## **SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM**



INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM (Refer General Guidelines 2A)

	1. DISTRIBUTOR INFORMATION				(Refer Instruction No. 1)		
	ARN code	Sub broker ARN c	RN code Sub broker code (as allotted by ARN he		N holder)	Employee Unique Ider	ntification Number (EUIN)
S.	ARN -	ARN -					
<b>BLUCK IETTERS</b>	ncase the Employee Unique Identification Number (EUIN) box has been left blank please refer point 3 related to EUIN.						
e	Jpfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.						
Ľ	2. APPLICANT INFORMATION		(Refer Instruction No. 2)				
	Application No. / Existing Folio No.	<u> </u>					
9 UI	Name of Sole/1 <sup>st</sup> Applicant						
D	3. SIP DETAILS (First SIP cheque and sub	osequent via Auto Debit Facility in s	select cities				(Refer Instruction No. 3)
and	Scheme Name			Option 🗆 Growt	:h <b>*</b> □ Di	vidend 🗆 Bonus	* Default Option
INK	Dividend Facility  Payout  Re-inve			Dividend Frequen	-		
	SIP Frequency (Please  vany one) # Only for Pramerica Dynamic Asset Allocation Fund & Prame			Date for (Monthly / Quarterly) 🗌 1st			
ē	Facility available only through select banks. Refer Terms and			Period : (please ✓ A or B) Till I/We instruct to discontinue the SIP (A)	Fro	Please mention Enro	To
no	Instalment Amount (In figures) ₹ Please refer to Instruction 3d			No. of Instalments (B)		AYYY	MMYY
coloured	'Please read the Scheme Information Document of th	he respective scheme for minimum SID			westment'		J
ابە	DECLARATION & SIGNATURE: I/We hereby declare that the	e particulars given above are correct and exp	press my willing	ness to make payments referred above to debit my/ou	r account dire	ectly or through participation i	n Auto Debit. If the transaction is
BL	delayed or not effected at all for reasons of incomplete or i conditions mentioned. I/we confirm that the ARN holder h which the Scheme is being recommended to me/us.	as disclosed to me/us all the commissions (i	in the form of tr	ail commission or any other mode), payable to him fo	r the differen	nt competing Schemes of vari	ous Mutual Funds from amongst
CK/BIU	For investors investing in Direct Plan: I/We hereby agree	that the AMC has not recommended or advise	ed me/us regard	ing the suitability or appropriateness of the product/sch	eme/plan.		
Blac	Applicable to Micro Investors (Delete if not applicable): ☐ Please ✓ if the EUIN space is left blank: I/we he						
	manager/sales person of the above distributor or not fees on this transaction.						
Englisn	SIGNATURE (S) (Applicants must sign						
b	as per Common Application Form)						
		rdian/Authorised Signatory/POA	🗶 2 <sup>nd</sup> Apj	olicant/Guardian/Authorised Signatory/POA	<b>X</b> 3	<sup>rd</sup> Applicant/Guardian/Au	thorised Signatory/POA
	4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)						
legibly	Account Number						ount Number (if applicable).
<b>D</b>	Account Type	CA SB NRO		FCNR	neck with y	our bank, if you do not h	ave the same.
	Name of Sole / 1 <sup>st</sup> Account Holder						
completed	Name of 2 <sup>nd</sup> Account Holder						
Je	Name of 3 <sup>rd</sup> Account Holder						
Ε	Name of Bank						
	Branch & City						
De	MICR Code (Mandatory)				Mane		led cheque leaf of the bank
10	(9 digit code next to the cheque no. MICR code starting an	d / or ending with 000 is not valid for ECS).	IFSC Code	(11 digit no. appearing on your cheque leaf)	acc		fer General Guidelines 2B)
	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.						
Sections			· •				
5	SIGNATURE (S) (as in Bank records)			м		rd	
				<sup>®</sup> Account Holder as in Bank Records	XX	3 <sup>™</sup> Account Holder as	
HI	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 andSignature of Authorised Official from Bank (Bank stamp and date)the Details of Bank account are correct as per our records						ip and date)
	the Details of Bank account are correct as per our records Signature verification request (To be retained by the Customer's Bank)						
<del>.</del>							
	AUTHORISATION OF THE BANK ACCOUNT HOLDER						
ſ	The Branch Manager,						
	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 form) to get the above Mandate verified & executed. Mandate verification charges, if any,						
	nonou such payments and have signed and endorsed the Mandate Form. Further, Fautionize my representative (the bearer of this form) to get the above Mandate Vermed & executed. Mandate Vermed to rarges, if any, may be charged to my/our account.						
	Thanking you,						
	SIGNATURE (S)						
	(as in Bank records)						
	Sole/1 <sup>st</sup> Account Ho	lder as in Bank Records	<b>x x</b> 2 <sup>nd</sup>	Account Holder as in Bank Records	xx	3 <sup>rd</sup> Account Holder as in	n Bank Records
L							