

# SIP REGISTRATION & OTM DEBIT MANDATE FORM

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.
ARN-118251					

☐ \*\*By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Abakkus Mutual Fund. (Please ✓ if applicable) \*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf.

Please Note: All field marked with asterisk (\*) to be mandatorily filled.

## 1. UNIT HOLDER INFORMATION

Existing Folio Number	<input type="text"/>	Existing UMRN	<input type="text"/>
Name of Sole / 1st Applicant (Name as per IT Records)	Mr. / Ms. / M/s.	First	Middle Last

## 2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Abakkus	<input type="checkbox"/> Growth (Default)
Please tick (✓) <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> IDCW Payout
	<input type="checkbox"/> IDCW Reinvestment
SIP Frequency <input type="checkbox"/> Weekly (every wednesday) <input type="checkbox"/> Fortnightly (alternate every wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half- Yearly	
SIP Date* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SIP End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (End date cannot exceed 40 years)	(*You may select any date from 1st to 28th of the month. In case SIP date is not appropriately selected, '07' would be the default SIP date for Monthly/Quarterly/Half yearly SIPs. For Fortnightly SIP, Alternate Wednesday and for Weekly SIP, Every Wednesday will be the default day.)
SIP Amount (₹ in figures) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (₹ in words) <input type="text"/> In words	

<input type="checkbox"/> SIP Top Up Facility (Optional) (✓ to avail facility)	<input type="checkbox"/> Fixed* OR <input type="checkbox"/> Variable* (Please fill the applicable section below)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly*
*In case of Quarterly SIP, only Yearly frequency is available under SIP Top Up Facility.		
*Fixed Top Up Amount: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR *Variable Top Up Percentage: <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Others (Multiple of 5% only)		
* The Fixed TOP UP amount shall be for minimum Rs. 500/- and in multiples of Rs. 1/- thereafter. *If the Variable Top Up percentage is not selected, the default shall be 5%.		
<input type="checkbox"/> SIP Top Up Cap Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## First Installment Details

First SIP Transaction via Cheque No. <input type="text"/>	Cheque Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount (₹) <input type="text"/> In Figures
Mandatory Enclosure (if 1st Installment is not by cheque) <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque	
The name of the first/ sole applicant must be pre-printed on the cheque.	

## 3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise Abakkus Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto 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 through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Abakkus mutual fund or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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.

"I/We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I/We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information." For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding Rs. 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA
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## 4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

UMRN <input type="text"/>	Bank use <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sponsor Bank Code <input type="text"/>	Bank use <input type="text"/>	<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL
Utility Code <input type="text"/>	I/We hereby authorize	Abakkus Mutual Fund
To Debit (tick✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	Bank A/c <input type="text"/>	
With Bank <input type="text"/>	IFSC / MICR <input type="text"/>	
An Amount Of Rupees <input type="text"/> In words	₹ <input type="text"/> In figures	
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qlty <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	
PAN No <input type="text"/>	Phone No <input type="text"/>	Email ID <input type="text"/>
Reference 1 <input type="text"/>	Reference 2 <input type="text"/>	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & 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. 3. 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.

PERIOD	Signature Of Primary Account Holder	Signature Of Joint Account Holder	Signature Of Joint Account Holder
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Maximum period of validity of this mandate is 40 years only	1. Name Of Primary Account Holder	2. Name Of Joint Account Holder	3. Name Of Joint Account Holder