asset 360 ONE

SIP REGISTRATION CUM MANDATE FORM
(For investment through NACH)

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code#	Date & Time of Receipt

*Please sign alongside in case the EUIN is left blank/not provided. 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.

Sign Here	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Up-front commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

☐ #I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

1 UNITHOLDER INFORMATION

Folio Number/ Application No. ☐☐☐☐☐☐☐☐☐☐☐ PAN ☐☐☐☐☐☐☐☐☐☐

Name of the First Holder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Scheme _____ Option _____ Plan _____

2 REQUEST FOR

☐ Registration of SIP ☐ Renewal of SIP

3 SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL)

Frequency	Enrolment Period	SIP Date	Instalment Amount	Step-Up (Optional) (Please refer instruction no. 10)		
			In Figures	Amount	Cap Amount	Frequency
☐ Monthly (Any date: 1st to 28th, 7th is default) ☐ Weekly (Every Tuesday) ☐ Quarterly (Any date: 1st to 28th, 7th is default) ☐ Fortnightly (2nd & 16th every month)	From M M Y Y Y Y To M M Y Y Y Y ☐ Perpetual (Till 2099)	D D	Multiples of 1/- (500 for ELSS)	Multiples of 100/- (500 for ELSS)		☐ Half-Yearly ☐ Yearly (Default)

4 INVESTMENT DETAILS

First Installment Cheque Date D D M M Y Y Y Y Cheque No. _____ Amount _____

Bank A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name _____ Drawn on Bank and Branch _____

5 UNITHOLDING OPTION

☐ **Demat Mode** ☐ **Physical Mode** **These details are compulsory if the investor wishes to hold the units in DEMAT mode.**

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. I N ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐	**Target ID No.** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Enclosures (Please tick any one box) ☐ **Client Master List (CML)** ☐ **Transaction cum Holding Statement** ☐ **Cancelled Delivery Instruction Slip (DIS)**

6 DECLARATION

I/We wish to inform you that I/We have registered for the subject scheme for the contribution payment to the 360 ONE Mutual Fund as per account details as above by debit to said Bank account. I declare that the particulars given above are correct and complete. I/We agree to discharge the responsibility expected of me as a participant under the Electronic Debit arrangement of the SIP facility. I/We hereby authorize the beneficiary or their authorized Service Providers to get this mandate lodged with bank / get verified and further execute by raising debits on the applicable dates. If the mandate is not lodged / transaction is not collected or delayed for reasons beyond control of the 360 ONE Mutual Fund/ service provider or on account of incomplete or incorrect information, I/We shall not hold them responsible. I/We shall keep indemnified for claims and actions, that 360 ONE Mutual Fund/ service provider may incur, for execution of transactions in conformity with this mandate. 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 diferent competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

7 AUTHORISATION AND SIGNATURE/S AS PER 360 ONE MUTUAL FUND RECORDS (MANDATORY)

I/We hereby request and authorise the Bank to honor the periodic debit instructions raised as above and cause my account to be debited accordingly. Charges, if any, for mandate verification may be debited to my account. I hereby undertake to keep sufficient funds in the account well prior to the applicable date and till the date of execution. Debited contributions may be passed on to the 360 ONE Mutual Fund / Service Provider as per rules, procedures and practices in force. I/We shall not dispute any debit raised under this mandate and as specified therein and during or for the validity period. I/We shall keep indemnified for claims that Bank may incur for reason of execution in conformity with this mandate.

Sole /1st AccountHolder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

asset 360 ONE

ONE TIME MANDATE (OTM)

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓)

CREATE	✓
MODIFY	☒
CANCEL	☒

I/We hereby authorize **360 ONE AMC** to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank _____ IFSC ☐☐☐☐☐☐☐☐☐☐☐ or MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees (Amount in Words) ₹ (Amount in Figures)

FREQUENCY ~~✗ Monthly~~ ~~✗ Quarterly~~ ~~✗ Half Yearly~~ ~~✗ Yearly~~ ✓ As & when presented DEBIT TYPE ~~✗ Fixed Amount~~ ✓ Maximum Amount

PAN / Application No. _____ Mobile No. +91

Reference _____ Email ID _____

I agree for the debit mandate processing charges by the bank whom I am authorizing to debt my account as per latest schedule for charges of the bank.

- This is to confirm 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 & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/ammendent request to the user entitly/corporate or the bank where I have authorised the debit.

PERIOD

From	D D	M M	Y Y Y Y
To	D D	M M	Y Y Y Y
Or	☐ ~~Unit Cancelled~~		

Signature of Primary Account Holder as per Bank records _____ Signature of Second Account Holder as per Bank records _____ Signature of Third Account Holder as per Bank records _____

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