Escorts Mutual Fund

SIP Auto Debit ECS Form



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

ARN	ARN NAME	Bank Branch Code	For Sub-Agent Emp		dentification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)	
DECLADATION	N f = " ((:- 1-6-11-1				
	N for "execution-only" transac onfirm that the EUIN box has bee			execution-only"	transaction without any inte	eraction or advice by the employee /	
relationship ma	nager/sales person of the above d	istributor or notwithstanding	the advice of inappropri		· ·	ationship manager/sales person of the	
above distributo	or and the distributor has not char	ged any advisory rees on this	transaction				
Transaction C	harges For Applicants Throug	h Distributors only					
	firm that I am a First time inves			I Confirm that	t I am an existing investor a	cross Mutual Funds.	
	50 deductible as Transaction Ch					e and payable to the Distributor	
	chase / subscription amount is Rs. scription amount and payable to t					ictible as applicable from the	
Upfront commithe distributor.		investor to the AMFI registe	ered Distributors based	on the investors'	assessment of various facto	rs including the service rendered by	
Please tick		on Cancellation	Change in Bank	Account	Date	D D M M Y Y Y	
		nd understood the contents of t	the Scheme Information D	ocument of the fo	l ollowing scheme and the terms	and conditions of the SIP Enrolment.	
	ersonal Details						
First Unit Ho	older				Existing Folio No		
PAN NO							
KYC Complia	Sole / First Applicar ant Yes No		Second /	Applicant No	Г	Third Applicant Yes No	
SIP Details				110			
Sr.	Scheme/Plan/Option	SIP Installment	SIP Date	Frequency	Start Month/Year	End Month (1) /Year	
No.		Amount (₹)				, , , , , , , , , , , , , , , , , , ,	
1			☐ 1st ☐ 10th ☐ 25th	☐ Monthly☐ Quarterly	M M Y Y	Y M M Y Y Y	
2			☐ 1st ☐ 10th	Monthly	M M Y Y	Y M M Y Y Y Y	
2			☐ 25th	Quarterly	 		
3			☐ 1st ☐ 10th ☐ 25th	☐ Monthly ☐ Quarterly	M M Y Y Y	Y M M Y Y Y Y	
(The first Auto	o Debit should be at least 30 days a	after the first SIP transaction o		•	·	s a mandate to discontinue the same.	
_ `	ion will be applied in case of no i						
		=				ment of Additional Information, Key tioned within, I hereby declare that	
the particula	rs given above are correct and	express my willingness to	make payments towar	rds SIP installme	ents referred above throug	h participation in NACH/ECS/Direct	
	ng Instructions. The ARN holder opeting Schemes of various Muti					ther mode), payable to him for the	
	.r		•	,			
Ci	matura First Ameliaant		mature Cooped Ann	llaant	C:-	active Third Applicant	
21	gnature First Applicant	318	nature Second App	olicant	Sigi	nature Third Applicant	
•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	
Aiii		Debit Mandate	Form NACH / I	ECS / DIREC	CT DEBIT		
ESCORTS MUTUAL FUND	UMRN [Date DDMMYYYY	
=: 1 (0)	Sponsor Bank C	ode Office u	ise only	Utility Code	Off	ice use only	
Tick (√) CREATE	/We hereby authorize					SB/CA/CC/SB-NRE/SB-NRO/Other	
MODIFY []	,						
CANCEL	Bank a/c number						
with Bank	Bank Name a	nd Branch	IFSC		or MICF	R	
– an amount of	Runees					₹	
		Vrlv. Vrlv. Ac 8.	when presented		SERIT TYPE		
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount Reference 1 Folio No.							
Reference 1							
Reference 2					Email ID		
agree for the deb	bit of the mandate processing charge	es by the bank whom I am auth	norising to debit my accou	nt as per latest scl	hedule of charges of bank.		
From	D M M Y Y Y	Y Signature Primary A	Account holder	Signatur	e Account holder	Signature Account holder	
	D M M V V V V	V Signature i initary i		Jigilatuli		organismo resovante nomen	
To □ □ U	Until Cancelled	1. Name as in ba	nk records	2. Name as	in bank records	3Name as in bank records	
<u> </u>	Jildi Calicelleu						

Important Notes

- 1. Purchases in all schemes are subject to realiza on of cheque(s)/dra (s).
- 2. For financial transac ons, you shall be sent the following:
 - I. On acceptance of a valid applica on / transac on request for subscrip on, an allotment confirma on specifying the number of units allo ed by way of email and/or SMS within 5 Business Days from the date of receipt of applica on / transac on request will be sent to your registered email address and / or mobile number.
 - II. Therea er, a consolidated account statement (CAS) shall be sent by mail / email for transac ons within each calendar month on or before 10th of the succeeding month. For the purpose of sending CAS, common investors across mutual funds shall be iden fied 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 Par cipant (DP) will reflect those units.

