

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code [^]	
ARN-	ARN-	INTERNAL CODE	Employee Unique IDENTIFICATION NO.		

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".
^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Sign Here

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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2. Unitholder Information

Name of First / Sole Applicant _____ PAN _____

Folio No. (For Existing Unit Holders) _____ CKYC No. _____

3. Investment Details (Choice of Plan [Please ✓]) Registration Cancellation

Scheme _____ Plan: Regular Direct Target Scheme of Samco _____

Option: Growth IDCW Sub Option: Payout of IDCW Reinvestment of IDCW Transfer of IDCW (Specify in Target Scheme) Plan: Regular Direct Option: Growth

SIP Date Preferred Debit Date (Any day from 1st to 28th of the month) Monthly OR Quarterly OR Half Yearly

Enrolment Period From To OR Perpetual (Default) OR No. of Installments

First SIP Instalment via : Cheque No. Bank A/c No.

Drawn on Bank Branch

Each SIP Amount Amount in words

SIP Step UP FACILITY:

Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) <input type="text"/>	Percentage (Minimum 10% and in multiple of 5%) ₹ <input type="text"/>
Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/>
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

\$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

4. Unit Holding Option Physical Mode (Default) Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)

CDSL / NSDL DP Name DP ID Beneficiary A/C No.

5. Declaration & Signature(s)

I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.

Date

Place

First / Sole Applicant	Second Applicant	Third Applicant
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UMRN Date

Utility Code Create Modify Cancel

Sponsor Bank Code I/We authorize

To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank A/c No.

With Bank IFSC/MICR

an amount of Rupees Amount in words Amount ₹

Debit Type Fixed Amount Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly As and when presented

Reference 1 Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporation or the bank where I have authorized the debit.

From Maximum period of validity of this mandate is 40 years only.

To

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

Maximum period of validity of this mandate is 40 years only.
Phone No. _____