

# SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT)



Name & ARN of Distributor	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUIN)^
ARN-109217			E150257

^Mandatory: It is mandatory to provide the EUIN details of the distributor's sales person for all transactions (both Advisory and Execution).

OR

**Declaration:** In case the above EUIN column is left blank / not provided, please read and sign the following declaration in the box(es) provided below.

"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."

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

## AUTO DEBIT (ECS / DIRECT DEBIT) REGISTRATION CUM MANDATE FORM

- ☐ **New Regular SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via Electronic Clearing Services (ECS) (for all Banks in select cities only) / Direct Debit (for select Banks only) as per overleaf.
- ☐ **New Special SIP:** First & subsequent installments of Special SIP via ECS or Direct Debit. Application should be submitted at least 30 days before the 1st SIP installment.
- ☐ **Renewal/Continuation of existing SIP** only if last SIP installment as per current registration is not yet over (pls fill fresh details in following columns).

## INVESTMENT DETAILS

Folio No. (for existing unitholders)  Application No. (for new Applicant)

Name of Sole/1st Applicant/Minor/Non-individual Mr./Ms./M/s.

E-mail ID (Capital Letters):  Mobile No.:

Scheme :  Plan :  Option

SIP Installment Amount (Rs.)  Frequency (please tick any one) : Monthly \* ☐ Quarterly ☐ (\* Default Frequency)

SIP Period : Start :  End :  OR Perpetual (i.e. until it is cancelled) ☐

SIP Dates (Pl. ✓ any one) :  01st  05th  10th  15th  20th  25th of the month (Note : Minimum 30 days are required for 1st installment through auto debit to register and start)

"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".

## BANK ACCOUNT DETAILS

The Branch Manager

Bank Name & :

Address :  PIN Code

Bank Account Number :  Account Type : ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

9-digit MICR Code (Mandatory) :  (At PAR MICR Code not valid for ECS - e.g MICR code starting and / or ending with 000)

Mandatory Enclosures ☐ Blank Cancelled Cheque ☐ Copy of Cheque

This is to inform you that I/we/the bank account holder/s have registered with JM Financial Mutual Fund through their authorised service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit Facility and that the payment towards the above investment in JM Financial Mutual Fund shall be made from my/our above mentioned account with above bank & branch. Further, I/we authorize the representative carrying this ECS/Direct Debit/Standing Instruction mandate to get the same verified and executed. I/We hereby authorize you to debit my/our account for making payment to JM Financial Mutual Fund through AUTO DEBIT (through Electronic Clearing Service / DIRECT DEBIT for collection of SIP payments.) as per the details furnished as above.

**For Auto Debit (Direct Debit) cases** – In case, the SIP is not considered as a valid SIP by the JM Financial AMC as per the provisions of the scheme at any point of time during the currency of SIP, I/we authorise them to cancel/ stop my/our subsequent SIP installments. I/We, also authorize you to cancel my/our SIP mandate on receipt of such a request from JM Financial AMC to stop debiting my/our account for subsequent installments.

	Name/s & Signature/s in Order & mode of operation as per Bank's Records	Name/s & Signature/s in Order & mode of operation as per JM Financial Mutual Fund's records
First/Sole holder	Signature	
	Name	
Second Holder	Signature	
	Name	
Third Holder	Signature	
	Name	

Date:

Place:

## FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on  Scheme Code

Recorded by  Credit Account Number

Bank Mandate Ref. No.  Investor Ref. / Folio No.

## Banker's Attestation for ECS/ Direct Debit

Folio No. of JM Financial Mutual Fund: <input type="text"/>	Certified that Signature of account holder(s) and the details of Bank Account are correct as per records
Bank Account Number: <input type="text"/>	Signature of Authorised Bank Official with his Name, Official Seal & Date