

COMMON SIP REGISTRATION FORM & NACH MANDATE

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



Application No.

DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund. Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian _____ Signature of Second Unit Holder _____ Signature of Third Unit Holder _____

1. UNITHOLDER INFORMATION

Folio No. Legal Entity Identification (LEI) Code³

1st/Sole Unit Holder Name Mr. Ms. M/s

Second Applicant Name Mr. Ms. M/s

Third Applicant Name Mr. Ms. M/s

PAN/PEKRN of First Applicant Second Applicant Third Applicant

2. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme Plan (Please ✓) Regular Direct

Option Growth IDCW* Reinvestment IDCW* Payout Dividend Frequency _____

*IDCW- Income Distribution cum Capital Withdrawal Option ³LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

Enrolment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y OR Perpetual (99 years) (Default)

First SIP Instalment via: Cheque No Drawn on Bank and Branch _____

Amount: ₹ A/c. No.

Each SIP Amount: ₹ _____ Amount in Words _____

Frequency: (Please ✓)	<input type="checkbox"/> Monthly (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 6)	<input type="checkbox"/> Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 4)
Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. 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 funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/> D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

From Application No.

Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/> D D M M Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

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ONE TIME BANK MANDATE (NACH/OTM/DIRECT DEBIT FORM)

Tick (✓)
CREATE ✓
MODIFY
CANCEL

UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
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Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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I/We hereby authorize **TRUST MUTUAL FUND** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank Account No.

With Bank Name of customers bank IFSC or MICR

an amount of rupees IN WORDS ₹ IN FIGURES

Frequency Monthly Quarterly Half yearly Annually As & when presented DEBIT TYPE Fixed amount Maximum Amount

Reference/Application No. Phone No.

Scheme Name Email ID

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.

PERIOD											
From	D	D	M	M	Y	Y	Y	Y			
To	D	D	M	M	Y	Y	Y	Y			
or	<input type="checkbox"/> Until cancelled										

Signature of Primary Account Holder As per Bank Record	Signature of Account Holder As per Bank Record	Signature of Account Holder As per Bank Record
_____	_____	_____
1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of TRUST Mutual Fund / TRUST AMC shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of TRUST Asset Management Private Limited, Investment Manager to TRUST Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.

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Terms and conditions

1. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit entry) and other information on the respective schemes before investing.
2. Complete Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC/KFIN Investor Service Centres (ISCs).
3. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/ branch for which NACH is to be registered.
4. First SIP cheque and subsequent SIP installments via NACH should be of the same amount.
5. If the date of debit to the investors account happens to be a non business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of units will happen as per the terms and conditions listed in the concerned SID.
6. Incorrect/Incomplete applications are liable to be rejected.
7. TRUST Asset Management Private Limited reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
8. NACH instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in SID.
9. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks and the list is available on NPCI website. i.e. www.npci.org.in. The list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India (NPCI) without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
10. In case investors bank account is available under NACH Facility; registration will be done through NACH platform.
11. New investors, who wish to enroll for SIP through NACH, should fill the Common Application Form & SIP NACH mandate.
12. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted. The cheque should be drawn in favor of the Scheme chosen (e.g. Pay **TRUSTMF LIQUID FUND**) & crossed A/c Payee Only.
13. Payments will be accepted by NACH mode. For this purpose, investors/ unit holders are required to give NACH mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to TRUST Mutual Fund Bank Account.
14. Returned/Dishonored cheque/NACH Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/registration will be rejected.
15. The SIP Enrollment will be discontinued in cases where three consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
16. If investor has not provided the SIP frequency/period date, the default SIP frequency would be monthly & the SIP installments would be the minimum number of installments of the respective Schemes as specified in the SID. The default date will be considered as 10th of the month for Monthly option.
17. A duly filled & signed SIP NACH mandate along with the first cheque (if investment is in the new Scheme).
18. The investor may choose to discontinue this facility by giving 30 Calendar days written notice to any of AMC/ Registrar Investor Service centers.
19. Request for change in bank mandate to be submitted atleast 30 Calendar days before the due date of next SIP installment.
20. The bank account provided for NACH (Debit) should be in the list of banks participating in NACH.
21. MICR code or IFSC code should be mandatorily filled on NACH mandate, MICR code starting and or ending with 000 are not valid for NACH.
22. The investor agrees to abide by the terms and conditions of NACH facility of NPCI as applicable at the time of investment and as may be modified from time to time.
23. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks, computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
24. Investors will not hold TRUST Asset Management Private Limited, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to the local holidays or any other reason.
25. SIP in a folio of minor will be registered only upto the date of minor attaining majority though the instruction may be for the period beyond that date.
26. SIP registration will be automatically terminated upon receipt of intimation of death of the Unit holder.
27. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
28. To avail of SIP in separate schemes via NACH facility, an investor will have to fill a separate form for each Scheme. A single form cannot be used for different Schemes simultaneously.
29. As per Prevention of Money Laundering Act, 2002, it is mandatory for all investors to be KYC compliant.
30. **Employee Unique Identification Number (EUIIN):**
SEBI has made it compulsory for every employee/relationship manager/sales person of the distributor of Mutual Fund products to quote the EUIIN obtained by him/her from AMFI in the Application Form. EUIIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing.
Mutual Fund products are also required to obtain and quote EUIIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIIN of the Sales Person (if any) in the EUIIN space.
31. **Legal Entity Identifier (LEI) -**
The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties to financial transactions worldwide.
The LEI system has been introduced for all payment transactions of value INR 50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT).
The circular states that "Entities can obtain LEI from any of the Local Operating Units (LOUs) accredited by the Global Legal Entity Identifier Foundation (GLEIF), the body tasked to support the implementation and use of LEI. In India, LEI can be obtained from Legal Entity Identifier India Ltd. (LEIL) (<https://www.ccilindia-lei.co.in>), which is also recognized as an issuer of LEI by the Reserve Bank under the Payment and Settlement Systems Act, 2007".

INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

1. The Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of TRUST Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR or the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You will be able to find these code on cheque leaf.

Toll Free Number	Email ID	Website
1800-267-7878	investor.service@trustmf.com	www.trustmf.com

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.