INVESTOR REGISTRATION CUM AUTO DEBIT/NACH MANDATE FORM Fill the form in BLOCK letters only | Leave one space between words



		· · · · · · · · · · · · · · · · · · ·	1		MUTUAL FUND
Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker	r / Employee Code	EUIN	KYC Identification No.
157526				E286497	
Up front commission shall be paid directly by the in	ŭ			dered by the distributor.	
I/We, hereby confirm that the EUI "execution-only" transaction without	IN box has been intentionally left l ut any interaction or advice by	blank by me/us as this is an the employee/relationship			
manager/sales person of the above dis any, provided by the employee/rela	stributor or notwithstanding the ad	vice of in-appropriateness, it	Sign Here	Sign Here	Sign Here
distributor has not charged any adviso	ory fees on this transaction.	or the distributor and the	First / Sole Applicant /G	ardian POA Second Applicant	Third Applicant
Transaction charges for applic					
	e investor across Mutual Funds			Charges for Transaction of ₹ 10	
	investor across Mutual Funds.	(₹ 100/- Will be dec	ducted as Transaction	Charges for Transaction of ₹ 10	0,000/- and more)
APPLICANT DETAILS					
Name Mr Ms. M/s	FIRST	MIDDLE	LAST	Folio No	
PAN		*Aadhar No.		PAI	N Proof Enclosed please ✓
ADDITIONAL INVESTMENT D	ETAILS				
Scheme Name: Indiabulls	PETALEO				
	sting/ Regular Plan OPTION	S: Growth Divi	dend (□Pavout □R	einvestment 🗌 Sweep) (Freque	ana.
				.,,	
Cheque / DD No	Cheque / DD Dat	e D D M M Y	DD Charge Rs.	Cheque / DD Net	Amount Rs.
Bank Name		В	ranch	Cit	ty
SIP DETAILS SIP throu	ugh Post Dated Cheques	SIP through Auto De	bit		
				20 25 Cheque Nos. Fro	omTo
Frequency Please ✓ Mont	, , ,	(In words)		· ·	JIII 10
SIP AMOUNT ₹	(In figures)		Bank		nt Company Limited and their authorised
Enrolment Period From M N	/ Y Y Y To M M	service pi	roviders, to debit my/our for collection of SIP payme	following bank account by NACH	nt Company Limited and their authorised (Debit Clearing)/Direct Debit/Standing
STP DETAILS			, , , , , , , , , , , , , , , , , , , ,		
Name of 'Source' Scheme/Plan	/Option				
Name of 'Target' Scheme/Plan/					
For Systematic Transfer Plan (S		ansfer per Installment: R	S.		
(Please (✓) any one)	O Daily#	·		N	lo. of Installment:
(Refer Instruction No. II)	○ Weekly [#]			N	lo. of Installment:
	○ Monthly [#]	○ Quarterly [#]		N	lo. of Installment:
		fer (Please (✔) any one)] 🛮 2 🔻 3 🗒 15	□ 23	o. or mstallment.
