

1. Distributor Information				Application No.
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE <sup>A</sup>
ARN-257030	ARN -	INTERNAL CODE	E-479794 <sup>REG ON NO.</sup>	

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN 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".  
 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. For Direct investments, please mention 'Direct' in the column 'Distributor Code'.  
<sup>A</sup>I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Signature (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

TRANSACTION CHARGES for ₹10,000/- and above (✓ any one) : ☐ I am a first time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds. In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive transaction charges, ₹150/- (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

## Mode of Holding

(In case of Demat Purchase Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

## 1. Applicant Information

(Mandatory) to be filled in block letters (Refer Instruction No.II)

**Folio No.**  (For Existing unit holders) **Gender** ☐ Male ☐ Female ☐ Transgender

**Name of Solo / 1st Applicant**  Mr. / Ms. / M/s.

**PAN**  **CKYC No.**  **Date of Birth**

**Mailing address**

**City**  **State**  **Pin code**

**Mobile No.**  **Email ID**

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

**LEI Code**  **Valid upto**

(Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. XXII)

## Second Applicant

**Mr. / Ms.**

**PAN**  **CKYC No.**  **Gender** ☐ Male ☐ Female ☐ Transgender

**Mobile No.**  **Email ID**

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

## Third Applicant

**Mr. / Ms.**

**PAN**  **CKYC No.**  **Gender** ☐ Male ☐ Female ☐ Transgender

**Mobile No.**  **Email ID**

The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependents ☐ POA ☐ Custodian ☐ Guardian

**Received from: Mr. / Ms. / M/s**  **Application No.**

an application for units of Samco  Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW

Sub Option: ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW (Specify in Target Scheme)

Target Scheme of Samco  Plan: ☐ Regular ☐ Direct Option: ☐ Growth

**vide Cheque No**  **Dated**            **Amount (₹)**

**Drawn on Bank**  **Branch**

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

**Guardian Details** (In case First / Sole Applicant is minor) / **Contact Person- Designation / POA Holder** ( In case of Non- Individual Investors)

Mr. / Ms.

Relationship with Minor/Designation

PAN

CKYC No.

Gender

☐ Male

☐ Female

☐ Transgender

Mobile No.

Email ID

The Email ID belongs to (Mandatory Please ✓)

☐ Self

☐ Spouse

☐ Dependents

☐ POA

☐ Custodian

☐ Guardian

The Mobile No. belongs to (Mandatory Please ✓)

☐ Self

☐ Spouse

☐ Dependents

☐ POA

☐ Custodian

☐ Guardian

**Date of Birth Proof for minors (Any One)**

☐ Birth Certificate

☐ Marksheet (HSC/ICSE/CBSE)

☐ School Leaving Certificate

☐ Passport

☐ Others

**Demat Account Details**

☐ NSDL

☐ CDSL

☐ Physical Mode

☐ Demat Mode (Mandatory to provide the demat details in case mode of holding tick as demat mode)

NSDL

Beneficiary A/C No.

CDSL

Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account) (Note: Please attach copy of Client Master List.)

**Tax Status** (Applicable for First / Sole Applicant)

☐ Resident Individual

☐ Foreign National

☐ Public Limited Company

☐ Government Body

☐ AOP / BOI

☐ Defense Establishment

☐ On behalf of Minor

☐ Sole Proprietorship

☐ Private Limited Company

☐ Financial Institution

☐ Trust / Society / NGO

☐ Other

☐ HUF

☐ Partnership Firm

☐ Body Corporate

☐ FII

☐ Non Profit Organization / Charities

☐ NRI

☐ LLP

☐ Bank

☐ Foreign Portfolio Investor

☐ QFI

**Overseas Address**

**Address for Communication** (for NRI applicants)

☐ Indian

☐ Overseas

Address (Mandatory for NRI/FII applicant\*)

Country

Zip Code

**Email Communication** ( Please tick ✓ )

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report

☐ Abridged Annual Report

☐ Other Statutory Information

**2. KYC Details** (Mandatory - Refer Instruction No XI for details)

Occupation ( Please tick ✓ )

First Applicant / Guardian:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

Second Applicant:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

Third Applicant:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

**Gross Annual Income** ( Please tick ✓ )

First Applicant / Non-individuals:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

OR

Net worth (Mandatory for Non - Individuals)

₹

as on

D

D

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Y

Y

Y

Y

(Not older than 1 year)

Second Applicant:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

as on

D

D

M

M

Y

Y

Y

Y

(Not older than 1 year)

Third Applicant:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

as on

D

D

M

M

Y

Y

Y

Y

(Not older than 1 year)

CHECKLIST: Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

Documents	Individual	HUF	Companies / LLP	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII\$	PIO	FPI#
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration under FATCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorization to invest			✓	✓	✓		✓		✓		✓
List of authorized signatories with specimen signatures			✓	✓	✓	✓	✓		✓		✓
Trust Deed							✓				
Ultimate Beneficial Ownership (UBO)		✓	✓	✓	✓		✓		✓		✓
Bye-laws				✓							
Partnership Deed					✓						
Certificate of Registration									✓		✓
Notarized POA						✓					
PIO Card										✓	
Foreign Inward Remittance Certificate										✓	

\$-For FII's copy of SEBI registration certificate should be provided.

