

COMMON 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)



**TRUST
MUTUAL
FUND**
CLEAR • CREDIBLE • CONSISTENT

1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

*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 TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) – 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 inappropriateness, if any, provided by the employee/relationship manager/sales/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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Please (✓) as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- ☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes upto 30 days.

1. UNITHOLDER INFORMATION

Folio No.	<input type="text"/>	PAN No.	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st Unit Holder Name (As per PAN)	<input type="text"/>												
Name of the Guardian / POA Holder	<input type="text"/>												

2. INVESTMENT DETAILS

Scheme Name	<input type="text"/>	Plan - <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option - <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Reinvestment <input type="checkbox"/> IDCW* Payout
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Note: Default Option will be Growth in case option not selected or in case of any ambiguity

*IDCW - Income Distribution cum Capital Withdrawal Option

3. SIP DETAILS

OTM Reference No.	<input type="text"/>	(If Multiple One Time Mandate are registered)	
Installment Period: From Date	<input type="text"/>	To Date* <input type="text"/>	(Maximum SIP end date should be upto 40 years from the start date)
First SIP Instalment via: Cheque No.	<input type="text"/>	Drawn on Bank and Branch	<input type="text"/>
Amount: ₹	<input type="text"/>	A/c. No.	<input type="text"/>
Amount per installment: ₹	<input type="text"/>	Amount in Words	<input type="text"/>

I/We hereby authorize TRUST 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="checkbox"/> Weekly (Please ✓) Dates: <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22	<input type="checkbox"/> Fortnightly (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	<input type="checkbox"/> Monthly** (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	<input type="checkbox"/> Quarterly (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)
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** Tenth of the month will be the default frequency if not ticked

4. DECLARATION & SIGNATURE(S)

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 Trust Asset Management Private Limited / Trust 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.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

ONE TIME BANK MANDATE

(NACH / OTM / DIRECT DEBIT FORM)

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													
Tick (✓) CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL <input checked="" type="checkbox"/>		Sponsor Bank Code				FOR OFFICE USE ONLY										Utility Code				FOR OFFICE USE ONLY													
		I/We hereby authorize				TRUST MUTUAL FUND										to debit (tick ✓)				SB		CA		CC		SB-NRE		SB-NRO		Other			
		Bank Account No.																															
With Bank		Name of customers bank										IFSC								or MICR													
an amount of rupees		IN WORDS																₹		IN FIGURES													
Frequency		<input checked="" type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Quarterly		<input checked="" type="checkbox"/> Half yearly		<input checked="" type="checkbox"/> Annually		<input checked="" type="checkbox"/> As & when presented										DEBIT TYPE		<input checked="" type="checkbox"/> Fixed amount		<input checked="" type="checkbox"/> Maximum Amount									
Reference/Application No.												Phone No.																					
Scheme Name																																	
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	Signature of Primary Account Holder As per Bank Record	Signature of Account Holder As per Bank Record	Signature of Account Holder As per Bank Record
To	D	D	M	M	Y	Y	Y	Y	1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

Maximum period of validity of this mandate is 40 years only.

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. 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.