- 3. Your bank account and contact details are masked to ensure confiden ality. 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 Preven on of Money Laundering Act, 2002 (PMLA) and to migate the risks associated with acceptance of third party payment instruments (cheque, demand dra , pay order etc.), Escorts Mutual Fund shall not accept applica ons for subscrip on of units accompanied with Third Party Payment instruments except in certain excep onal cases.
- 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" <u>OR</u> "Escorts Liquid Plan A/c Anil Sharma"

- 5. SEBI has made it mandatory for all applicants (in the case of applica on in joint names, each of the applicants) to men on his/her Permanent Account Number (PAN) irrespec ve of the investment amount [Except for investments upto Rs. 50, 000/- per year for eligible investors]. Where the applicants 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 addi onal KYC informa on and comple on of the in person verifica on process, are required to mandatorily comply with submission of addi onal KYC informa on and comple on of the in-person verifica on process for inves ng with Escorts Mutual Fund.

Informa on required under Foreign Account Tax Compliance Act [FATCA],
Common Repor ng 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 Informa on Document (SID) for further details

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

First Time Investor across Mutual Funds	Rs. 150
Exis ng Investor (other than first me investors)	Rs. 100

Transac on 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.

Transac on Charges deducted are payable to the Distributor. Units are issued against balance amount (less transac on charges) invested.

Transac on Charges shall not be deducted:

- a) Where your distributor has not opted to receive any Transac on Charges;
- b) for purchases / subscrip on / total commitment in case of SIP of an amount less than Rs 10 000/-
- c) For purchases / subscrip on / rela ng to new inflows i.e. through Switches / Systema c Transfers / Dividend Transfers / Dividend Reinvestment, etc.;
- d) for purchases / subscrip on made directly with the Fund (i.e. not through any distributor);
- e) for purchases / subscrip ons routed through Stock Exchange(s).
- 10. Investment through distributor EUIN Declara on: Broker/Distributors are not en tled to sell units of mutual funds unless they are registered with Associa on of Mutual Funds in India (AMFI). Further, SEBI has made it compulsory for every employee/rela onship manager/sales person ("Sales Person") of distributors to quote his Employee Unique Iden fica on Number (EUIN) obtained from AMFI, in the Applica on 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 transac on slip. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be le blank. In this case, please provide a declara on 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 altera ons on the transac on slip should be counter signed by all unitholders (mere ini als 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

Instructions to fill Easy Pay:

- 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)
- 2. Date in DD/MM/YYYY format.
- 3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary (Maximum length 11 Alpha Numeric Characters)
- 4. Utility Code of the Service Provider (Maximum length 18 Alpha Numeric Characters)
- 5. Name of Service Provider.
- 6. Tick on box to select type of actions to be initiated.
- 7. Tick on box to select type of actions to be affected.
- 8. Customer's legal account number, left padded with zeroes. (Maximum length 35 Alpha Numeric Characters)
- 9. Name of the Bank and Branch.
- 10. IFSC / MICR code of customer bank. (Maximum length 11 Alpha Numeric Characters)

- 11. Amount payable for service or maximum amount per transaction that could be processed, in words.
- 12. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise)
- 13. Service Provider generated consumer reference number.
- 14. Service Provider generated Scheme / Plan reference number.
- 15. Tick on box to select frequency of transaction.
- 16. Validity of mandate with dated in DD/MM/YYYY format.
- 17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name 40 alpha Numeric Characters)
- 18. Undertaking of customer.
- 19. Permanent ID of customer e.g. PAN/Aadhaar No.
- 20. Telephone no. with STD code of customer.
- 21. 10 digit mobile number of customer.
- 22. Mail ID of customer.