One Time Debit Mandate Form NACH / Auto Debit

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



Request for 🛛 Registration	Cancellation	1		Date	D D M M Y Y Y Y	
Existing Investor Folio No.		Application No.				
1. FIRST / SOLE APPLICANT INFOR	RMATION (MANDATORY)					
Mobile No.	Email Id.					
NAME OF FIRST / SOLE APPLICANT	Mr. Ms. M/s.					
NAME OF THE GUARDIAN (In case of minor) Mr. Ms. M/s.						
RELATIONSHIP OF GUARDIAN						
NAME OF THE SECOND APPLICANT	Mr. Ms. M/s.					
NAME OF THE THIRD APPLICANT	Mr. Ms. M/s.					
First Applicant		econd Applicant		Third Applicant		
PAN*(Mandatory) KYC Mandat		AN*(Mandatory)	KYC Mandatory	PAN*(Mandatory)	KYC Mandatory	
Guardian/POA Holder						
	Mandatory					

I/We understand that this Facility enables the Unit Holder/s of Birla Sun Llfe Mutual Fund ('Fund') to transact with in a simple, convenient and paperless manner by submitting OTM - One Time Mandate registration form to the Fund which authorizes my/our bank to debit my/our account up to a certain specified limit per day, as and when we wish to transact with the Fund, without the need of submitting cheque or fund transfer letter with every transaction thereafter. I/We understand that having registered for this Facility it enables starting a Systematic Investment Plan (SIP) or invest lump sum amounts in any Open Ended Scheme of the Fund by sending instructions through Transaction forms, Online facility, Short Messaging Service ('SMS') or any other mode as specified by AMC from time to time. I/We confirm that details provided by me/us are true and correct. I / We have read and understood the Scheme Information Document / Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time of the Scheme(s) of Birla Sun Life Mutual Fund.

Sa Name of First Unit Holder		Name of Second Unit Holder		Name of Third Unit Holder		
Signatur	First Applicant	x	Second Applicant		Third Applicant	
		(T	To be signed by All Applicants if mode of operation is Joint)			

	[Applicable	One Time De	bit Mandate nases as well as SIF	Form Registration	NACH / A s] Please attach	uto Debit a cancelled che	Date D D M M Y Y Y	
(tick√)		UMRN						
CRÉATE	Sponsor Bank Code	Office use	only		Utility Code		Office use only	
	I/We hereby authorize:	Birla S	un Life Mutual I	Fund		to debit (tick 🗸) SB / CA / CC / SB-NRE / SB-NRO / Other		
Bank A/c No.:								
With Bank:	Bank Na	ame & Branch	I	FSC			OR MICR	
an amount of Rupees								
FREQUENCY I Mthly I Qtly I H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount								
Reference 1	Folio No:					Mobile		
Reference 2	Appin No:			Email:				
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	MMYYYY	X		X			X	
to D D	MMYYYY	1. Sign		2. Sign			Sign	
or 🗆 Unti	I Cancelled	Name as in bank record	s (mandatory)	Name	as in hank recor	rds (mandatory)	Name as in bank records (mandatory)	
Lectaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing Birla Sun Life Mutual Fund to debit my account based on the instructions as agreed and signed by m								
		• •	•	-		•	Fund or the bank where I have authorised the debit.	
		 	_					
Acknowle	edgement						ISC Stamp	
Investor Nar	ne.		Folio No/Ann	lication No				

□ DEBIT MANADATE FORM □ SIP FORM

NO NO/APPIICATION NO.

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Instructions to fill Mandate

- 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)
- Date is in DD/MM/YYYY format
- · Sponsor bank IFSC/MICR code. left padded with zeroes where necessary. (Maximum length 11 Alpha Numeric Characters)
- Utility Code of the Service Provider. (Maximum length 18 Alpha Numeric Characters)
- Name of Service Provider
- Tick on box to select type of action to be initiated
- Tick on box to select type of account to be affected
- Customer's legal account number, (Maximum length 35 Alpha Numeric Characters)
- Name of Bank
- IFSC/MICR code of customer bank. (Maximum Length 11 Alpha numeric Characters for IFSC & 9 Numeric for MICR code)
- · Amount payable for service or maximum amount per transaction that could be processed in words
- Amount in figures, similar to the amount mentioned in words. (maximum Length 13 digit Numeric in paise)
- Services Provider generated consumer reference number
- · Services Provider generated consumer reference Service Provider generated Scheme/ Plan reference number
- · Tick on box to select frequency of transaction
- · Validity of mandate with dates in DD/MM/YYYY format
- Name of Customer/s and signature/s as well as seal of company (where required).(Maximum length of Name 40 Alpha Numeric Characters)
- Undertaking by customer
- Permanent ID of customer e.g. PAN/Aadhaar No.
- Telephone no. with STD code of customer
- 10 digit mobile number of customer
- Mail ID of customer