

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



Pramerica
MUTUAL FUND

INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)		FOR OFFICE USE ONLY	
Distributor Code	Sub Broker Code	Branch Serial Code	Registrar Serial No.
ARN -			
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.			

2. APPLICANT INFORMATION (Refer Instruction No. 2)	
Application No. / Existing Folio No.	
Name of Sole/1 st Applicant	

3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only) (Refer Instruction No. 3)			
Scheme Name	Option	Dividend Facility	Dividend Frequency # (Please ✓ any one)
<input type="checkbox"/> Pramerica Liquid Fund <input type="checkbox"/> Pramerica Ultra Short Term Bond Fund	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Re-investment*	<input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly #Dividend Reinvestment facility is available on a Daily/ Weekly/ Fortnightly/ Monthly frequency; Dividend Payout facility is available at Fortnightly & Monthly frequency.
* Default Option			

SIP Date : ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th ☐ All 5 Dates

Instalment Amount (in figures) ₹ Enrolment Period From** To

**Minimum SIP term should be for 10 months. Please fill the 'To date' only if 'No. of instalments' have been specified in the Common Application Form otherwise leave blank.

Third party cheque / transfer will not be accepted for investment

(Refer Instruction No. 7 of the Common Application Form)

EXCEPTION TO THIRD PARTY PAYMENT (ie. payment by guardian, employer or a custodian)	
The details of the cheque provided above pertain to my/our own bank account in my/our name	<input type="checkbox"/> Yes <input type="checkbox"/> No (Mandatory to ✓)
If No, my relationship with the bank account holder is (pls specify)	(Application Form without this information may be rejected)

DECLARATION & SIGNATURE: I/we hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto 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 AMC, about any changes in my/our bank account. I/we have read and agreed to the terms and conditions mentioned overleaf. I/we confirm that 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. I/we hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd Applicant/Guardian/Authorised Signatory/POA
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4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)

Account Number											(Please provide Core Banking Account Number only)	
Account Type	<input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR											
Name of Sole / 1 st Account Holder												
Name of 2 nd Account Holder												
Name of 3 rd Account Holder												
Name of Bank												
Branch & City											Pin <input type="text"/>	
MICR Code (Mandatory)					IFSC Code					Mandatory to submit a cancelled cheque leaf of the bank account mentioned here.		
(9 digit code next to the cheque no. MICR code starting and / or ending with 000 is not valid for ECS).												(11 digit no. appearing on your cheque leaf)

DECLARATION & SIGNATURE: - I/we hereby, authorise Pramerica Mutual Fund and its authorised service providers, to debit my/our above mentioned bank account directly or by ECS (debit clearing) for collection of SIP payments.

SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder	<input checked="" type="checkbox"/> 2 nd Account Holder	<input checked="" type="checkbox"/> 3 rd Account Holder
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5. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order) (Refer Instruction No. 4(e))

Certified that the signature of account holder and the Details of Bank account are correct as per our records	Signature of Authorised Official from Bank (Bank stamp and date)
Signature verification request (To be retained by the Customer's Bank)	

The Branch Manager Date

Bank Branch

Sub : Mandate verification for A/c. No.

This is to inform you that I/we have registered for making payment towards my investments in Pramerica Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). 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.

Thanking you,

SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder	<input checked="" type="checkbox"/> 2 nd Account Holder	<input checked="" type="checkbox"/> 3 rd Account Holder
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All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.