In case of multiple registrations	, please fill up separate Enrolr	nent Forms.	-		
#Refer Instruction No. II (6)	+Default Frequency/Date/Da	ay (Refer Instruction no.	II (8))		
SWP DETAILS					
				Plan	
Scheme	Dividend Frequency	(A) Monthly	Quartarly With de	Plan Plan	04b 154b 22ad
Scheme Option (✔) Growth	Dividend Frequency (awal Date (✓) 2nd	8th 15th 23rd
Scheme		✓) Monthly callments	·	awal Date (🗸) 2nd	To D D M M Y Y Y Y
Scheme Option (✔) Growth Withdrawal Amount ₹	X No of Ins			awal Date (✓) 2nd	
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as	X No of Ins	stallments	Withdrawal From	awal Date (✓) 2nd □ □ M M Y Y Y Y (First Installment)	To D D M M Y Y Y Y
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name	X No of Ins	stallments	Withdrawal From	awal Date () 2nd D D M M Y Y Y Y (First Installment)	To D D M M Y Y Y Y
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as	X No of Ins	stallments	Withdrawal From	awal Date () 2nd D D M M Y Y Y Y (First Installment)	To D D M M Y Y Y Y
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name	X No of Ins	stallments	Withdrawal From	awal Date (✓) 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST	To D D M M Y Y Y Y
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name	X No of Ins	FIRST FIRST	Withdrawal From	awal Date (✓) 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST	To DDMMYYYY
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB	X No of Ins	FIRST FIRST	MIDD A/c Number	awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST	To D D M M Y Y Y Y
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name	X No of Ins	FIRST FIRST	Withdrawal From	awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST LE LAST City	To DDMMYYYY
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE	X No of Ins s in Bank Records Wr Ms Ms Current NRO	FIRST FIRST NRE FCNR	MIDD A/c Number Branch	Awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST LE LAST City 9 Digit MICR Code	To DDMMYYYYY (Last Installment)
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9	X No of Ins S in Bank Records Mr Ms M/S Current NRO 11 Digit IFSC Code 10 digit cheque number that app	FIRST FIRST NRE FCNR ears after your cheque n	MIDD A/c Number Branch	Awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST LE LAST City 9 Digit MICR Code	To DDMMYYYYY (Last Installment)
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (€)	X No of Ins S in Bank Records Mr Ms M/S Current NRO 11 Digit IFSC Code 10 digit cheque number that app	FIRST FIRST NRE FCNR ears after your cheque n	MIDD A/c Number Branch	Awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST LE LAST City 9 Digit MICR Code	To DDMMYYYYY (Last Installment)
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank CO DECLARATION	X No of Ins S in Bank Records WE WE WE WE Current NRO 11 Digit IFSC Code I digit cheque number that app Cancelled Cheque Or Copy of	FIRST FIRST NRE FCNR ears after your cheque r.	MIDD A/c Number Branch Branch MICR code sta	Awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LE LAST LE LAST City 9 Digit MICR Code urting and / or ending with 000 a	To D D M M Y Y Y Y Y (Last Installment) (Last Installment)
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank accounty	X No of Ins s in Bank Records le Mr Ms Ms Current NRO 11 Digit IFSC Code d digit cheque number that app Cancelled Cheque Or Copy o registered with Indiabulls Mutual Fu th. For this purpose I/We hereby ap	FIRST FIRST NRE FCNR ears after your cheque not through their authorised Sprove to raise a debit to my/s	Withdrawal From MIDD A/c Number Branch Description: D	Awal Date () 2nd D D M M Y Y Y Y (First Installment) LE LAST LAST LE LAST City 9 Digit MICR Code arting and / or ending with 000 arting and with 000 arting with 000 arting with 000 arting and with your payment to the unit with your branch. I/We hereby at	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to thiorize you to honour all such requests
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank Countreceived through to debit my/our accountered standing instruction. I hereby declared	X No of Ins S in Bank Records Re	FIRST FIRST NRE FCNR ears after your cheque ref Cheuqe Indicate the proceeds the proceeds the correct and complete. If the	Withdrawal From MIDD A/c Number Branch Bra	ewal Date () 2nd D D M M Y Y Y Y (First Installment) City 9 Digit MICR Code arting and / or ending with 000 arting and / or ending with out a detrake to keep sufficient funds in the of effected at all for reasons of incomp	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to athorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not be the original of the control of the
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank accounreceived through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible	X No of Ins S in Bank Records Le	FIRST FIRST NRE FCNR ears after your cheque ref Cheuqe Ind through their authorised Sprove to raise a debit to my/ue remittance of the proceeds correct and complete. If the bount happens to be a non bus	Withdrawal From MIDD A/c Number Branch Dervice Provider(s) and repour above mentioned accute the beneficiary. I/We untransaction is delayed or transaction is delayed or siness day as per Indiabulis.	ewal Date () 2nd D D M M Y Y Y Y (First Installment) City 9 Digit MICR Code Intring and / or ending with 000 a resentative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the of effected at all for reasons of incom S Mutual Fund or a Bank holiday, exer	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to thorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not button of the transaction will happen next
