## SIP TRANSACTION FORM

## Single / SIP Top-Up Option

Please read the instructions before filling up the Application Form.



January 2022

Tick () whichever is applicable, strike out whichever is not required.

| 1. DISTRIBUTOR | 1. DISTRIBUTOR INFORMATION |                |                     |                    |         |  |  |
|----------------|----------------------------|----------------|---------------------|--------------------|---------|--|--|
| ARN code       | RIA code                   | ARN / RIA Name | Sub broker ARN code | Sub broker code ** | EUIN*   |  |  |
| ARN -24952     | RIA -                      |                | ARN -               |                    | E347831 |  |  |

\*Employee Unique Identification Number \*\*As allotted by ARN holder

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. 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 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 my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

| 2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FAT  | TCA & CRS declaration f | form if not subm             | itted earlier or in case of change in status.)                     | (Refer Section 2 under instructions) |
|---|-------------------------|------------------------------|--|--------------------------------------|
| Sole/First Unit Holder First Name   | Middle N                | lame                         |  | Last Name                            |
| Folio No.         PAN*  |                         |                              |  | * Mandatory                          |
| 3. INVESTMENT DETAILS (MANDATORY)   |                         |                              |  |                                      |
| New SIP Registration SI   | P renewal               |                              | Change in Bank Details (for  | r a SIP registered earlier)          |
| OTM Debit Mandate is already registered in the folio. Please fill, Unique Debit Bank Name   | Mandate (UMRN)          |                              | Account No.  |                                      |
| OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled   | in mandatorily)         |                              |  |                                      |
| 4. SINGLE SIP DETAILS   |                         |                              |  |                                      |
| Scheme  |                         |                              | Plan   |                                      |
| Option (✓)       Growth       OR       Payout of IDCW**       OR       Reinvestment of II         Payment Type [Please (✓)]       Non-Third Party Payment       Third Party |                         |                              | of IDCW** Dividend Frequency _<br>Party Payment Declaration Form') |                                      |
| 1st Instalment Details  |                         |                              |  |                                      |
| Amt. (₹) Chq/DD No  | Dated: DDMM             | 1 Y Y Y Y                    | Drawn on:  |                                      |
| SIP Investment (Please  v any one) Monthly Quarterly  |                         |                              | d Subsequent Instalment Details:<br>me as the first instalment.)   | (All subsequent instalment amounts   |
| SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)<br>Please also fill and attach the SIP Auto Debit Facility Form OR   |                         | Instalment Ar                | mount ₹  |                                      |
| SIP Date: D D (Any date of the month except 29/30/31)   |                         |                              |  |                                      |
| Cheque Nos. From To   |                         | Till I/We i                  | instruct to discontinue the SIP                                    |                                      |
| Dated From DDMMYYYY To DDM  | МҮҮҮҮ                   | Please menti<br>Enrolment Pe |  | тоМ М Ү Ү Ү Ү                        |

| ONE TIME             | MANDATE            | FORM FOR            | NACH / ECS            | / AUTO DEBIT / LUMP                | SUM / S        | IP                           |               |             |                              |
|----------------------|--------------------|---------------------|-----------------------|------------------------------------|----------------|------------------------------|---------------|-------------|------------------------------|
|                      | IM                 |                     | ONE                   | TIME MANDATE F                     | ORM            |                              |               |             | (*Mandatory field)           |
| India M              | utual Fund         | UMRN                |                       | Før office u                       | lse            |                              | Date*         | D D N       | 1 M Y Y Y Y                  |
|                      | Sponsor Ba         | ank Code            | CIT                   | I000PIGW                           |                | Utility Code                 | С             | ITI 0000200 | 0000037                      |
| CREATE V<br>MODIFY X | I/We hereb         | y authorize         | PGIM INI              | DIA MUTUAL FUND                    |                | to debit (Please             | e ✓) SB /     | CA/CC/SE    | B-NRE / SB-NRO / Other       |
| CANCELX              | Bank a/c n         | umber*              |                       |                                    |                |                              |               |             |                              |
| With Bank*           |                    | Name of cu          | stomers bank          | IF                                 | SC*            |                              |               | MICR*       |                              |
| an amount of         | Rupees*            |                     | Ar                    | nount in words                     |                |                              |               | ₹           | In Figures                   |
| FREQUENCY            | * X Mthly          | X Qtly              | X H-Yrly              | ✓ As & When presented              | ed             | DEBIT TYPE                   | <b>X</b> Fixe | d Amount    | Maximum Amount               |
| Reference - 1        |                    | Appli               | cation no. / Foli     | o number                           |                | Phone No                     |               |             |                              |
| Reference - 2        |                    |                     |                       |                                    |                | Email ID                     |               |             |                              |
| I agree for the deb  | it of mandate pro  | cessing charges b   | y the bank whom I a   | am authorizing to debit my accour  | nt as per late | st schedule of charges of    | the bank.     |             |                              |
| PERIOD*              | M M                | YYYY                |                       | ature of first account holder      | x x Sic        | nature of second acco        | ount holder   | x x Signat  | ture of third account holder |
| To D D<br>OR X U     | M M M              | YYYY                |                       | of first account holder*           |                | ne of second account h       |               |             | of third account holder*     |
| This is to confir    | m that the declara | ation has been care | fully read, understoo | d & made by me/us. I am authorizir | ng the User e  | ntity/ Corporate to debit my | account.      |             |                              |

