

SIP THROUGH ECS FACILITY

Registration Cum Mandate Form for ECS (Debit Clearing)
(Please refer the instructions overleaf)

Date

ARN- Investment Advisor's Name & ARN	ARN- Sub-Broker's Name & ARN	Stamp & Sign Official Acceptance Point
Existing Investor <input type="text" value="Folio No."/>	New Applicants <input type="text" value="Application No."/>	(Also attach the application form duly filled & signed)
Request for Registration of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/>		
Name of Sole/First Applicant <input type="text"/>		
PAN*	<input type="text" value="Sole / First Applicant"/>	<input type="text" value="Second Applicant"/>
<input type="text" value="Third Applicant"/>		
Enclosed PAN Proof <input type="checkbox"/> or Form 60/61 <input type="checkbox"/> PAN Proof <input type="checkbox"/> or Form 60/61 <input type="checkbox"/> PAN Proof <input type="checkbox"/> or Form 60/61 <input type="checkbox"/>		
*Mandatory if each Systematic Investment Amount >=Rs. 50,000		
E-Mail ID <input type="text" value="please provide your email ID for mailing of Account Statement"/>		

SYSTEMATIC INVESTMENT PLAN

Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>
Start Date <input type="text" value="DD/MM/YYYY"/>	End Date <input type="text" value="DD/MM/YYYY"/>	First SIP vide Cheque No <input type="text"/>
Frequency (Please \checkmark) <input type="checkbox"/> Monthly (Max 4 SIP dates in a month) (Please \checkmark) <input type="checkbox"/> Quarterly (Only one Date)	Drawn on <input type="text" value="Bank Details"/>	Refer instruction No.10 <input type="text"/>
Dates 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 28th <input type="checkbox"/>	Cheque Amount (Rs.) <input type="text"/>	Cheque Dated <input type="text" value="DD/MM/YYYY"/>

Note : ECS Debit for SIP investment will be subject to availability of dates offered by M/s. Tech Process Solutions Ltd (Previously M/s. Bill Junction Payments Ltd), at the respective location

BANK ACCOUNT DETAILS (MANDATORY)

Name of the Bank <input type="text"/>	Branch <input type="text"/>	City <input type="text"/>	Pin <input type="text"/>
Account Number <input type="text"/>	Account Type	Current <input type="checkbox"/>	Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/>
Account Holder Name as in Bank Account <input type="text"/>	Each SIP Amount (Rs) <input type="text"/>		
MICR Code <input type="text"/>	(This is the 9 Digit Number next to your Cheque Number)		

I/We hereby authorise Birla Mutual Fund and their authorised service provider (Tech Process Solutions Ltd.), to debit the following bank account by ECS Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing for the auto debit process or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all reasons of incomplete information. I/We will not hold responsible. I/We will also inform, about any changes in my bank account immediately. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE(S)

<input type="text" value="Sole / First Applicant"/>	<input type="text" value="Second Applicant"/>	<input type="text" value="Third Applicant"/>
---	---	--

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

Authorisation of the Bank 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 my/our investment in Birla Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed.

Bank Account Number

Name & Signature(s) (As in Bank Records)	<input type="text" value="Name of First Account Holder"/>	<input type="text" value="Name of Second Account Holder"/>	<input type="text" value="Name of Third Account Holder"/>
	<input type="text" value="Sole / First Applicant"/>	<input type="text" value="Second Applicant"/>	<input type="text" value="Third Applicant"/>

(To be signed by All Applicants if mode of operation is Joint) (As in Bank Records)

SIP THROUGH ECS FACILITY

ACKNOWLEDGEMENT SLIP

APPLICATION / FOLIO NO.

<input type="text"/>

Official Acceptance Point Stamp & Sign

Scheme _____	SIP	Date DD / MM / YYYY	Amount (Rs) _____
Plan _____	SWP	Date DD / MM / YYYY	Amount (Rs) _____
Option _____	STP	Date DD / MM / YYYY	Amount (Rs) _____