# SIP SHIELD AUTO DEBIT/ NACH FACILITY : REGISTRATION CUM MANDATE

BOI AXA Investment Managers

INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON SIP SHIELD FORM

Application should be submitted atleast 30 days before processing of Monthly SIP SHIELD
For terms & conditions refer overleaf

ARN - 86388
EUIN - E028492

**Application No:**

## 1 INVESTOR DETAILS (Please refer Point No. 10 for Micro SIP)

| | |
|---|---|
| Folio No. / Application No. | |
| Name of 1st Applicant | |
| Name of 2nd Applicant | |
| Name of 3rd Applicant | |

## 2 SIP DETAILS

| | | | |
|---|---|---|---|
| Scheme Name | | | |
| Plan | | Option | |
| Sub Option | | Dividend Frequency | |

Please refer the scheme specific SID and SAI to know the Plan, Option & Sub-Options related information.

| | | | |
|---|---|---|---|
| Frequency (Please ✓) | ☑ Monthly | SIP Date | ☐ 1st ☐ 7th# ☐ 10th ☐ 15th ☐ 20th ☐ 25th (#Default date is 7th) |
| Instalment Amount (In figures) | | Drawn on Bank / Branch Name | |
| Mandatory Enclosures (Please ✓) | If the first installment is not by cheque | ☐ Blank Cancelled Cheque | |
| Enrolment Period | From D D M M Y Y Y Y | To D D M M Y Y Y Y | Enrolment period has to be for a minimum period of 3 years and can be extended upto age of 55 years of the first applicant. |

**DECLARATION & SIGNATURE:** I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit/ NACH Facility. 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 AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/ We confirm that 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.

**Applicable to NRI only:** I /We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all SIP Installments made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. We are not citizens/ residents of USA or Canada.

| SIGNATURE (S) (as in our records) | 1st Applicant | 2nd Applicant | 3rd Applicant |
|---|---|---|---|

## DEBIT MANDATE FORM NACH / DIRECT DEBIT

BOI AXA Investment Managers

| Tick (✓) | |
|---|---|
| CREATE | ☐ |
| MODIFY | ☐ |
| CANCEL | ☐ |

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

I/We hereby authorize **BOI AXA Mutual Fund** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank: Name of customers bank  IFSC  or MICR

an amount of Rupees: Amount in words  ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H -Yrly ☒ Yrly ☑ As & when presented  DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1  Phone No.

Reference 2  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
To D D M M Y Y Y Y
Or ☐ Until Cancelled

Signature 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 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 instruction 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 of the bank where I have authorized the debit.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.  Investor Name

Scheme Name: (Scheme Name)

Plan  Option

SIP Period From D D M M Y Y to D D M M Y Y  ☐ Till further Notice

Stamp & Signature