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 were I have authorized the debit.

| 5. SIP TOP-UP DETAILS   |    |   | l |
|---|----|---|---|
| SIP Top Up (only for SIPs with Auto debit mode)               |    |   |   |
| Top Up Amount ₹ Refer Instructions                            |    | Top Up Frequency ☐ Half Yearly* ☐ Yearly (Please ✓ any one) |   |
| Top Up to continue till SIP amount reaches^ ₹                 | OR | Top Up to continue till#                                    |   |
| ^ SIP Top Up will cease once the mentioned amount is reached. |    | # It is the date from which SIP Top Up amount will cease    |   |

\*Default option if not selected

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. If the transaction 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. 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors (Delete if not applicable): I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/ourpayment towards my/our investment in PGIM India Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of PGIM India Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

| SIGNATURE (S)<br>(Applicants must sign |  |   |   |
|--|--|---|---|
| as per Common<br>Application Form)     | ✗ Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA | 2 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA | ✗ 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA |

### 6. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)

- **GENERAL GUIDELINES**
- 1. This form should only be used by existing investors for the following:
- a) Registering systematic investments under existing folios through Auto Debit/Post Dated cheques
- b) Renewal of SIP investments.
- c) Change in Bank details for Auto Debit for existing SIPs.
- 2. Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
- 4. PERMANENT ACCOUNT NUMBER (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except

for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.

#### 5. KNOW YOUR CUSTOMER (KYC)

KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.

- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of PGIM India Mutual Fund or Karvy.

### INSTRUCTIONS TO FILL IN THE TOP-UP SIP TRANSACTION FORM

#### 1. Distributor Information

- a) In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
   b) Any edition or cancellation of the Distributor Information should be countersigned by the investor
- else the same is liable to be rejected.
- c) Quoting of EUIN is mandatory in case of advisory transactions.
- d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- f) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / IDCW Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, IDCW Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under IDCW Transfer Plans.
- g) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

#### 2. APPLICANT'S DETAILS:

- a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
- b) To comply with the requirements of Foreign Account Tax Compliance Act (FATCA) & CRS (Common Reporting Standard), it is mandatory for all investors (including Guardian & POA) to provide the FATCA & CRS declaration W.e.f. November 1, 2015 (if not already submitted). The FATCA & CRS declaration forms can be downloaded from our website at -http://www.pgimindiamf.com/downloads/KIMforms.

#### 3. INVESTMENT DETAILS:

- a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name Direct Plan" for e.g. "PGIM India Midcap Opportunities Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- b) Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.

#### I. SINGLE SIP DETAILS:

- a) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
  - Minimum amount per instalment
  - Minimum number of instalments
  - Aggregate investment via SIP
- b) Please furnish/indicate the below mentioned details with respect to your systematic investment
   i) Scheme/Plan/Option and IDCW Frequency, where applicable.
  - ii) SIP Instalment Amount
  - iii) **SIP Frequency -** Monthly or Quarterly. Please tick the appropriate option.
  - iv) SIP Dates (Monthly/Quarterly) All dates available of the month except 29/30/31.
  - v) SIP Instalment Requirement

| SIP (All open ended schemes except PGIM India ELSS Tax Saver Fund) |            |             |               |  |  |  |
|--|------------|-------------|---------------|--|--|--|
| Frequency  | Min Amount | Multiple of | Min Number of |  |  |  |
|  | Rs.        | Rs.         | Instalments   |  |  |  |
| Monthly & Quarterly  | 1000       | 1           | 5             |  |  |  |

| SIP - PGIM India ELSS Tax Saver Fund |                |                    |                              |  |  |  |
|--------------------------------------|----------------|--------------------|------------------------------|--|--|--|
| Frequency Min Amount<br>Rs.          |                | Multiple of<br>Rs. | Min Number of<br>Instalments |  |  |  |
| Manuth                               | 500            | 500                | 12                           |  |  |  |
| Monthly                              | 1000 and above | 500                | 6                            |  |  |  |
| Quarterly                            | 1000           | 500                | 6                            |  |  |  |

vi) SIP Auto Debit Enrollment Period - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, PGIM India offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.

- vii) Your first Instalment Details. Please note that the instrument should be made favoring the scheme name in which you wish to invest. For eg. PGIM India Midcap Opportunities Fund with the provided of the point of the poi
- viii) Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
- ix) If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
- c) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- d) Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please attached Banker certificate as well.

