## **CHANGE OF BANK MANDATE - FOR SIP**



1. APPLICA	NT'S PERSO	NAL DETAIL	S (MA	NDAT	ORY)	)																	
Folio No.:																							
Sole / 1st Unit	tholder:																						
Guardian's Na	ame:																						
PAN No:		1st App						$\perp$	2nd A	pplicant						3r	d Appl	lica	nt				
2. EXISTING	SIP DETAIL	S (MANDATO	DRY)																				
Scheme Name	<b>9</b> :							_ Plar	n:				Optio	on:									
SIP frequency	(tick ✓any one)	☐ Monthly	□ Qua	arterly	SIF	Due D	Date:	D	SI	period	I from:	M	M	Υ	to	M	M	Υ	Υ				
SIP Amount (fig	gures)₹				(w	ords)																	
3. NEW BAN	NK DETAILS																						
Bank Name:																							
Bank A/c No.									Ту	ре: □ (	Current	□ Savi	ings E	] NRO	□ NI	RE	□ FCN	NR	□ Ot	ners .			
Branch Name								c	City:							F	Pin:	$\top$			Τ		
IFSC Code (11	digit)*					MIC	R Code	- (9 digit	t)*					*Me	ention	ned	on you	ur c	hequ	e leaf			
4. DECLAR	ATION AND S	SIGNATURE (	To be	signe	d by	ALL U	INIT H	OLDE	RS if	mode	of hol	ding i	s 'joi	int')									
I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and agree to abide by the same. I / We declare that the particulars furnished here are correct. I / We authorise Trust Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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											So	Sole/ 1st Unit Holder / Guardian											
											der												
funds in the fu	unding account gifts, directly or	on the date of indirectly, in ma	executi	ion of st	andin	g instru	ction. I/	/We ha	ave no	receive	ed nor b	een ind	duced	by			3rd	Uni	it Hold	ler			
×																					}	×	
TRUS' MUTU FUND	JAL )	UMRN	F O	R	O 500 0	FFF	I C	E	U	SE	0	N L	L Y		Date	D		M	M	YY	Υ	Y	
Tick (✓)		onsor Bank Code e hereby authorize	FOR OFFICE USE ONLY							Utility Code FOR OFFICE US  to debit (tick 🗸) 🗆 SB 🗆 CA 🗆 CC 🗆 SB-NRE 🗆 SB													
CREATE ✓ MODIFY		•	TRUST MUTUAL FUND							IO GEOIL (HON * ) LI OD LI CALI CC L						1 OD 1417E EL OD-1417O EL OTHEI							
CANCEL		Bank Account No.							+				+					믁	<del> </del>	<del>_</del>	<u> </u>	$\perp$	
With Bank		Name of customers	bank			IFSC							0	r MICR				ᆜ	$\perp$			Щ.	
an amount of Rup						IN WC						₹ IN FIGURES											
Frequency 🗵	Monthly ⊠ Qu	iarterly 🗵 Half	yearly	⊠ Anr	nually	☑ As	& when p	oresente	ed —		DEB	IT TYPE	⊠ Fi	xed amo	ount [	☑ M	aximun	n Am	nount				
Reference 1		Folio Name								Phone No.													
Reference 1	Scheme Name Email ID																						
I agree for the deb	oit of mandate proc	cessing charges by	the ban	k whom I a	am aut	horizing	to debit m	іу ассоі	ınt as pe	er latest s	chedule o	f charge	s of the	e bank.									
PERIOD From D D M M Y Y Y Y Y To D D M M Y Y Y Y Y Y									Signature of Account Holder							Signature of Account Holder							
or Until cancelled				Name as in Bank records							2. Name as in Bank records						3. Name as in Bank records						
instructions as agre	eed and signed by	n (as mentioned or me. I have unders authorized the deb	tood tha																				
5. OLD BAN	K DETAILS																						
Tick (✓) CREATE MODIFY CANCEL ✓		by request Trust M n, I/ we would not he						egistere	d. If the	cancellat	ion of SIP	is delay	ed or n	ot effect	ted at a	all fo	r reasor	ns of	f incon	ıplete	or inc	orrect	
Folio No.:					IH	No.																	
Scheme Name	/ Plan/ Option:																						
SIP Amount (f	igures)₹					(words	s)																
Bank Name:																							
Bank A/c No.									Ту	pe: 🗆 (	Current	□ Savi	ings E	NRO	□ NI	RE	□ FCN	NR	□ Ot	ners			
Branch Name							City:									P	in:						
IFSC Code (11	digit)*					MIC	R Code	; (9 digit	t)*					*Me	entior	ned	on you	ur c	:hequ	e leaf			

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## INSTRUCTIONS

- 1. The Application Form should be completed in ENGLISH and in BLOCK LETTERS only.
- 2. Overwriting or using white ink is not allowed. Mandate will be rejected.
- 3. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
- 4. Please submit this form at least 21 days before the desired effective SIP Installment date.
- 5. Please submit this form along with a copy of a cancelled cheque of the new bank.
- 6. This form is to be filled for Change of Bank for SIP only. This does not change your bank account details for redemption or dividend payout. In order to change your bank account details for payout, please fill "Change in Bank Account Contact Details" available on the website.
- 7. If there are multiple SIPs under the same folio, please fill a separate form for each SIP.
- 8. SIP details like Scheme, and option including, the SIP amount, date, frequency and SIP end date shall remain same.
- 9. Mandatory fields for filling the mandate. In case any of these fields are not filled mandate will be rejected.
  - Instrument date Account type Bank account number Bank name IFSC and MICR Code (As per the cheque book/Passbook) Maximum amount (in words and in figures) SIP start date •End date or 'Until cancelled' to be selected Signatures as per bank records Name as per bank records
- 10. Existing SIP will be discontinued irrespective of the new SIP gets rejected due to banker rejection.
- 11. Existing SIP will continue if the Change of Bank for SIP request is rejected if the request is found not in good order.
- 12. The SIP will be discontinued automatically if payment is not received for three successive installments.
- 13. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Karvy. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit.
- 14. Investor will not hold Trust Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Trust Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
- 15. Trust Mutual Fund reserves the right to reject any application without assigning any reason thereof. Trust Mutual Fund in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective