



# SIP AUTO DEBIT (ECS) FORM

Name and AMFI Reg.No. (ARN)	ARN	Register's Serial No.
Sub Broker's Code		

### 1. For Existing Unit holders

First Unit holder  Existing Folio No.

Sole/First Applicant/ Guardian  Second Applicant  Third Applicant

PAN No.\*

KYC Compliant #  Yes  NO.  Yes  No  Yes  No

(Please ✓) \*Mandatory - Please enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

### 2. For New Investor - Applicant's Details (Mandatory)

Sole/First Applicant  F I R S T  M I D D L E  L A S T  N A M E

### 3. Systematic Investment Plan (SIP) Details (Mandatory)

Scheme Name

Plan  Growth Option \*  Dividend Payout  Divident Reinvestment  Bonus Option

SIP Frequency (Please ✓)  Monthly\* or  Quarterly SIP Date (Please ✓)  1st or  10th or  25th

Installment Amount (Rs.) Rs.  M I N I M U M Rs.  1 0 0 0

First SIP Cheque No.  Dated  D D  M M  Y Y  Y Y

Drawn on (Bank/Branch Name)

SIP Auto Debit Period Start Date From  M M  Y Y  Y Y End Date<sup>(1)</sup> To  M M  Y Y  Y Y

(The first Auto Debit should be at least 30 days after the first SIP transaction date) <sup>(1)</sup> If no End date is specified SIP will continue till investor gives a mandate to discontinue the same.  
\*Default Option will be applied in case of no information, ambiguity or discrepancy.

### 4. Particulars of Bank Account (From which money will be debited)

Account Holder Name as in Bank Account

Bank Name

Branch Address  City  PIN

Account No.  MICR Code Mandatory  (This is a 9 Digit Number next to your Cheque Number)

Account Type (Please ✓)  Current  Savings  NRO  NRE  FCNR  NRSR

I/We hereby, declare the particulars given above are correct and express my/our willingness to make payments referred above through direct debit / participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We should not hold Escorts Mutual Fund, their Investment Manager - Escorts Asset Management Limited or any of their appointed service providers or representatives responsible. I/We will also inform Escorts Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf  
SIGNATURE(S) (ALL ACCOUNT HOLDERS MUST SIGN HERE)

First Account Holder's Signature (As in Bank Records)  Second Account Holder's Signature (As in Bank Records)  Third Account Holder's Signature (As in Bank Records)

Dated  D D  M M  Y Y  Y Y

**FOR OFFICE USE ONLY** Recorded  D D  M M  Y Y  Y Y Recorded by

(Not to be filled in by investor) Credit A/c No.

### 5. Authorization of Bank Account holder(s) (to be signed by Account holder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in Escorts Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise Escorts Asset Management Limited - Investment Manger to Escorts Mutual Fund acting through their authorized service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise Escorts Asset Management Limited (Investment Manger to Escorts Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

#### Name(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDERS(S) AS IN BANK RECORDS

Account Number

Name of First Account Holder (As in Bank Records)  Name of Second Account Holder (As in Bank Records)  Name of Third Account Holder (As in Bank Records)

First Account Holder's Signature (As in Bank Records)  Second Account Holder's Signature (As in Bank Records)  Third Account Holder's Signature (As in Bank Records)