# Certificate of registration granted by designated depository participants on behalf of SEBI.

For Individuals ( Please tick ✓ )			
	First Applicant:	Second Applicant	Third Applicant
I am Politically Exposed Person			
I am Related to Politically Exposed			
Not Applicable			

For Non-Individual Investors ( Please tick ✓ )			
Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)			
Foreign Exchange / Money	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gaming / Gambling / Lottery / Casino	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charger Services		Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Non-Profit Organization (NPO)	
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please quote Registration No. of Darpan portal of Niti Aayog <input type="text"/>	
If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.	

4. Power of Attorney (POA) If investment is being made by a Constitutional Attorney, please submit notarised copy of POA	
POA NAME	Mr. / Ms. / M/s. <input type="text"/>
PAN	<input type="text"/>

5. Nomination Details ( Please tick ✓ )	
<input type="checkbox"/>	I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.
OR	
<input type="checkbox"/>	I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Nominee details	Nominee 1	Nominee 2	Nominee 3
Name			
Relationship with Primary Account Holder			
PAN or any other documents			
Date of Birth			
Proportion (%)*			
Name and the Address of the Guardian (to be furnished in case the nominee is minor)			
Relationship with Minor			
PAN of Guardian			
Signature of Guardian / Nominee			

\*(%) by which the units will be shared by each nominee (% to aggregate to 100%)

Signature (s)	"Should be signed by all unit holders including joint holders, irrespective of mode of holding"	
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

6. Lumpsum/New SIP-Investment Details* Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No. VI)			
Scheme	<input type="text"/>	Plan:	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option:	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Sub Option:	<input type="checkbox"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Transfer of IDCW (Specify in Target Scheme)
Target Scheme of Samco	<input type="text"/>	Plan:	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
		Option:	<input type="checkbox"/> Growth

## 7. Bank Account Details

Account No	<input type="text"/>	Account Type (Please ✓):	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Bank Name	<input type="text"/>	Bank Address	<input type="text"/>				
City	<input type="text"/>	Pin	<input type="text"/>	IFSC CODE	<input type="text"/>	MICR CODE	<input type="text"/>

## 8. Payment Details

Mode of Payment (Please ✓)	<input type="checkbox"/> RTGS/NEFT/Fund Transfer	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cheque	<input type="checkbox"/> One time Mandate								
Cheque No/Payment Ref No	<input type="text"/>			Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gross Amount ₹	<input type="text"/>	Net Amount ₹	<input type="text"/>	DD Charges	₹	<input type="text"/>						
Bank Details:	<input type="checkbox"/> Same as above (Please tick (✓) if yes) <input type="checkbox"/> Different from above (Please tick (✓) if it is different from above and fill in the details below)											
Bank/Branch & City	<input type="text"/>											
Account No	<input type="text"/>	Account Type (Please ✓):	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR					

## 9. FATCA/CRS Details - Non Individual Investors should mandatory to fill separate FATCA/CRS details form

(Refer Instruction No.XVI)

The below information is required for all applicants/guardian

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality			
First Applicant / Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	<u>Please Specify</u>
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	<u>Please Specify</u>
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others	<u>Please Specify</u>

Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India? ☐ Yes ☐ No (please ✓)

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below, In case of POA, the POA holder should mandatorilly fill Annexure I for complete details.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents

Reason B - No TIN required (Select this reason only if the authorities of the country of tax residence do not require the TIN to be cancelled)

Reason C - Others please state the reasons thereof

## 10.Declaration and Signature(s)

Having read and understood the contents of the Scheme Information Document (SID) of the scheme applied for and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Samco Mutual fund for units of such Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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 further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Samco Mutual Fund.

**Applicable to NRI only:** I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

Date

Place

Signature (s)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code <sup>^</sup>	
ARN-257030	ARN-	INTERNAL CODE	E-479794		

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN 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".

<sup>^</sup>I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Sign Here	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory

2. Unitholder Information	
Name of First / Sole Applicant	PAN
Folio No. (For Existing Unit Holders)	CKYC No.

3. Investment Details (Choice of Plan [Please ✓])		Registration	Cancellation
Scheme	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Target Scheme of Samco	
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Sub Option: <input type="checkbox"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Transfer of IDCW (Specify in Target Scheme)	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth

SIP Date	Preferred Debit Date (Any day from 1 <sup>st</sup> to 28 <sup>th</sup> of the month)	<input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly OR <input type="checkbox"/> Half Yearly
Enrolment Period	From To	OR Perpetual (Default) <input type="checkbox"/> OR No. of Installments
First SIP Instalment via : Cheque No.	Bank A/c No.	
Drawn on Bank	Branch	
Each SIP Amount	Amount in words	

SIP Step UP FACILITY:	
Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-)	Percentage (Minimum 10% and in multiple of 5%) ₹
Freeze # <input type="checkbox"/> Amount <input type="checkbox"/> OR Month-Year	Freeze # <input type="checkbox"/> Amount <input type="checkbox"/> OR Month-Year
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

\$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

4. Unit Holding Option		Physical Mode (Default)	Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)
CDSL / NSDL DP Name	DP ID	Beneficiary A/C No.	

5. Declaration & Signature(s)			
<p>I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. 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 Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. 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.</p> <p>I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.</p>			
Date	First / Sole Applicant	Second Applicant	Third Applicant
Place			

UMRN	Date	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Utility Code	I/We authorize	Samco Mutual Fund
Sponsor Bank Code (Office use only)	Bank A/c No.	
To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER	IFSC/MICR	
With Bank	an amount of Rupees	Amount ₹
Debit Type <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	
Reference 1	Reference 2	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporation or the bank where I have authorized the debit.

From To	Maximum period of validity of this mandate is 40 years only.		
Signature of Primary Account holder	Signature of account holder	Signature of account holder	
1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records	