

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



Pramerica
MUTUAL FUND

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

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)		FOR OFFICE USE ONLY	
Distributor Code	Sub Broker Code	Branch Serial Code	Registrar Serial No.
ARN -			
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.			

2. APPLICANT INFORMATION (Refer Instruction No. 2A)	
Application No. / Existing Folio No. _____	
Name of Sole/1 st Applicant _____	

3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only) (Refer Instruction No. 3)	
Scheme Name _____	Option <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend * Default Option
Dividend Facility <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment (Default)	Dividend Frequency _____
SIP Frequency (Please ✓ any one) <input type="checkbox"/> Daily [#] <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date for (Mnthly / Qtrly) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All 5 Dates
<small># Only for Pramerica Dynamic Fund & Pramerica Equity Fund. Facility available only through select banks. Refer instructions Terms and Conditions - Point 3b</small>	SIP Period : (please ✓ A or B)
Instalment Amount (In figures) _____	<input type="checkbox"/> Till I/We instruct to discontinue the SIP (A)
Please refer to Instruction 3d	<input type="checkbox"/> No. of Instalments (B) _____
	Please mention Enrolment Period if option (B) is selected From _____ To _____

*Please read the Scheme Information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that 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.

Applicable to Micro SIP Investors (Delete if not applicable): I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd Applicant/Guardian/Authorised Signatory/POA
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4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)	
Account Number _____	Mention your Core Banking System (CBS) Account Number (if applicable). Please check with your bank, if you do not have the same.
Account Type <input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	
Name of Sole / 1 st Account Holder _____	
Name of 2 nd Account Holder _____	
Name of 3 rd Account Holder _____	
Name of Bank _____	
Branch & City _____	Pin _____
MICR Code (Mandatory) _____	IFSC Code _____
<small>(9 digit code next to the cheque no. MICR code starting and / or ending with 000 is not valid for ECS).</small>	<small>(11 digit no. appearing on your cheque leaf)</small>
Mandatory to submit a cancelled cheque leaf of the bank account mentioned here. (Refer 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.			
SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder as in Bank Records	<input checked="" type="checkbox"/> 2 nd Account Holder as in Bank Records	<input checked="" type="checkbox"/> 3 rd Account Holder as in Bank Records

5. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order) (Refer Instruction No. 4(e))	
<p align="center">Certified that the signature of account holder and the Details of Bank account are correct as per our records</p>	Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)			
AUTHORISATION OF THE BANK ACCOUNT HOLDER			
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, may be charged to my/our account.			
Thanking you,			
SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder as in Bank Records	<input checked="" type="checkbox"/> 2 nd Account Holder as in Bank Records	<input checked="" type="checkbox"/> 3 rd Account Holder as in Bank Records

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.