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have Implication. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will hany failure or delay in completion of this any failure or delay in completion of this	X No of Ins S in Bank Records In Mr Ws W/s Current NRO 11 Digit IFSC Code 10 digit cheque number that app Cancelled Cheque Or Copy of The Company of Control of Control The Control of Control The Control	FIRST FIRST NRE FCNR ears after your cheque reference of the top of the to	Withdrawal From MIDD A/c Number Branch Branch Detervice Provider(s) and report above mentioned acct to the beneficia delayed or transaction and as a sper Indiabulls fluidabulls Mutual Fund. The by any acts of God, civil we have the same action of the same	Gity 9 Digit MICR Code orting and / or ending with 000 a resentative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the ot effected at all for reasons of income a Mutual Fund or a Bank holiday, execute the above mentioned Bank shall not be, civil commotion, riot, strike, mutiny, r, civil commotion, riot, strike, mutiny, r, civil commotion, riot, strike, mutiny, r	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to athorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not sution of the transaction will happen next eliable for, nor be in default by reason of, revolution, fire, flood, fog, war, lightening, revolution, fire, flood, fog, war, lightening,
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (0 DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account fool indicated through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government by which has the effect of preventing the power of the service	X No of Ins S in Bank Records In Bank Bank Bank Bank Bank Bank Bank Ban	PIRST FIRST NRE FCNR NRE FCNR aears after your cheque r. f Cheuqe Ind through their authorised Seprove to raise a debit to my/se remittance of the proceeds e correct and complete. If the bunt happens to be a non bus it ions listed in the Document of is caused, in whole or in part, puter system, force majeure e mentioned Bank. I/We shall	A/c Number Branch Branch MICR code state dervice Provider(s) and repour above mentioned account transaction is delayed or risiness day as per Indiabulli findiabulls Mutual Fund. To by any acts of God, civil we events, or any other cause. In ot dispute or challenge a	Gity 9 Digit MICR Code arting and / or ending with 000 arterestative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the ot effected at all for reasons of income in the with a sufficient funds in the ot effected at all for reasons of income in the other with your branch. I/We hereby at other with your branch. I/We hereby at other with your branch in the your	To DDMMYYYYY (Last Installment) (Last Installment) Te not valid for NACH. The not valid for NACH.
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (O DECLARATION I/We wish to inform you that I/we have it my/our above mentioned bank account received through to debit my/our accouncy standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will hany failure or delay in completion of this earthquake, change of Government pc which has the effect of preventing the p have any claim against the Bank in resplaims, actions, suits, for any loss, de	X No of Ins S in Bank Records Le	ears after your cheque referentiance of the proceeds e correct and complete. If the bount happens to be a non busions listed in the Document of is caused, in whole or in part, puter system, force majeure e mentioned Bank. I/We shall and to the mandate submittees incurred by the Bank and	Withdrawal From MIDD A/c Number Branch Branch Description of the beneficiary. I/We untransaction is delayed or utransaction is delayed or utransaction is delayed or utransaction of the beneficiary. I/We untransaction of the beneficiary. I/We shall be under cause II not dispute or challenge a by me/us. I/We shall keep d, by reason of their actir	Gity 9 Digit MICR Code arting and / or ending with 000 article to keep sufficient funds in the ot effected at all for reasons of incomy in Mutual Fund or a Bank holiday, exeche above mentioned Bank shall not be, r, civil commotion, riot, strike, mutiny, to of peril which is beyond the above my debit, raised under this mandate, at the Bank and, jointly and or severally gupon the instructions issues by the	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to athorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not put for transaction will happen next e liable for, nor be in default by reason of, revolution, fire, flood, fog, war, lightening, nentioned Banks reasonable control and an any ground whatsoever. I/We shall not indemnified from time to time, against all e above named authorized signatories/
