



SIP Registration Form

Auto Debit Through Electronic Clearing Service (ECS)/ Direct Debit

Application No. **W10537695**

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Distributor Name & ARN No. Bonanza - 0186	Sub-Broker Code	Employee Unique Identification No.*	Date & Time of Receipt
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*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

I/We the account holders with the Bank as per details given below hereby request and authorise the Bank to accept this SIP debit mandate executed by me/ us in favour of IIFL Mutual Fund and submitted by them or through their authorized service provider. I/ We further request and authorize the bank to debit my / our account to honor the periodical payment contribution requests presented by the service provider. Various details of Bank account and Periodical payment are furnished below:

BANK ACCOUNT DETAILS: (To be filled in CAPITAL LETTERS) - Refer Instruction No. 1 & 2

Bank Account Number: _____

Account Type: SB CA NRO NRE Others

Bank Account Holder's Name - 1st holder: _____

2nd holder: _____

3rd holder: _____

Bank Name: _____

Bank Branch Name/ Address: _____

Bank City: _____ Pin Code: _____

Bank Branch MICR Number (9 DIGITS): _____

#as appearing in Cheque leaf- please attach a copy of cancelled cheque/ banker's attestation which is mandatory.

PERIODIC PAYMENT DETAILS:

Date of effect (tick applicable date): 1st 7th (Default) 14th 21st SIP installment: ₹ _____ Rupees in words _____

Type: Regular Perpetual (Default)

Installment Start Month/Year: Installment End Month/Year: Frequency: Monthly Quarterly

Minimum application for investment through SIP Rs. 1,000/- per month for minimum six months or Rs. 1,500/- per quarter for minimum 4 quarters.

BENEFICIARY DETAILS:

Name of the Beneficiary : IIFL Mutual Fund

Scheme Name: _____ Option: _____

Folio Number/ Application No.: _____

Investor's name: _____

DECLARATION :

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the IIFL Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorize the beneficiary or their authorized Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the IIFL Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that IIFL Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate.

AUTHORISATION :

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. If the date of debit happens to be a holiday or non working day for the bank or location, the debit may happen on any subsequent working day. Debited contributions may be passed on to the IIFL Mutual Fund / Service Provider as per rules, procedures and practices in force. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

SIGNATURE/S AS PER BANK ACCOUNT (MANDATORY)		SIGNATURE/S AS PER IIFL MUTUAL FUND RECORDS (MANDATORY)	
Sole /1st Account Holder's Signature (as in bank records)		Sole /1st Account Holder's Signature	
2nd Account Holder's Signature (as in bank records)		2nd Account Holder's Signature	
3rd Account Holder's Signature (as in bank records)		3rd Account Holder's Signature	

FOR BANK USE ONLY (Not to be filled in by Applicant)

Recorded on Customer Ref. No. _____ Recorded by _____

Credit A/c. No. _____ Bank use Mandate Ref. No. _____

Place: _____ Date: ___/___/_____