

SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)

(All points marked * are mandatory)

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	Employee Unique Identification Number	RIA Code
ARN-118251 (Copy here)	ARN			

☐ 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker

1. UNITHOLDER INFORMATION

FOLIO NO.	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	PAN / PEKRN	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
NAME	<div></div>	DOB Or Incorporation (Mandatory in case of Minor)	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

2. INVESTMENT DETAILS [Please tick(✓)] Choice of Scheme / Option

Scheme	<div>Mr. Ms. M/s.</div>	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Reinvestment <input type="checkbox"/> IDCW* Payout	*IDCW - Income Distribution cum Capital Withdrawal Option Note: Default Option will be Growth in case option not selected or in case of any ambiguity

3. SIP DETAILS

Installments Period: From Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	To Date*	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	*(Maximum SIP end date should be upto 40 years from the start date)	
First SIP Instalment via: Cheque No.	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Drawn on Bank and Branch	<div></div>		
Amount:	<div></div>	A/c. No.	<div></div>	Amount per installment:	<div></div>
Amount (in words)	<div></div>				
I/We hereby authorize Groww Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start					
Frequency: (Please ✓)	<input type="radio"/> Daily [Please tick(✓)]	<input type="radio"/> Weekly [Please tick(✓)]	<input type="radio"/> Monthly** [Please tick(✓)]	<input type="radio"/> Quarterly** [Please tick(✓)]	
	<div><div></div><div></div></div>	Dates: <div><div></div> 1 <div></div> 8 <div></div> 15 <div></div> 22</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	
** fifteenth of the month will be the default frequency if not ticked. For Monthly & Quarterly date as any day from 1st to 28th of the month					

4. DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit. I/We authorise the bank to honour the instructions as mentioned in the application form.

I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Groww Asset Management Limited (GAMC) / Groww Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGN HERE	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input checked="" type="checkbox"/> Second Applicant / Authorised Signatory	<input checked="" type="checkbox"/> Third Applicant / Authorised Signatory
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UMRN	<div>(For office Use only)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Date:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Utility Code	<div>(For office Use only)</div> <div></div>	<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	
Sponsor Bank Code	<div>(For office Use only)</div> <div></div>	I/We hereby authorize	<div>Groww Mutual Fund</div>
To debit (tick ✓)	<div>SB / CA / CC / SB-NRE / SB-NRO / Other</div>	Bank A/c	<div>(Destination Bank Account Number)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
With Bank	<div></div>	IFSC / MICR	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
An amount of Rupees	<div></div>	₹	<div></div>
DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Reference 1	<div></div>	Reference 2	<div></div>
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 request to the user entity/corporate or the bank where I have authorized the debit.			
PERIOD Maximum period of validity of this mandate is 40 years only			
From	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	Signature of 1st Account Holder	Signature of 2nd Account Holder
To	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	Signature of 3rd Account Holder	
Phone No.	<div></div>	1. Name as in bank records	2. Name as in bank records
		3. Name as in bank records	