

ECS Autosave for Systematic Investment Plan (FORM 2)

Application No. _____

Distributor Code	Sub-Distributor Code	EUIN No.
ARN- 6574	ARN-	E019976

"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 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".

ECS Debit facility for SIP is currently available for

Account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneswar, 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, Jamshedpur, 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, Tirunelveli, 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 installments.

UNIT HOLDER INFORMATION

Existing Folio Number /

Name of the First Holder

SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme _____ Plan _____ Option _____

SIP	Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)
	<input type="checkbox"/> Standard (any date of the month) <input type="text"/> <input type="text"/>	<input type="checkbox"/> Standard From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount <input type="text"/>
<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof)

Name of the Account Holder _____

Name of the Bank _____ Branch _____

Account Number City _____

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____ (please specify)

MICR Code (Please enter the 9 digit number that appears after the cheque number)

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments 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.

SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	
2nd applicant/ Authorised Signatory	
3rd applicant/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____
Recorded by _____
Bank use Mandate Ref. No. _____

Scheme Code _____
Credit Account Number _____
Customer Ref. No. _____