

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM

Registration Cum Mandate Form For ECS (Debit Clearing) / Direct Debit

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EUIIN* (Refer Section 'G' of instructions)	Collection Date	D	D	M	M	Y	Y	Y	Y
					Time Stamping								

*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 Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section 'J' of instructions)
 I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds
 In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. **APPLICANT INFORMATION** [Please shade (●)] (Refer Section 'A and B' of Instructions)

Folio No.	(For Existing Unit Holders)	OR	Application No.	(For New Investors)
Name of First Applicant/ Unit Holder [Please shade (●)]	<input type="radio"/> Mr.	<input type="radio"/> Ms.	<input type="radio"/> M/s.	Permanent Account Number (PAN)

2. **INVESTMENT DETAILS** [Please shade (●)] (Refer Section 'C' of Instructions) Please allow minimum 30 days for ECS/ Direct Debit/ Standing Instructions to register and start.

New SIP Registration SIP Renewal Change in SIP Bank Mandate Micro SIP

Scheme

Plan Other than Direct Plan Direct Plan

Option Growth (Default) Dividend Pay Out Dividend Sweep Dividend Re-investment (Default plan/ option/ facility will be applied in case of no information, ambiguity or discrepancy)

SIP Date 2nd 8th (Default) 15th 23rd SIP Frequency Monthly (Default) Quarterly

SIP Period From M M Y Y Y Y To M M Y Y Y Y December 2099 (Default) SIP Amount in ₹ (Figures)

First SIP Cheque/DD No Cheque/DD Amount in ₹ Dated D D M M Y Y Y Y

Document attached in the case of third party payments Proof / Bank Certificate for DD Third Party Payment Declaration Form

3. **BANK ACCOUNT DETAILS** (as per Bank records) [Please shade (●)] (Refer Section 'D' of Instructions)

I/We hereby, authorise Union KBC Mutual Fund and their authorised service providers, to debit my/our following bank account through ECS (Debit Clearing)/Auto debit to account for collection of SIP payments.

Bank Account Number (please provide Core Banking Account Number only)

Account Type Savings Current NRE NRO FCNR Others (Please Specify)

Name of Sole/ First Bank Account Holder

Name of Second Bank Account Holder

Name of Third Bank Account Holder

Name of Bank

Branch & City PIN

IFSC CODE MICR CODE Mandatory to submit a cancelled cheque leaf of the bank account mentioned here (IFSC Code is the 11 digit no appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no)

4. **DECLARATION & SIGNATURES** (Refer Section 'E' of Instructions)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I / We will also inform AMC, about any changes in my/our bank account. 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. I/We hereby agree to have read and understood the terms and conditions with regard to payment of transaction charges as specified in the SID/SA/KIM and addenda thereto and this application form and instructions thereto. I/ We hereby confirm that Union KBC Mutual Fund/ Union KBC Asset Management Company Private Limited and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ We have the express authority to invest in units of the Scheme and the AMC / Trustee / Mutual Fund will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/ FCNR account(s).

Signature Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Signature Second Applicant/ POA/ Authorised Signatory	Signature Third Applicant/ POA/ Authorised Signatory
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5. **AUTO DEBIT AUTHORISATION BY BANK ACCOUNT HOLDER** (Refer Section 'F' of Instructions)

The Branch Manager

Bank Branch

A/C No

This is to inform that I/We have registered for the RBIs Electronics Clearing Service (Debit Clearing)/Auto debit-facility and that my payment towards my SIP installments of Union KBC Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account.

Signature First Account holder's (As in Bank Records)	Signature Second Account holder's (As in Bank Records)	Signature Third Account holder's (As in Bank Records)
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FOR BANK USE ONLY

I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us.

Recorded on D D M M Y Y Y Y Recorded by

Branch

Bank Stamp and Signature of Authorised Bank Official

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

SIP through ECS /Auto Debit Form

Folio No./ Application No.

Received from: Mr./ Ms. /M/s Dated / /

First Cheque No. Dated / / Amount (₹)

Scheme / Plan/ Option / Frequency

Amount (₹) SIP Period Date of Commencement / /

Application No.



Collection centre's stamp with date and time of receipt

For Office use only