

## Form for SIP Auto Debit Facility

Agent's Name and ARN	1.Sub	ode	2.	2.Sub Agent Code			3.Sub Agent Code				)ul								
ARN-1678												Use Only							
Upfront commission shall be paid directly by the investor to the AMF			ed on the i	nvestors' ass	essment o	of various factors inclu	ding services	rendered	l by the d	istributor							=		
<b>Existing Investor Information (Please fill in</b> Please note that applicant details and mode			e as p	er existir	ng Fol	io Number.	Fol	lio No											
New Investor Information		U			0						·								
Name of First/Sole Applicant																			
Permanent Account Number					ī							ΚY	C co	mplete	ed 🗆	Yes [	□ No		
Name of Second Applicant																			
Permanent Account Number												K١	C cor	mplete	ed 🗆	Yes [	□ No		
Name of Third Applicant																			
Permanent Account Number						Darlanda	. 1/14/-				1			mplete					
If Micro SIP, please tick ☐ Yes (Micro SIP: Less than % 50,000 per person in any rolling 12-month period)  Declaration: I/We ◆ having read and understood the contents of Additional Information/Scheme Information Document ◆ I															nt • h	ereby			
If Micro SIP, supporting document/identification		apply for u terms, cond																	
Fund Name		and conditi	ons for A	uto E	ebit •	agree	to ab	ide b	y the t	erms,	condi	tions,	, rules						
Plans and Options		and regulat  agree to																	
Plan □ Regular Plan □ Institutional Pla		received no	or been	induc	ed by	any i	rebate	or g	ifts, d	irectly	or ir	direc	ctly in						
Option ☐ Dividend Payout ☐ Dividend R☐ Dividend Sweep ☐ Growth ☐ C☐		making this with the cu	rrent app	ent • licatio	ao na on will	result	any i t in the	existir e tota	ig mic al inve	estmen	s wni ts exc	eedin	zetner 1g Rs.						
Each SIP Amount Rs	]	50,000 in a (in the forn																	
☐ Weekly (Minimum amount Rs 10	000 Every We	dnesday)			I	different co							Fund	s from	amo	ngst v	which		
SIP Frequency						the Selicine	the Scheme is being recommended to me/us.  Signature												
Period for the																			
☐ 1 year ☐ 2 years ☐ 3 years		First / Sole	,																
□ 10 years □ 15 years □ Perpetuit			Applicant /																
	ate 1		14 🗆 2	0 🗆 23	1	Guardian													
Initial Cheque/DD No  Bank Account D	otaile																		
bank Account D																			
Name as in bank account:		Second Applicant																	
Bank Name:																			
Branch:																			
Account Number																			
Account Type ☐ Savings ☐ Current ☐ Othe	•	Third																	
Nine-digit MICR No from cheque		Applicant																	
To know your MICR number, please refer your che	J																		
Authorisation & Signature of B	ank Ac			der	Accou	unt Number						<u>-</u>							
I/We have registered for ECS for my investment in Sundara					with you	ur bank and authori	se the repre	sentati	ve carryi	ng this r	nandate	to get	it verifie	ed and e	xecuted				
51.161.11.11					1.														
First / Sole Applicant / Guardian				Seco	ond A	pplicant	licant						Third Applicant						