SYSTEMATIC INVESTMENT PLAN (SIP) WITH TOP-UP FACILITY

Registration Cum Mandate Form For NACH/Direct Debit



ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	ISC Date Time Stamp Reference No.
ARN-106907			E143763	
eclaration for "Execution Only" Transaction (where as been intentionally left blank by me/us as this t dvice of in-appropriateness, if any, provided by the	Employee Unique Identification Numbe ansaction is executed without any inte employee/relationship manager/sales p	er-EUIN* box is left blank). Please re- raction or advice by the employee/ erson of the distributor/sub broker.	efer instruction 12 of KIM for comple relationship manager/sales person	ete details on EUIN. I/We hereby confirm that the EUIN of the above distributor/sub broker or notwithstandin
Signature of 1 st Applicant / Guardian / Authorised Sign	,	f 2 nd Applicant / Guardian / Authorised S		re of 3 rd Applicant / Guardian / Authorised Signatory / PoA
lease 🧹 🛛 Enrollment for New Re 1. EXISTING UNIT HOLDER INFORM	gistration (Please fill all sections)		r bank account for existing S er mentioned will apply for	
olio No.	Name of 1 st	Unit Holder		
2. SIP ENROLMENT DETAILS (Pleas requency Please 🕢 🔿 Monthly (De		t Criteria for the scheme a egular Plan O Direct Plan	Growth (Default)	on 18 Overleat]).
cheme) Div frequency*
IV frequency is applicable only for Mirae	Asset Cash Management Fund	1 & Mirae Asset Ultra Short T	erm Bond Fund	
	efault) \bigcirc 15 th \bigcirc 21 st \bigcirc 2			0
<u> </u>	,			e Asset Mutual Fund to discontinue your
2a. SIP TOP-UP FACILITY (You can s				
II Applicants have to submit NACH ma			·	
op-up Amount (₹)	(minimum ₹ 500/- ar	nd in multiples of ₹ 1/- only)	Top-up Start Dat	te
requency Please 🕢 🔿 Half	Yearly (Def	ault)	Top-up End Date	
or Existing Investors: Original SIP deta		mount (₹)-	Scheme -	-
3. SIP PAYMENT DETAILS				
a - Only for Existing Investors - I/We v	vish to register my/our SIP or	the basis of Cancelled Ch	eque leaf or Photocopy of	the Cheque submitted 🔗 Please 🤇
o - For New Investors - Please provide				•
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