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (O DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account received through to debit my/our account standing instruction. I hereby declare hold Indiabulis Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government per which has the effect of preventing the phave any claim against the Bank in rest claims, actions, suits, for any loss, debeneficiaries. This request for debit ms.	X No of Ins S in Bank Records In Min Ms M/s Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The this purpose I/We hereby ap Int with the amount requested, for due the that the particulars given above ar It is detented to debit to my/our according to the composition of the compositio	PIRST FIRST NRE FCNR NRE FCNR Hears after your cheque reference of the proceeds a correct and complete. If the bunt happens to be a non business listed in the Document of is caused, in whole or in part, puter system, force majeure e mentioned Bank. I/We shal ant to the mandate submitted the sincurred by the Bank and only through a written letter	A/c Number Branch Br	(First Installment) City	To DDMMYYYYY (Last Installment) (Last Instal
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (O DECLARATION I/We wish to inform you that I/we have to my/our above mentioned bank account received through to debit my/our account of standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will hany failure or delay in completion of this earthquake, change of Government pc which has the effect of preventing the p have any claim against the Bank in responsible and the standard of t	X No of Ins S in Bank Records In Mr Ms Ms Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of registered with Indiabulls Mutual Funt. For this purpose I/We hereby apunt with the amount requested, for due to that the particulars given above are lie. If the date of debit to mylour accurate, where such failure or delay oblicies, Unavailability of Bank's comperformance this service by the above pert of the amount so debited pursuamage, costs, charges and expense and ate is valid and may be revoked to effect such withdrawal. The ARN Funds from amongst which the Sche	FIRST FIRST NRE FCNR and through their authorised Sprove to raise a debit to my/ue remittance of the proceeds ent that puter system, force majeure mentioned Bank. I/We shall ant to the mandate submitted the sincurred by the Bank an only through a written letter holder has disclosed to me/ueme is being recommended to	Withdrawal From MIDD A/c Number Branch Branch Description of the provider(s) and report above mentioned account transaction is delayed or transaction is delayed or transaction is delayed or lianess day as per Indiabulls findiabulls Mutual Fund. To by any acts of God, civil we events, or any other cause Il not dispute or challenge at 1by me/us. I/We shall keep old, by reason of their actin withdrawing the mandate sall the commissions (in the Indiabuls).	Gity 9 Digit MICR Code Tresentative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the ot effected at all for reasons of incomy is Mutual Fund or a Bank holiday, exert he above mentioned Bank shall not be, r, civil commotion, riot, strike, mutiny, to of peril which is beyond the above my debit, raised under this mandate, of the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any oth	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to atthorize you to honour all such requests funding account on the date of execution older or incorrect information, I would not button of the transaction will happen next a liable for, nor be in default by reason of, evolution, fire, flood, fog, war, lightening, tentioned Banks reasonable control and an any ground whatsoever. I/We shall not indemnified from time to time, against all e above named authorized signatories/beneficiaries and acknowledged at your er mode), payable to him for the different
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have I my/our account for the standard of the standard in th	X No of Ins S in Bank Records In Mr Ws Ws Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The word of the control of the	PIRST FIRST NRE FCNR NRE FCNR Hears after your cheque reference of the proceeds a correct and complete. If the bount happens to be a non busions listed in the Document is caused, in whole or in part, puter system, force majeure ementioned Bank. I/We sha and to the mandate submitted the sincurred by the Bank and only through a written letter holder has disclosed to me/u me is being recommended to 16 and regulations made the ethereunder) and PMLA. I/V	Withdrawal From MIDD A/c Number Branch Bra	First Installment) City 9 Digit MICR Code Presentative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the out effected at all for reasons of incomp is Mutual Fund or a Bank holiday, exect he above mentioned Bank shall not be received in the content of the content of peril which is beyond the above my debit, raised under this mandate, the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories, errorm of trail commissions or any other consent for sharing / disclose of the Action	To DDMMYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To Last Installment) To Last Installment) To Last Installment) To Last Installment
