

Name and AMFI Reg.No. (ARN)	Register's Serial No.
Sub Broker's Code	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".

**1. For Existing Unit holders**

First Unit holder	Existing Folio No.	
Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
PAN No.*		
KYC Compliant #	Yes	No
(Please ✓)	*Mandatory - Please enclose a Certified PAN Card Copy	# KYC Mandatory for investment of Rs. 50,000 and above

**2. For New Investor - Applicant's Details (Mandatory)**

Sole/First Applicant	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	N	A	M	E
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**3. Systematic Investment Plan (SIP) Details (Mandatory)**

Scheme Name	
Plan	<input type="checkbox"/> Growth Option * <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Bonus Option
SIP Frequency (Please ✓)	<input type="checkbox"/> Monthly* or <input type="checkbox"/> Quarterly SIP Date (Please ✓) <input type="checkbox"/> 1st or <input type="checkbox"/> 10th or <input type="checkbox"/> 25th
Installment Amount (Rs.)	Rs. M I N I M U M Rs. 1 0 0 0
First SIP Cheque No.	Dated DD MM YYYY
Drawn on (Bank/Branch Name)	
SIP Auto Debit Period	Start Date From MM YYYY End Date <sup>(1)</sup> To MM YYYY

(The first Auto Debit should be at least 30 days after the first SIP transaction date) <sup>(1)</sup> If no End date is specified SIP will continue till investor gives a mandate to discontinue the same.  
*\*Default Option will be applied in case of no information, ambiguity or discrepancy.*

**4. Particulars of Bank Account (From which money will be debited)**

Account Holder Name as in Bank Account	
Bank Name	
Branch Address	City PIN
Account No.	MICR Code Mandatory (This is a 9 Digit Number next to your Cheque Number)
Account Type (Please ✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR

I/We have read and understood the offer document(s) of Escorts Mutual Fund, I/We apply for the units of the scheme(s) and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. I/We confirm to have understood the term & conditions. Its investment objectives, investment pattern, fundamental objectives and risk factors applicable to the respective funds(s). I/We agree to abide by the terms, conditions, rule and regulations of the plans(s). I/We understood the details of the scheme and I/We have not received not 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 for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)
Dated DD MM YYYY	<b>FOR OFFICE USE ONLY</b> Recorded DD MM YYYY Recorded by _____ Credit A/c No. _____	

**5. Authorization of Bank Account holder(s) (to be signed by Account holder)**

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in Escorts Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise Escorts Asset Management Limited - Investment Manger to Escorts Mutual Fund acting through their authorized service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise Escorts Asset Management Limited (Investment Manger to Escorts Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

<b>Name(S) &amp; SIGNATURE(S) OF BANK ACCOUNT HOLDERS(S) AS IN BANK RECORDS</b>		
Account Number		
Name of First Account Holder (As in Bank Records)	Name of Second Account Holder (As in Bank Records)	Name of Third Account Holder (As in Bank Records)
First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)