From which money will be debited)

Account Holder Name as in Bank Account	
Bank Name	
Branch Address	City <input type="text"/> PIN <input type="text"/>
Account No.	MICR Code Mandatory <input type="text"/> (This is a 9 Digit Number next to your Cheque Number)
Account Type (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR

I/We have read and understood the offer document(s) of Escorts Mutual Fund, I/We apply for the units of the scheme(s) and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the term & conditions. Its investment objectives, investment pattern, fundamental objectives and risk factors applicable to the respective funds(s). I/We agree to abide by the terms, conditions, rule and regulations of the plans(s). I/We understood the details of the scheme and I/We have not received not 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 for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)
---	--	---

Dated <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	FOR OFFICE USE ONLY Recorded <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y Recorded by <input type="text"/>
	Credit A/c No. <input type="text"/>

5. Authorization of Bank Account holder(s) (to be signed by Account holder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in Escorts Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise Escorts Asset Management Limited - Investment Manger to Escorts Mutual Fund acting through their authorized service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise Escorts Asset Management Limited (Investment Manger to Escorts Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

Name(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDERS(S) AS IN BANK RECORDS

Account Number	
Name of First Account Holder (As in Bank Records)	Name of Second Account Holder (As in Bank Records)
First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)
	Name of Third Account Holder (As in Bank Records)
	Third Account Holder's Signature (As in Bank Records)