IDFC

MUTUAL FUND

ECS Autosave & Standing Instructions Form for Systematic Investment Plan (SIP) (Form 2)

Application No.

Distributor Code	ARN- **85155**	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	**E070576**

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.

First Holder	Second Holder	Third Holder

A   ECS Autosave Debit Mandate for SIP

ECS debit facility for SIP is currently available for Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunalveli, Trivandrum, Tumkur, Udaipur, Udupi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgiri), Visakhapatnam.

Electronic Debit for the account holders of the following banks

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank , Federal Bank.

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.

UNIT HOLDER INFORMATION

Existing Folio Number ⬜⬜⬜⬜⬜⬜⬜ / ⬜⬜

Name of the First Holder

SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme _____   Plan _____   Option _____

SIP	Monthly SIP Date (10, if no date is mentioned)	SIP Enrollment Period	SIP Installment Amount (Rs.)
	☐ **Standard** (any date of the month) D D	☐ **Standard** From M M Y Y Y Y To M M Y Y Y Y	☐ 5,000 ☐ 10,000 ☐ 25,000
	☐ **Default** (10th of every month)	☐ **Default** From M M Y Y Y Y To 1 2 2 0 9 9	☐ 50,000 ☐ 1,00,000 ☐ any other amount _____

BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof)

Name of the Account Holder _____

Name of the Bank _____   **Branch** _____

Account Number ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜   **City** _____

Account Type   ☐ Current   ☐ Savings   ☐ NRO   ☐ NRE   ☐ FCNR   ☐ Others _____ (please specify)

MICR Code ⬜⬜⬜⬜⬜⬜⬜⬜⬜   (Please enter the 9 digit number that appears after the cheque number)

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments to pay the installments referred above through participation in ECS / Electronic 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 IDFC Asset Managment Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this faciltiy.

SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)	SIGNATURE/S AS PER BANK RECORDS (MANDATORY)
Sole / 1st applicant/ Guardian Authorised Signatory	Sole / 1st applicant/ Guardian Authorised Signatory
2nd applicant/ Authorised Signatory	2nd applicant/ Authorised Signatory
3rd applicant/ Authorised Signatory	3rd applicant/ Authorised Signatory

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____

Recorded by _____

Bank use Mandate Ref. No. _____

Scheme Code _____

Credit Account Number _____

Customer Ref. No. _____

B	Standing Instructions/ Auto Debit form for Systematic Investment Plan (SIP)

UNIT HOLDER INFORMATION

Existing Folio Number ☐☐☐☐☐☐☐ / ☐☐   Name of the First Holder _____

Debit Mandate for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Account Holders Only. Application for Standing Instruction Maintenance for SIP

To, The Manager,

☐ HDFC Bank Ltd. / ☐ Standard Chartered Bank / ☐ Kotak Mahindra Bank / ☐ ICICI Bank

Branch _____   Date ☐D☐D☐M☐M☐Y☐Y☐Y☐Y

Sub: Request for Maintenance of a Standing Instruction for SIP

I / We _____

hereby authorize you to deduct on aMonthly basis (as a Standing Instruction) from my / our following Current / Savings Account and remit the same to IDFC Mutual Fund as per the details given below.

Nature of Instruction	Standing Instruction		
Purpose of Standing Instruction	Payment of SIP Installment of IDFC Mutual Fund		
Name of the Scheme		Plan	Option
Debit Account no.			
Account Holder's Name			
SIP Amount (Rs.)			
SIP Enrollment Period	**Start Date** ☐M☐M☐Y☐Y		
	End Date ☐M☐M☐Y☐Y Default option is perpetual i.e. Dec. 2099.		
Frequency & Date	Monthly (Please provide the date) ☐D☐D Default date is 10th of every month.		

In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We_____ (name of unit holder) undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. If the date of debit to my/our account happens to be a non-business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document / SID of the Mutual Fund. HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank shall not be liable for, not be in default by reason of, any failure or delay in completion due to riot, strike, mutiny, revolution, fire flood, fog, war, lightning, earthquake, change of government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank/ Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank .

Yours faithfully,

Account Holder/s Signature

Sign for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Auto Debit facility.

Signature also required in Form 1.

For CPU Use Only

Maintained on: _____

Account Holder's Name: _____

Account No.: _____   Amount: _____

SIP Start Date: _____   SIP End Date: _____   Next SIP Date: _____

Maintained by: _____

C	DEBIT MANDATE (For Standard Chartered Bank account holders only.)

To Branch Manager - Standard Chartered Bank

I/We (Name of the account holder) _____

authorise you to debit my/our Account no. _____ for

Rs. (in figures) _____ Rs. (in words) _____

to pay for the purchase of Scheme _____ .

I/We understand that the above instruction will be conducted on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize SCB to make the payment from my/our account and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep sufficient funds in my / our account to enable you to carry out this instruction.

Date _____

Signature of Applicant(s) / Authorised Signatory(ies)