

# Escorts Mutual Fund

## SIP Auto Debit ECS Form



(Investor must read Key Scheme Features and Instructions before completing this form.)

ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)

### DECLARATION for "execution-only" transaction (only where EUIIN box is left blank)

I/We hereby confirm that the EUIIN 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 person of the above distributor and the distributor has not charged any advisory fees on this transaction

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### Transaction Charges For Applicants Through Distributors only

<input type="checkbox"/> I Confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I Confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

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

Please tick (✓)  New Registration  Cancellation  Change in Bank Account Date: 

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The Trustee, Escorts Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following scheme and the terms and conditions of the SIP Enrolment.

### Applicant Personal Details

First Unit Holder <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>	Existing Folio No	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>
PAN NO <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>		
Sole / First Applicant / Guardian	Second Applicant	Third Applicant
KYC Compliant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SIP Details

Sr. No.	Scheme/Plan/Option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month <sup>(1)</sup> /Year
1			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>
2			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>
3			<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 25th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>	<table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table>

(The first Auto Debit should be at least 30 days after the first SIP transaction date) <sup>(1)</sup> if no End month is specified SIP will continue till investor gives a mandate to discontinue the same.  
\*Default Option will be applied in case of no information, ambiguity or discrepancy.

**Declaration:** Having read, understood and agreed to the contents of Easy Pay NACH Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Escorts Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP installments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signature First Applicant	Signature Second Applicant	Signature Third Applicant



### Debit Mandate Form NACH / ECS / DIRECT DEBIT

UMRN 



 Date 

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Sponsor Bank Code 



 Office use only Utility Code 



 Office use only

Tick (✓)  CREATE  MODIFY  CANCEL

I/We hereby authorize 



 to debit (tick ✓) 

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 SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank 



 Bank Name and Branch IFSC 



 or MICR

an amount of Rupees 



 ₹

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

Reference 1 



 Folio No. Phone No.

Reference 2 



 Email ID

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

PERIOD From <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> To <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Or <input type="checkbox"/> Until Cancelled	<table style="width: 100%;"> <tr> <td style="width: 33%;">Signature Primary Account holder</td> <td style="width: 33%;">Signature Account holder</td> <td style="width: 33%;">Signature Account holder</td> </tr> <tr> <td>1. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records</td> <td>2. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records</td> <td>3. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records</td> </tr> </table>	Signature Primary Account holder	Signature Account holder	Signature Account holder	1. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records	2. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records	3. <table border="1" style="display: inline-table; width: 100%; height: 20px;"> </table> Name as in bank records
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- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/corporate to debit my account based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

"Mandate Form size to be 8'x3.66' only"

## Important Notes

1. Purchases in all schemes are subject to realization of cheque(s)/draft(s).
2. For financial transactions, you shall be sent the following:
  - I. On acceptance of a valid application / transaction on request for subscription, an allotment confirmation specifying the number of units allotted by way of email and/or SMS within 5 Business Days from the date of receipt of application / transaction on request will be sent to your registered email address and / or mobile number.
  - II. Thereafter, a consolidated account statement (CAS) shall be sent by mail / email for transactions within each calendar month on or before 10<sup>th</sup> of the succeeding month.

For the purpose of sending CAS, common investors across mutual funds shall be identified by their Permanent Account Number (PAN).  
In case of specific request received from you, we will provide an account statement within 5 Business Days of your request.

If you opt to receive units in your demat account, the statement of holdings sent by your Depository Participant (DP) will reflect those units.
3. Your bank account and contact details are masked to ensure confidentiality. All contents of this statement will be deemed to be correct and accepted by the investor, unless within 30 days of the statement date, the investor informs Escorts Mutual Fund of any discrepancies and these discrepancies are found to be true. Discrepancies, if any, may be informed to any investor Service Centre.
4. In order to enhance compliance with Know Your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payment instruments (cheque, demand draft, pay order etc.), Escorts Mutual Fund shall not accept applications for subscription of units accompanied with Third Party Payment Instruments except in certain exceptional cases.
5. In order to prevent frauds and misuse of payment instruments – cheque / DD etc. investors are advised to make the payment instruments favouring either of the following:
  - “XYZ Scheme A/c Permanent Account Number”
  - “XYZ Scheme A/c First Investor Name”

For example: “Escorts Liquid Plan A/C ZCHPC3217S” OR “Escorts Liquid Plan A/c Anil Sharma”
6. SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her Permanent Account Number (PAN) irrespective of the investment amount [Except for investments upto Rs. 50,000/- per year for eligible investors]. Where the applicant is a minor, and does not possess his/her own PAN, he/she shall quote the PAN of his/her father or mother or the guardian, as the case may be. Please update your PAN details with the Fund, if not already done.
7. Investors who have earlier complied with the KYC procedures as mandated before 01.01.2012 but not further completed requirement for submission of additional KYC information and completion of the in-person verification process, are required to mandatorily comply with submission of additional KYC information and completion of the in-person verification process for investing with Escorts Mutual Fund.