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank C DECLARATION I/We wish to inform you that I/we have a mylour above mentioned bank accour received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government ye which has the effect of preventing the phave any claim against the Bank in responsible to the phave any claim against the Bank in responsible semenciaries. This request for debit me counters and giving reasonable notice competing Schemes of various Mutual 1/1/We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management	X No of Ins S in Bank Records The Mr Ws Ws Current NRO 11 Digit IFSC Code Ordigit cheque number that app Cancelled Cheque Or Copy of The word of the particulars given above are that the particulars given above are le. If the date of debit to my/our according to the particulars given above are that the particulars given above are that the particulars given above are the the the date of debit to my/our according to the the service of the amount so debited pursu amage, costs, charges and expense andate is valid and may be revoked to effect such withdrawal. The ARN Funds from amongst which the Sche tin accordance with Aadhaar Act, 20 the area of the companies of SEBI registered mutter the particular to the particular to the particular that the scheduler than the sche	INRE FONR	A/c Number Branch Br	(First Installment) (City 9 Digit MICR Code (Interpretation of the content of the conte	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to uthorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not sution of the transaction will happen next el liable for, nor be in default by reason of, revolution, fire, flood, fog, war, lightening, entioned Banks reasonable control and any ground whatsoever. I/We shall not indemnified from time to time, against all e above named authorized signatories beneficiaries and acknowledged at your beneficiaries and acknowledged at your er mode), payable to him for the different ticating and (ii) updating my/our Aadhaar idhaar number(s) including demographic y/ our folios with my / our PAN
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank O DECLARATION I/We wish to inform you that I/we have a my/our above mentioned bank accoun received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government ye which has the effect of preventing the phave any claim against the Bank in responsible states the effect of preventing the phave any claim against the Bank in responsible schemes of various Mutual 1/1/We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management	X No of Ins S in Bank Records In Mr Ws Ws Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The word of the control of the	INRE FONR	A/c Number Branch Br	First Installment) City 9 Digit MICR Code Presentative for my/our payment to the unt with your branch. I/We hereby at dertake to keep sufficient funds in the out effected at all for reasons of incomp is Mutual Fund or a Bank holiday, exect he above mentioned Bank shall not be received in the content of the content of peril which is beyond the above my debit, raised under this mandate, the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories, errorm of trail commissions or any other consent for sharing / disclose of the Action	To DDMMYYYYY (Last Installment) re not valid for NACH. above mentioned beneficiary by debit to athorize you to honour all such requests funding account on the date of execution olete or incorrect information, I would not sution of the transaction will happen next eliable for, nor be in default by reason of, revolution, fire, flood, fog, war, lightening, nentioned Banks reasonable control and any ground whatsoever. I/We shall not indemnified from time to time, against all e above named authorized signatories, beneficiaries and acknowledged at your er mode), payable to him for the different ticating and (ii) updating my/our Aadhaar dhaar number(s) including demographic y/ our folios with my / our PAN
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank C DECLARATION I/We wish to inform you that I/we have a mylour above mentioned bank accour received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government ye which has the effect of preventing the phave any claim against the Bank in responsible to the phave any claim against the Bank in responsible semenciaries. This request for debit me counters and giving reasonable notice competing Schemes of various Mutual 1/1/We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management	X No of Ins S in Bank Records In Mr Ms Mr Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The this purpose I/We hereby ap Int with the amount requested, for due The that the particulars given above ar Ite. If the date of debit to my/our according to the service, where such failure or delay Dicies, Unavailability of Bank's competence this service by the above performance this service by the above performance this service by the above amage, costs, charges and expens andate is valid and may be revoked to effect such withdrawal. The ARN Funds from amongst which the Sche tin accordance with Aadhaar Act, 20 The Arman Arct, 2016 (and regulations mad to companies of SEBI registered mutt INDIABULLS RECORDS M.	INRE FONR	A/c Number Branch Br	(First Installment) (City 9 Digit MICR Code (Interpretation of the content of the conte	To DDMMYYYYY (Last Installment) (Last Instal
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will. Hany failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in responsible working day and singuing the bank in responsible working day and silver of Government powhich has the effect of preventing the phave any claim against the Bank in responsible to the self-carries. This request for debit me counters and giving reasonable notice competing Schemes of various Mutual I 1/1 We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management SIGNATURE/S AS PER Sole / 1st Applicant / Guardian	X No of Ins S in Bank Records In Mr Ws Ws Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The companies of Self to my out of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit do my our activation of the particular given and the school of the particular given and the particular giv	INRE FONR	Withdrawal From MIDD A/c Number Branch Bra	(First Installment) (First Installment) (First Installment) (First Installment) (First Installment) (First Installment) (City 9 Digit MICR Code Inting and / or ending with 000 and	To DDMMYYYYY (Last Installment) To DDMMMYYYYY (Last Installment) To Last Installment) To Last Installment) To Last Installment) To Last Installment
