

 $\bigoplus \text{www.heliosmf.in}$ 

## SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

**18002100168** (Toll Free Number)

Har term ke liye		1		4 101	OI I OIKIM
Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Brar	nch Code/Internal Code	Employee Unique	Identification Number
AARN - 1678				E 087	722
manager/sales person of the above d sub broker and the distributor has not RIA Declaration: I/We hereby give yo	istributor/sub broker or notwithsta charged any advisory fees on thi u my/our consent to share/provice	Itentionally left blank by me/us as this inding the advice of in-appropriateness is transaction. If no ARN is mentioned in the transactions data feed/portfolio Adviser/RIA. For Transaction Charges	if any, provided by the employ evestment will be treated as Dir noldings/NAV etc. in respect o	ree/relationship manager/sale rect.	es person of the distributor/
Signature of Sole/First Applicant	/Guardian	Signature of Second Applica	nt	Signature of Third	Applicant
FOLIO No.	Sole/F	irst Applicant (Mr./Ms.): FIRST NA	ME MIDE	DLE NAME LA	AST NAME
DETAILS OF SIP INVESTMENT	Scheme:				
Cheque No:		e:	Drawn on Bank:		
Each SIP amount: ₹		(✓) ☐ Weekly (Mention Day)		Monthly (Any Date)	Quarterly (Any Date)
			as applicable)		(Default - 10th)
SIP Date D SIP Start	Month/Year: M M Y	Y Y Y SIP End	Month/Year M M		
(If T	• •	ted, then the default option will be Y	• *	. ,	3,
		Variable SIP TOP-UP:	□ 10% □ 15% □ :	20%	(multiples of 5% only)
Minimum Top-Up Amount is Rs.100	•	SIP Top Up End Month/Year	M Y Y Y Y		
DEMAT ACCOUNT INFORMA					
If you wish to hold your investment Cancelled delivery instruction slip t		e furnish the below details and enclon your Depository.	se a copy of the Client Mast	er/Transaction Cum Holdin	g Statement/
NSDL DP Name		DP ID I N	Benefic Accoun		
		Beneficiary Account No.			
Signature(s) as per Helios M	utual Fund Records (in ca	ase you have existing folio) (N	landatory)		
Signature of Sole/First Applica	ant/Guardian	Signature of Second Applicar	nt	Signature of Third App	plicant
MUTUAL FUND Har term ke liye  Tick ( Y ) Sponsor Ba  CREATE Y   MODIFY X   CANCEL X   Bank ala  with Bank   an amount of Rupees  FREQUENCY   Mthly PAN   Reference	UMRN F O R	NE TIME BANK N (NACH/OTM/Direct Debit N O F F C E J S E FICE USE ONLY  ITUAL FUND to debit (tid  IFSC Amount in words  Yrly As & when present	Utility Code   CA   CC	FOR OFFICE USE ONLY  SB-NRE SB-NRO  or MICR  Fixed Amount	Other  Maximum Amount
This is to confirm that the declaration understood that I am authorized to ca PERIOD  From DD MMM  To MMM	has been carefully read, understood at ncel/amend this mandate by appropria	authorizing to debit my account as per laster and made by me/us. I am authorizing the User tely communicating the cancellation/amendmure of Primary Account Holder	entity/Corporate to debit my accountent request to the User entity/Corporate of Account Holde  Name as in Bank records	orate of the bank where I have au	of Account Holder
<del>-</del>		mitted till March 31, 2023, maximum duratio	r can be of 30 years & from April 1,	ZUZ4, IT CAIL DE TOT 40 YEARS FROM	i date of application.
ACKNOWLEDGEMENT - HELIO  Name of the Investor:	S MUTUAL FUND - SIP + TOP		FOLIO No.		
Scheme Name, Plan & Option:			SIP Amount: ₹		
Fixed SIP Top-Up Amount: ₹		Top-Up Frequency (✓):			
Variable SIP TOP-UP:   10%	☐ 15% ☐ 20% ☐ other	(multiples of 5%	only)		

customercare@helioscapital.in