

AUTO DEBIT/ECS MANDATE FORM

(Auto Debits available for Bank of Baroda/Bank of India/Punjab National Bank/Syndicate Bank/Kotak Mahindra Bank/Citibank NA/Bank of Rajasthan/HDFC Bank/ICICI Bank/AXIS Bank/HSBC/IDBI Bank)

Application to be submitted at least 21 working days before the commencement of SIP Leave one box blank between two words.

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS (Debit clearing)

- New SIP Registration - by existing investor (Also attach the SIP Enrollment Form duly filled & Signed)
- New SIP Registration - by new investor (Also attach the new application form duly filled & signed)

I/We as per the details below hold an account with your branch as per the particulars stated below.

APPLICANT DETAILS

Folio No.		
Name of Sole/1st holder	PAN No. M A N D A T O R Y	KYC : Yes / No
Name of 2nd holder	PAN No. M A N D A T O R Y	KYC : Yes / No
Name of 3rd holder	PAN No. M A N D A T O R Y	KYC : Yes / No

SCHEME NAME _____ Option _____ Plan _____ SIP Amount _____
 Frequency (Please ✓) Monthly (default) or Quarterly SIP Date 2 10 18 28 Enrollment Period: From: [M][M][Y][Y] To: [M][M][Y][Y]

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records _____

2nd Accountholder Name as in Bank Records _____

3rd Accountholder Name as in Bank Records _____

A/c. Type ✓ SB Current NRO NRE FCNR Account No. M a n d a t o r y (Core Banking Account Number)

Bank [M a n d a t o r y] _____
 Branch _____
 Address _____
 Branch City _____

PIN [] [] [] [] [] [] [] [] [] 9 Digit MICR Code [] [] [] [] [] [] [] [] [] IFSC Code [] [] [] [] [] [] [] [] []

*Mandatory: Please enter the 9 digit number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for ECS.

Mandatory Enclosures:
 Blank cancelled cheque Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/we authorised Service Provider(s) and representative to raise a debit on my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through authorised Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the authorised Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the SIP will happen on the day of Holiday/next working day and allotment of units will happen as per the Terms and Conditions listed in the Statement of Additional Information & Scheme Information Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and authorised Service Provider(s) and representative, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and authorised Service Provider(s) and representative, by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. 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.

SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)

Sole/ 1 st applicant/ Guardian Authorised Signatory	
2 nd applicant / Authorised Signatory	
3 rd applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1 st account holder/Guardian Authorised Signatory	
2 nd account holder / Authorised Signatory	
3 rd account holder/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on [] [] [] [] [] [] [] [] []

Recorded by [] [] [] [] [] [] [] [] []

Bank use Mandate Ref. No. _____

Scheme Code [] [] [] [] [] [] [] [] []

Credit Account Number [] [] [] [] [] [] [] [] []

Customer Ref. No. _____