#### 5. SIP TOP UP INSTRUCTIONS

This sections is to be filled only if the investor wish to increase the SIP amount on half yearly/ yearly basis by pre-decided incremented amount.

- SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
  - The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly SIP: Rs. 100/- and in multiples of Rs.1/- thereof.
  - Quarterly SIP: Rs. 100/- and in multiples of Rs. 1/- thereof.
  - For PGIM India ELSS Tax Saver Fund the minimum amount of increase under SIP Fixed Amount should be Rs. 500/- and in multiples of Rs. 500/- for monthly and Rs. 1000/- and in multiples of Rs. 500/- for quarterly frequency.
  - SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency is not indicated under Monthly SIP, it will be considered as half yearly.
- b. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme h. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- c Payments made by Cash/Money Order/Postal Order, Non- MICR cheque, outstation cheques are not accepted.
- d. For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.pgimindiamf.com and also refer to scheme related documents.

#### 6. RENAMING OF DIVIDEND OPTIONS:

Investors are requested to note that pursuant to SEBI circular no. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 05, 2020, the 'Dividend options' under all the existing schemes of PGIM India Mutual Fund ('the Mutual Fund') shall be renamed as follows with effect from April 1, 2021.

| Option/facility              | Name   |
|------------------------------|--|
| Dividend Payout              | Payout of Income Distribution cum Capital Withdrawal option (IDCW)       |
| Dividend Re-investment       | Reinvestment of Income Distribution cum Capital Withdrawal option (IDCW) |
| Dividend Transfer/Oween Dlan | Transfer of Income Distribution our Conital Withdrawal plan (IDCW)       |

Dividend Transfer/Sweep Plan Transfer of Income Distribution cum Capital Withdrawal plan (IDCW)

Investors are requested to note that the above changes are changes in the disclosure requirements. There is no change in the current manner of calculation and distribution of dividend. Whenever distributable surplus will be distributed, a clear segregation between income distribution (appreciation on NAV) and capital distribution (Equalization Reserve) shall be suitably disclosed in the Consolidated Account Statement provided to investors.

#### INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:

- i. Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
- UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund.
- iii. Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
- iv. Please indicate the Bank Account Type
- v. It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP application would be rejected.
- vi. Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- vii. Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
- viii. For the convenience of our investors, the following fields have been pre-populated on the Mandate :
   Action 'Create'
  - Name of the Company 'PGIM India Mutual Fund'
- xi. The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "xx" in the same order and manner in which their signatures appear on bank records.

# For more information visit us at www.pgimindiamf.com

## E-mail us at care@pgimindia.co.in

## Call us (Toll free) at 1800 266 7446

### TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you
  agree to abide by the terms and conditions of NACH facility of National Payment Corporation of India
  (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at
  the time of investment and as may be modified or amended from time to time.
- 2. ECS The SIP through ECS Facility is offered only to investors having Bank Accounts in select cities listed below:

Agra • Ahmedabad• Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman
Baroda • Belgaum • Bhavnagar • Bhilwara • Bhopal • Bhubaneshwar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Dargeeling • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolkapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Jiliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichy • Trivandrum • Tumkur• Udaipur • Udipi • Varanasi • Vijaywada • Vizag • Hasan • Imphal • Shillong

The cities listed above may be modified/ removed at any time purely at the discretion of PGIM India Mutual Fund without assigning any reason or prior notice. Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.

 Direct Debit - Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.

Direct Debit banks with Core Banking Account Number Length

Bank of Baroda - 14 digits, Bank of India - 15 digits, Union Bank of India - 15 digits, IDBI Bank - 13 to 16 digits, IndusInd Bank - 13 to 16 digits, Kotak Mahindra Bank - 15 digits, Citibank - 10 digits, State Bank of India - 11 digits starting with 1, 2, 3, 5 and 6, Punjab National Bank - 16 digits, Axis Bank - 15 digits, United Bank of India - 13, State Bank of Patiala - 11, Corporation Bank - Not fixed but should accompany with copy of the bank passbook

- 4. In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. PGIM India Mutual Fund (PGIMIMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
- 5. The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
- For Cancellation/ Modification of the Auto Debit (NACH/ ECS/Direct Debit) Facility, you need to give a SIP Cancellation cum Modification request in the prescribed format at least 21 days in advance to the AMC or its Registrars. The cancellation request format is available on our website www.pgimindiamf.com
- 7. You will not hold PGIM India Mutual Fund (PGIMIMF)/ PGIM India Asset Management Private Limited (PGIMIAMPL) /Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH/ RBI's ECS/local holidays.
- PGIMIMF/PGIMIAMPL reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
- PGIMIMF/PGIMIAMPL /Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred / suffered by you as a result of use of this facility.
- 10. As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.