

# COMMON SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)  
(all points marked \* are mandatory)



## 1. DISTRIBUTOR INFORMATION

| ARN/RIA Code/Portfolio Manager's Registration (PMRN)# | Sub Broker's ARN | Internal Code for Sub-Broker/ Employee | Employee Unique Identification Number (EUIN)  | FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt |
|---|------------------|--|---|--|
|   | ARN-             |  | (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor) |  |

\*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 TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) – I/We hereby confirm that the EUIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| Signature of First/Sole Unit Holder/Guardian | Signature of Second Unit Holder | Signature of Third Unit Holder |
|--|---------------------------------|--------------------------------|

Please (✓) as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes upto 30 days.

## 1. UNITHOLDER INFORMATION

Folio No.  PAN No.  Date of Birth

1st Unit Holder Name (As per PAN)

Name of the Guardian / POA Holder

## 2. INVESTMENT DETAILS

Scheme Name  Plan -  Regular  Direct Option -  Growth  IDCW\* Reinvestment  IDCW\* Payout

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

\*IDCW - Income Distribution cum Capital Withdrawal Option

## 3. SIP DETAILS

OTM Reference No.  (If Multiple One Time Mandate are registered)

Installment Period: From Date  To Date\*  \*(Maximum SIP end date should be upto 40 years from the start date)

First SIP Instalment via: Cheque No.  Drawn on Bank and Branch

Amount: ₹  A/c. No.

Amount per installment: ₹  Amount in Words

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments.

Note: Please allow 1 month for NACH Mandate to register and start.

| Frequency: (Please ✓) | <input type="checkbox"/> Weekly (Please ✓)   | <input type="checkbox"/> Fortnightly (Please ✓) | <input type="checkbox"/> Monthly** (Please ✓) | <input type="checkbox"/> Quarterly (Please ✓) |
|-----------------------|--|---|---|---|
|                       | Dates: <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 | SIP Date: <input type="text"/>                  | SIP Date: <input type="text"/>                | SIP Date: <input type="text"/>                |
|                       | (Any day from 1st to 28th of the month)  | (Any day from 1st to 28th of the month)         | (Any day from 1st to 28th of the month)       | (Any day from 1st to 28th of the month)       |

\*\* Tenth of the month will be the default frequency if not ticked

## 4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

|                      |                               |                                |                               |
|----------------------|-------------------------------|--------------------------------|-------------------------------|
| Date                 | Signature of First Applicant. | Signature of Second Applicant. | Signature of Third Applicant. |
| <input type="text"/> |                               |                                |                               |

This form should be accompanied with One Time Mandate Form (OTM)

