COMBO SIP FORM FOR EQUITY & DEBT SCHEMES

Bandhan Mutual Fund — Badhte Raho

ARN- Distributor / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUIN No.	Internal Code for Sub-broker/ Employee

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No. XIII). – I/We hereby confirm that the EUIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ☐

Signature of First / Sole Applicant / Guardian / Authorised Signatory

1 UNIT HOLDER INFORMATION

MANDATORY

☐ New Holder — Application No. ☐ Existing Holder — Folio No.

Name of the First Holder: First | Middle | Last

2 SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) ^Default Top-up option Yearly

* Please refer point no. 33 for eligible schemes.

PARTICULARS	Debt* Scheme	Equity* Scheme	Equity/Debt/Hybrid* Scheme
SCHEME NAME	Bandhan -	Bandhan -	Bandhan -
PLAN & OPTION	☐ Direct Plan ☐ Regular Plan OPTION	☐ Direct Plan ☐ Regular Plan OPTION	☐ Direct Plan ☐ Regular Plan OPTION
SIP Frequency (only monthly option available)	SIP Date D D (any date between 1-28)	SIP Date D D (any date between 1-28)	SIP Date D D (any date between 1-28)
SIP Period (Please select any one option)	From: M M Y Y To: M M Y Y OR ☐ 30 years (Default)	From: M M Y Y To: M M Y Y OR ☐ 30 years (Default)	From: M M Y Y To: M M Y Y OR ☐ 30 years (Default)
SIP Installment Amount	₹ in figure	₹ in figure	₹ in figure
SIP TOP (Optional)	Step Up ₹: ☐ 500/- ☐ 1,000/- ☐ Other (in multiple of 500/-) Step Up Frequency: ☐ Half Yearly ☐ Yearly^	Step Up ₹: ☐ 500/- ☐ 1,000/- ☐ Other (in multiple of 500/-) Step Up Frequency: ☐ Half Yearly ☐ Yearly^	Step Up ₹: ☐ 500/- ☐ 1,000/- ☐ Other (in multiple of 500/-) Step Up Frequency: ☐ Half Yearly ☐ Yearly^

3 INITIAL SIP INSTALLMENT PAYMENT DETAILS (Initial payment to be made in the name of 'Bandhan Mutual Fund')

Mode of payment: ☐ Cheque ☐ Bandhan OTM ☐ Fund Transfer ☐ RTGS/NEFT — Amount (figures)

☐ Cheque/UTR/UMR No. — Account No.

Cheque Date D D M M Y Y — Bank Name — Branch Name

4 DEMAT ACCOUNT DETAILS

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

5 SIGNATURE AND DECLARATION

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

SIGN HERE | First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant | Third Applicant

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Badhte Raho — Bandhan Mutual Fund

Bandhan One Time Mandate (OTM)

UMRN FOR OFFICE USE ONLY — 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 Bandhan Mutual Fund to debit tick (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c. number

with Bank — IFSC — or MICR

an amount of Rupees — ₹

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.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☒ ~~Until Cancelled~~

Signature of 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 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.

BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions

From: Investor Name

Folio/ Application No. — Amount — ☐ SIP ☐ SIP with TOPUP

Stamp & Signature