SIP Registration Mandate - AUTO DEBIT/ NACH FACILITY/ SIP TOP UP

Bank of India Mutual Fund

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

Investors must read the KIM, Instructions and Product Labeling on front page before completing this Form.

Application No:

1 DISTRIBUTOR INFORMATION

FOR OFFICE USE ONLY

Distributor ARN/ RIA	Bank Branch Code/ RIA Registration Number	Sub Agent ARN Code	EUIN No.	CO Code	MO Code	Sales Code	Date/Time of Receipt
ARN-118251							

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY

☐ New SIP Registration* ☐ SIP Cancellation ☐ Change in Bank Account* (*Please provide a cancelled cheque)

3 APPLICANT INFORMATION AND SCHEME DETAILS

Sole / First Investor Name

PAN No. Folio No.

Scheme Name/ Plan/ Option

Sub Option IDCW Frequency

4 ANY DAY OR ANY DATE SIP/ PAYMENT DETAILS

☐ Monthly - Any date of the month D D (Between 1 to 28)
(Default date is 10th if not specified)

☐ Weekly - Any day of Transfer _____ (Monday to Friday)
(Default day Wednesday if not specified)

Each SIP Amount (₹) Cheque Amount Cheque Number

Bank & Branch Name

Regular SIP SIP Period **: Start M M Y Y Y Y End M M Y Y Y Y ☐ Till further Notice (Note: Please allow minimum one month for auto debit to register and start). If end date is not specified, the fund will continue SIP till it receives termination notice from the investor.

☐ SIP TOP UP (Optional) (Tick to avail this facility)
TOP UP Amount: ₹ _____
TOP UP amount has to be in multiples of ₹ 500 only (Refer Point No. 16).
TOP UP Frequency: ☐ Half Yearly ☐ Yearly

I/We hereby, authorize Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund) to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments. **Minimum SIP term should be for 6 months for Monthly SIP.

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 NRI only:** I/We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens/Residents of USA/Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant

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Bank of India Mutual Fund

DEBIT MANDATE FORM NACH / DIRECT DEBIT

UMRN FOR OFFICE USE ONLY Date D D M M Y Y Y Y

Tick (✓)
CREATE ☐
MODIFY ☐
CANCEL ☐

Sponsor Bank Code: For Office use only Utility Code: For Office use only

I/We hereby authorize **Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund)** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank: Name of customers bank IFSC or MICR

an amount of Rupees: Amount in words ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H -Yrly ☒ Yrly ☑ As & when presented

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

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

PERIOD
From D D M M Y Y Y Y
To D D M M Y Y Y Y
Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- 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 instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name (Scheme Name)

Plan Option

SIP Period From D D M M Y Y to D D M M Y Y ☐ Till further Notice

Stamp & Signature