

SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- (ARN stamp here)	ARN-			

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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.

#By mentioning RIA 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

EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY Name of the First Holder

Folio No. PAN/PERN (mandatory) Enclosed PAN/PERN Proof KYC Compliant

SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN SYSTEMATIC WITHDRAWAL PLAN

SWITCH OPTION (To be filled along with SWP section below)

I wish to switch ₹ OR Units

FROM Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

TO Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SYSTEMATIC WITHDRAWAL PLAN

Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SWP Period Start End (If start date is not mentioned default start month will be 13th month.) (If End date is not mentioned SWP will be effected till funds are available)

Option#	Frequency	Date	Amount (₹)
<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	₹ <input type="text"/>
<input type="checkbox"/> Percentage Withdrawal of Specified Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	<input type="checkbox"/> 5% p.a. <input type="checkbox"/> 7% p.a. <input type="checkbox"/> 9% p.a. <input type="checkbox"/> Other (Not less than 5%) <input type="text"/>
	Specified Amount (Minimum ₹ 50,000/-) <input type="text"/>		₹ (in words) <input type="text"/>
<input type="checkbox"/> Capital Appreciation**	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	N. A.

#Please tick only one Option. *Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. **Refer instructions

YEARLY SWP TOP-UP (OPTIONAL) (Refer instruction no. E)

Amount 500 1000 Other OR Percentage 3% (default) 4% 5% Other

*SWP TOP-UP facility not available for Capital Appreciation Option.

DECLARATION & SIGNATURES

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	POA Holder
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ACKNOWLEDGMENT - SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



Name of the First Holder Folio No.

SWP Scheme Plan Option

Frequency Date Amount (₹) / Percentage

STAMP & SIGNATURE