### Information required under Foreign Account Tax Compliance Act [FATCA], Common Reporting Standards [CRS]

With effect from 1st January 2016, the FATCA/CRS cum supplementary KYC Compliance is mandatory for any investments in Mutual Funds [for select category of investors]. Please visit our website or refer Scheme Information Document (SID) for further details.

8. Change of bank account entails a detailed procedure also requiring various supporting documents.
9. In terms of SEBI circular No. CIR/IMD/DF/13/2011 dated August 22, 2011 Transaction Charges are now applicable for investments routed through a valid ARN holder (Distributor/Broker), as under:

First Time Investor across Mutual Funds	Rs. 150
Existing Investor (other than first time investors)	Rs. 100

- Transaction Charges in case of investments through SIP shall be deducted (in 3-4 installments) only if the total commitment of investment (i.e. amount per SIP installment X No. of installments) amount to Rs. 10,000/- or more.  
Transaction Charges deducted are payable to the Distributor. Units are issued against balance amount (less transaction charges) invested.  
Transaction Charges shall not be deducted:
- a) Where your distributor has not opted to receive any Transaction Charges;
  - b) for purchases / subscription / total commitment in case of SIP of an amount less than Rs. 10,000/-;
  - c) For purchases / subscription / relating to new inflows i.e. through Switches / Systematic Transfers / Dividend Transfers / Dividend Reinvestment, etc.;
  - d) for purchases / subscription made directly with the Fund (i.e. not through any distributor);
  - e) for purchases / subscriptions routed through Stock Exchange(s).
10. Investment through distributor – EUIN Declaration: Broker/Distributors are not entitled to sell units of mutual funds unless they are registered with Association of Mutual Funds in India (AMFI). Further, SEBI has made it compulsory for every employee/relationship manager/sales person (“Sales Person”) of distributors to quote his Employee Unique Identification Number (EUIN) obtained from AMFI, in the Application Form. EUIN would assist in addressing any instances of mis-selling even if the Sales Person later leaves the distributor’s employment. Hence, if your investments are routed through a distributor, please ensure that the EUIN is correctly filled up in the transaction slip. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, please provide a declaration as given in the form. These requirements do not apply to Overseas Distributors.
  11. Certain procedures apply when a minor unit holder becomes a major. Please contact the nearest Investor Service Centre (ISC) for details.
  12. **Any alterations on the transaction slip should be counter signed by all unit holders (mere initials are not valid).**

# For further details on any of the above provisions please contact our Investor Service Centres, your distributor or visit our website [www.escortsmutual.com](http://www.escortsmutual.com)

### Instructions to fill Easy Pay:

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|--|--|
| <ol style="list-style-type: none"> <li>1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length - 20 Alpha Numeric Characters)</li> <li>2. Date in DD/MM/YYYY format.</li> <li>3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary (Maximum length - 11 Alpha Numeric Characters)</li> <li>4. Utility Code of the Service Provider (Maximum length - 18 Alpha Numeric Characters)</li> <li>5. Name of Service Provider.</li> <li>6. Tick on box to select type of actions to be initiated.</li> <li>7. Tick on box to select type of actions to be affected.</li> <li>8. Customer’s legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters)</li> <li>9. Name of the Bank and Branch.</li> <li>10. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)</li> </ol> | <ol style="list-style-type: none"> <li>11. Amount payable for service or maximum amount per transaction that could be processed, in words.</li> <li>12. Amount in figures, similar to the amount mentioned in words (Maximum length - 13 digit Numeric, in paise)</li> <li>13. Service Provider generated consumer reference number.</li> <li>14. Service Provider generated Scheme / Plan reference number.</li> <li>15. Tick on box to select frequency of transaction.</li> <li>16. Validity of mandate with dated in DD/MM/YYYY format.</li> <li>17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name - 40 alpha Numeric Characters)</li> <li>18. Undertaking of customer.</li> <li>19. Permanent ID of customer e.g. PAN/Aadhaar No.</li> <li>20. Telephone no. with STD code of customer.</li> <li>21. 10 digit mobile number of customer.</li> <li>22. Mail ID of customer.</li> </ol> |
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