

FORM FOR CHANGE OF SCHEME IN EXISTING SIP



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN- 24952 (p here)	ARN-	E347831		

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA 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 EUIIN box is left blank) (Refer Instruction No. XIII). - 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 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

EXISTING UNIT HOLDER INFORMATION

MANDATORY: Name of the First Holder

Folio No. PAN/PERN (mandatory) Enclosed PAN/PERN Proof KYC Compliant

DETAILS OF EXISTING SIP INVESTMENT

Scheme Name: **Bandhan** Plan:

Each SIP Amount: Rupees in words:

SIP Date: SIP Frequency: Monthly (Default)

SIP Start: (Month & Year) SIP End: (Month & Year)

EXISTING SIP TOP UP DETAILS

Monthly SIP Date (Except 29th, 30th & 31st) (Default 10th) SIP Period From To OR 1 2 2 0 9 9

Installment Amount (₹) in figures

SIP TOP-UP (Optional) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration. Frequency Half Yearly Yearly Amount ₹ in figures (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)

NEW SCHEME DETAILS

Scheme Name: **Bandhan** Plan:

Option: Sub Option: IDCW Frequency:

Signature of Sole/First Applicant Signature of Second Applicant Signature of Third Applicant

To the Trustee, Bandhan Mutual Fund, I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. I/We hereby declare that I am/we are not US Person(s). 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. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on tollfree no: 1800 266 6688 / 1800 300 66688



Bandhan One Time Mandate (OTM)

UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick (✓) CREATE I/We hereby authorize Bandhan Mutual Fund to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

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

PERIOD

From To 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/amendment request to the user entity/corporate or the bank where I have authorised the debit.

ACKNOWLEDGMENT - FORM FOR CHANGE OF SCHEME IN EXISTING SIP



Folio No.: Date:

Investor Name:

Old Scheme: **Bandhan** New Scheme:

STAMP & SIGNATURE