

SIP & SIP-TOP UP REGISTRATION / RENEWAL



| | | | |
|----------------------------|---------------------------|-------------------|--|
| ARN- ARN-1678 Code# | ARN- Sub-Distributor Code | E E 087722 | Internal Code for Sub-broker/ Employee |
|----------------------------|---------------------------|-------------------|--|

#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant / Guardian / Authorised Signatory

TRANSACTION CHARGES (Please tick any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

Please Tick (✓) SIP Registration SIP Renewal SIP with Top-up Registration SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

UNIT HOLDER INFORMATION

Existing Folio Number PAN

Name of the First Holder (Name and Date of Birth as per PAN)

Scheme **Bandhan** Plan Option

SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) Debit date except 29th, 30th & 31st

Frequency Please (✓) Weekly - Date will be 7th / 14th / 21st / 28th (Default date 7th) Monthly (Default date 10th) Quarterly (Default date 10th)

SIP Day SIP Period From To OR 40 Years Installment Amount (₹) in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency Half Yearly Yearly* (Default) Amount ₹ in figures (The Top-up amount should be ₹ 500 and multiples of ₹ 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP instalments.)

My existing OTM registered to be used for initial & subsequent SIP instalments (OR)

Cheque No. Cheque Date Cheque Amount Bank & Branch Name

DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

| | | |
|--|--|--|
| NSDL: Depository Participant (DP) ID (NSDL only) | Beneficiary Account Number (NSDL only) | CDSL: Depository Participant (DP) ID (CDSL only) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

| | | |
|--|----------------------|----------------------|
| First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant | Third Applicant |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



Bandhan One Time Mandate (OTM)

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) CREATE MODIFY CANCEL I/We hereby authorize Bandhan Mutual Fund to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. Mobile No. +91

Reference Email ID

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From To

Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.