

**Debit Mandate Form NACH/ ECS/ Direct Debit**

 UMRN  F o r o f f i c e u s e  Date 
**TICK (✓)**  
 CREATE  
 MODIFY  
 CANCEL

 Sponsor Bank Code  For Office Use Utility Code  For Office Use

 I/We hereby authorize  **Kotak Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

 Bank a/c number 

 with Bank  Name of Customers bank IFSC  or MICR 

 an amount of Rupees  ₹

**FREQUENCY**  Mthly  Qlyt  H-Yrly  Yrly  As & when presented

**DEBIT TYPE**  Fixed Amount  Maximum Amount

 Reference 1  Folio Number Phone No. 

 Reference 2  Application Number Email ID 
**I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.**
**PERIOD**

 From 

 To  3 1 1 2 2 0 9 9

 Or  Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

 1.  2.  3. 

This is to confirm that the declaration has been carefully read, understood &amp; 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. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.