

### 3. Mandate Form for ECS / Electronic Debit - Systematic Investment Plan (SIP)

**Distributor Code / ARN**
**Sub-Distributor Code / ARN**
**Application No.**
**ARN - 83535**
**15b. ECS Debit facility for SIP is currently available for**

Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshepur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunaveli, Trivandrum, Tumkur, Udaipur, Udupi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgiri), Visakhapatnam.

**Electronic Debit for the account holders of the following banks**

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank, Federal Bank.

**Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit**

I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP instalments.

**Unit Holder Information**

Folio No. (for Existing Investor) : \_\_\_\_\_  
 Name of First Applicant : \_\_\_\_\_  
 Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Systematic Investment Plan Details**

Name of the Scheme : \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 SIP Installment Amount Rs. (in Figures) : \_\_\_\_\_ (in Words) \_\_\_\_\_  
 Normal SIP Facility: SIP Start Date 

D	D	M	M	Y	Y	Y	Y
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 SIP End Date 

D	D	M	M	Y	Y	Y	Y
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 Perpetual SIP Facility: SIP Start Date 

D	D	M	M	Y	Y	Y	Y
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 SIP End Date 31/12/2099.  
 SIP Frequency  Weekly (Debit date will be 7<sup>th</sup> / 14<sup>th</sup> / 21<sup>st</sup> / 28<sup>th</sup> of the month)  Fortnightly (Debit date will be 1<sup>st</sup> / 16<sup>th</sup> of the month)  Monthly 

D	D
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 Daily

**Bank Details** (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit)

Account Holder's Name : \_\_\_\_\_  
 Name of Bank : \_\_\_\_\_  
 Branch : \_\_\_\_\_ Account No. \_\_\_\_\_  
 Account Type:  Current  Savings  NRO  NRE  Others \_\_\_\_\_  
 9-digit MICR code 

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Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through participation in ECS / Electronic Debit. 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 IDFC Asset Management Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

**Signatures** (Signature also required in section 13)

**First / Sole Applicant**
**Second Applicant**
**Third Applicant**

Place \_\_\_\_\_

Date \_\_\_\_\_

**For Bank Use Only**

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

Branch \_\_\_\_\_ Date \_\_\_\_\_

**Signature of the Authorised Official from the Bank**
**Bank Stamp**

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**Authorisation of the Bank Account Holder**

This is to inform that I / We have registered for the RBI's ECS (Debit Clearing) / Electronic Debit and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I / We authorise the representative carrying this ECS / Electronic Debit mandate form to get it verified and executed.

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**Account Holder's Signature**
**Joint Account Holder's Signature**
**Account Number**