SIP REGISTRATION & OTM DEBIT MANDATE FORM FOR MULTIPLE SCHEMES



Name & Broker Code/ ARN / RIA / PMRN Code**				Broker / .RN Code						EUIN*				Internal Code for AMC				ISC Date Time Stamp Reference No.						
ARN-1678										E 087722														
The properties of the proper																								
Applicant Name															PAN									
2. SIP INVESTMENT DETAI	LS				end date	cann	ot exce	ed 30	0 years	s)			Re	efer S	SIP Reg							tions fo I ltiples	SIP	
Scheme 1 - Whiteoak Capital				heme Na						_	gular	Plan	_	ect P	-			5%, 1	0%, 1	5%, 2	0%)			
Option: ☐ Growth (Default) OR Income Distribution Cum Capital Withdrawal: ☐ Payout ☐ Reinvestment (PIs ✓)														; √)	AN									
Frequency (Pls ✓) ☐ Weekly (Pls Specify Day) ☐ Fortnightly ☐ Monthly* (Default) ☐ Quarterly* (Default Date 10th)														0th)	₹ OR % □ Half Yearly									
SIP Date: □ □ SIP Amt. (₹):				SIF	P Period:	From	M	М	Y	Y	То	ММ	Υ	Υ	/ Y	TOP UP CAP Amount ₹								
Scheme 2 - Whiteoak Capital Scheme Name Regular Plan Direct Plan														lan	Amount (₹) or Percentage (%) Frequency*									
Option: Growth (Default) OR Income Distribution Cum Capital Withdrawal: Payout Reinvestment (PIs 🗸)														s √)	☐ Yearly OR % ☐ Ust Yearly									
Frequency (PIs ✓) ☐ Weekly	Pls S	pecify	Day) <u> </u>	Fortnightly	, <u> </u>	Month	ly* (D	efault)) [Quar	terly* (Def	ault D	ate 1	0th)	Half Yearly								
SIP Date: □ □ SIP Amt. (₹):				SIF	P Period:	From	M	М	YY	Y	То	M M	Υ	Υ	Y	TOP UP CAP Amount ₹								
Scheme 3 - Whiteoak Capital			Sc	heme Na	ame					Re	gular	Plan	Dire	ect P	lan	Amount (₹) or Percentage (%) Frequency*								
Option: Growth (Default)	OR	Incom	ne Distri	bution C	um Capit	al With	hdrawal	l:	P	ayout		Reinves	tment	(Pls	; √)	₹			OR	%		early		
Frequency (Pls ✓) Weekly (Pls Specify Day) Fortnightly Monthly* (Default) Quarterly* (Default Date 10th														0th)	□ nail fearly									
SIP Date: □ □ SIP Amt. (₹):				SIF	P Period:	From	M	M	Y	YY	То	M M	Υ '	Y	/ Y	OR M	onth-Y	ear:						
3. SIP PAYMENT DETAILS	1st SIP	Chequ	ue No			_ Chq	Date_				Ar	nt.					ı	Mand	atory	Enclo	sures	s *		
OR Payment through Existing OTM already Registered in the Folio including the First Installment														_						of Che				
Bank NameBank A/c No															(Name of the 1st applicant must be pre-printed on the cheque.) *Blank Cancelled Cheque Leaf or Copy of Cheque Leaf of the new OTM bank account to be provided in case in case 1st instalment cheque is different from the OTM Mandate.									
	· ·																						ate.	
4. DECLARATION(S) & SIG I/We hereby authorise WhiteOak Capital Mushared with third parties for facilitating trans my/our willianness to make payments referr appointed service providers or representativ have read and agreed to the terms and conc ryunds from amongst which the Scheme is b "I/We acknowledge that the RIA has entered they may suffer, incur or become subject to For Micro SIP only: I hereby declare that I d	tual Fund and action processed above through es responsibutions mention eing recommer into an agre	d their a ssing through pa le. I/We ned over nended to ement w	outhorised strough NAC irticipation in will also in rleaf. The A o me/us, vith the AM	service prov H/ Auto Del in NACH/ A form, abou ARN holder	vider to debit bit Clearing of Auto Debit. If it any change has disclose accepting tra	the about the transes in my ed to me	ove bank a impliance isaction is bank acci /us all he n feeds ur	account with ar delayer count im commi	t by NAC ny legal o ed or not nmediate issions (i e code. I	CH/ Auto I or regulate effected ely. I/We u in the form	Debit Cory requal at all formal and	clearing for co uirements. I/N or reasons of ke to keep su il commission demnify, defe	llection of We here incompl ifficient for or any cond	of SIP by dec lete or funds i other n	payments clare that t incorrect in the func node), pay armless th	s. I/We und the particulinformation ding accounts able to hir	derstand lars give n, I/We n nt on the n for the	that the en abov will not e date o differer st any r	e informa e are co hold Wh f execut at compe egulator	ation pro rect and iteOak (ion of st ting Sch y action,	vided b d compl Capital i anding lemes o	y me/us n ete and e: AMC/MF o instruction of various l e or liabili	r their . I/We Mutual ty that	
Sign of 1st Applicant / Sign of 2nd Applicant /																								
Authorised Signa	tory / POA						Author	rised S	Signator	ry / POA				L		/	Authoris	ed Sig	natory /	POA				
5. OTM DEBIT MANDATE F	ORM (App	plicable	e for Lum	ıpsum ad	Iditional pu	ırchase	es as we	ell as S	SIP Re	gistratio	ns)													
WHITEOAK UMRN							Bank use										Date	D	D	M N	Υ	YY	Υ	
CAPITAL MUTUAL FUND	Bank Cod	de			Bank ı	use						V	CRE	EATE	E		X M	ODIF	Υ		X	CANC	EL	
Utility Code					Bank	use						I/We auth	herek orize	by _	WhiteOa	ak Capita	ıl Mutua	al Fund	l					
To Debit (tick ✓) SB CA	□ cc	; [SB-NR	E 🗌	SB-NRO		Other	Baı	nk A/	С														
With Bank			Nan	ne of cu	stomers	bank							IF	SC /	MICR									
An Amount Of Rupees																₹								
DEBIT TYPE X Fixed Amoun	t ,	☑ Ma	ximum /	Amount		FRE	QUEN	ICY	X	Mthly		X Qtly		χŀ	H-Yrly	X	Yrly		√ A	s & w	hen p	resente	ed	
Reference 1 Folio No. Reference 2 Scheme Name																								
I agree for the debit of mandate processing I am authorizing the user entity/Corporate to amendment request to the user entity / corpor PERIOD	debit my aco	count, b	ased on the	ne instruction	ons as agre	accour ed and	nt as per la signed by	atest so y me. 3	chedu l e d 3. I have	of charge: understo	of the	e bank. 2. Thi at I am autho	s is to co rized to	onfirm cance	that the de l/amend	eclaration this mand	has bee ate by a	n carefi appropri	ully read ately co	, unders mmunic	tood & ating th	made by r e cancell	ne/us. ation /	
From	Y Y	Υ																		0.00	. ^			
(End date cannot excee	1 30 voare)	'		Si	ignature (of Prin	nary Ad	ccoun	nt Hold	er	S	ignature C	of Join	t Acc	count H	older	-	Sign	ature	Of Joi	nt Acc	count H	older	