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory: Please enter the 9 Mandatory Enclosure: Blank (0 DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account of standing instruction. I hereby declare hold Indiabulis Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in resy claims, actions, suits, for any loss, dabeneficiaries. This request for debit my counters and giving reasonable notice competing Schemes of various Mutual 1/We hereby provide my / our consent number(s) in accordance with the Aadn information with the asset management	X No of Ins S in Bank Records In Mr Ws Ws Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of The companies of Self to my out of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particulars given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit to my our activation of the particular given above and le. If the date of debit do my our activation of the particular given and the school of the particular given and the particular giv	INRE FONR	Withdrawal From MIDD A/c Number Branch Bra	Gity 9 Digit MICR Code arting and / or ending with 000 a resentative for my/our payment to the funt with your branch. I/We hereby a dertake to keep sufficient funds in the ot effected at all for reasons of income is Mutual Fund or a Bank holiday, exec the Bank and, jointly and or severally of peril which is beyond the above in ony debit, raised under this mandate, of the Bank and, jointly and or severally g upon the instructions issues by the signed by the authorized signatories/ e form of trail commissions or any oth coring and usage (ii) validating/authen consent for sharing / disclose of the Az the purpose of updating the same in m ATURE/S AS PER BANK REC	To DDMMYYYYY (Last Installment) To DDMMMYYYYY (Last Installment) To Last Installment) To Last Installment) To Last Installment) To Last Installment
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (© DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will. Hany failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in responsible working day and singuing the bank in responsible working day and silver of Government powhich has the effect of preventing the phave any claim against the Bank in responsible to the self-carries. This request for debit me counters and giving reasonable notice competing Schemes of various Mutual I 1/1 We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management SIGNATURE/S AS PER Sole / 1st Applicant / Guardian	X No of Ins S in Bank Records In Mr Ms Mr Current NRO 11 Digit IFSC Code In digit cheque number that app Cancelled Cheque Or Copy of registered with Indiabulls Mutual Funt. For this purpose I/We hereby ap unt. For this purpose I/We hereby ap unt. For this purpose I/We hereby ap unt with the amount requested, for du e that the particulars given above ar le. If the date of debit to my/our acchappen as per the Terms and Condit service, where such failure or delay objects, Unavailability of Bank's comperformance this service by the abov performance with service by the abov performance managet which the Sche tin accordance with Aadhaar Act, 20 naar Act, 2016 (and regulations mad at companies of SEBI registered mutu INDIABULLS RECORDS M. Authorised Signatory prised Signatory	INRE FONR	A/c Number Branch Br	(First Installment) (First Installment) (First Installment) (First Installment) (First Installment) (First Installment) (City 9 Digit MICR Code Inting and / or ending with 000 and	To DDMMYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) The not valid for NACH. The not valid for NACH
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank C DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account fold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government ye which has the effect of preventing the phave any claim against the Bank in resp claims, actions, suits, for any loss, debeneficiaries. This request for debit my counters and giving reasonable notice competing Schemes of various Mutual 1/1/We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management SIGNATURE/S AS PER Sole / 1st Applicant / Guardian Author ard Applican	X No of Ins S in Bank Records The Mr Ws Ws Current NRO 11 Digit IFSC Code Ordigit cheque number that app Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish the amount requested, for die The Hatte particulars given above are The Hatte particulars given above are The Hatte of debit to mylour acce The Hatte of debit to mylour acce The Hatte of Hatte or delay The Hatte of Bank's com The Hatte of Bank's com The Hatte of Hatte or Hatte The Hatte of Hatte The Hatte of Hatte The Hatte of Hatte The Hatte	INRE FONR	A/c Number Branch Br	(First Installment) LE LAST LE LAST LE LAST LE LAST LE LAST City 9 Digit MICR Code with any of the purpose of update in the side of the purpose of the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating and usage (ii) validating/authenconsent for sharing / disclose of the Astronomy of updating the same in mature is a state of the Bank and, jointly and or severally supon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating the same in mature is a state of updating the same is a state of updating the same is a state of updating the same is a s	To DDMMYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) The not valid for NACH. The not valid for NACH
Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory: Please enter the 9 Mandatory: Please enter the 9 Mandatory Enclosure: Blank (O DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account of standing instruction. I hereby declare hold Indiabulis Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in responsible notice competing Schemes of various Mutual 1//We hereby provide my / our consent number(s) in accordance with the Aadh information with the asset management SIGNATURE/S AS PER Sole / 1st Applicant / Guardian Author 3rd Applicant / Guardian Author TOR OFFICE USE ONLY Not for the standard programment of the place	X No of Ins S in Bank Records The Mr Ws Ws Current NRO 11 Digit IFSC Code Ordigit cheque number that app Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish the amount requested, for die The Hatte particulars given above are The Hatte particulars given above are The Hatte of debit to mylour acce The Hatte of debit to mylour acce The Hatte of Hatte or delay The Hatte of Bank's com The Hatte of Bank's com The Hatte of Hatte or Hatte The Hatte of Hatte The Hatte of Hatte The Hatte of Hatte The Hatte	INRE FONR	Withdrawal From Alc Number Branch B	(First Installment) LE LAST LE LAST LE LAST LE LAST LE LAST City 9 Digit MICR Code with any of the purpose of update in the side of the purpose of the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating and usage (ii) validating/authenconsent for sharing / disclose of the Astronomy of updating the same in mature is a state of the Bank and, jointly and or severally supon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating the same in mature is a state of updating the same is a state of updating the same is a state of updating the same is a s	To DDMMYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) The not valid for NACH. The not valid for NACH
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (C) DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account received through to debit my/our accound standing instruction. I hereby declare hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government powhich has the effect of preventing the phave any claim against the Bank in responsible working day and allotment of units will any failure or delay in completion of this information in accordance with the Aadh information with the asset management SIGNATURE/S AS PER Sole / 1st Applicant / Guardian Author 3rd Applicant / Guardian Author Recorded on	X No of Ins S in Bank Records The Mr Ws Ws Current NRO 11 Digit IFSC Code Ordigit cheque number that app Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish the amount requested, for die The Hatte particulars given above are The Hatte particulars given above are The Hatte of debit to mylour acce The Hatte of debit to mylour acce The Hatte of Hatte or delay The Hatte of Bank's com The Hatte of Bank's com The Hatte of Hatte or Hatte The Hatte of Hatte The Hatte of Hatte The Hatte of Hatte The Hatte	INRE FONR	Withdrawal From MIDD A/c Number Branch Bra	(First Installment) LE LAST LE LAST LE LAST LE LAST LE LAST City 9 Digit MICR Code with any of the purpose of update in the side of the purpose of the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating and usage (ii) validating/authenconsent for sharing / disclose of the Astronomy of updating the same in mature is a state of the Bank and, jointly and or severally supon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating the same in mature is a state of updating the same is a state of updating the same is a state of updating the same is a s	To DDMMYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) To DDMMYYYYYY (Last Installment) The not valid for NACH. The not valid for NACH
Scheme Option (✓) Growth Withdrawal Amount ₹ BANK ACCOUNT DETAILS as 1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the 9 Mandatory Enclosure: Blank (Complete of the please) DECLARATION I/We wish to inform you that I/we have my/our above mentioned bank account hold Indiabulls Mutual Fund responsible working day and allotment of units will any failure or delay in completion of this earthquake, change of Government penhave any claim against the Bank in responsible in the phave any claim against the Bank in the phave any claim against the phave against the phave against the phave against the phave against	X No of Ins S in Bank Records The Mr Ws Ws Current NRO 11 Digit IFSC Code Ordigit cheque number that app Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish of Cancelled Cheque Or Copy of The Wish the amount requested, for die The Hatte particulars given above are The Hatte particulars given above are The Hatte of debit to mylour acce The Hatte of debit to mylour acce The Hatte of Hatte or delay The Hatte of Bank's com The Hatte of Bank's com The Hatte of Hatte or Hatte The Hatte of Hatte The Hatte of Hatte The Hatte of Hatte The Hatte	INRE FONR	Withdrawal From Alc Number Branch B	(First Installment) LE LAST LE LAST LE LAST LE LAST LE LAST City 9 Digit MICR Code with any of the purpose of update in the side of the purpose of the Bank and, jointly and or severally gupon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating and usage (ii) validating/authenconsent for sharing / disclose of the Astronomy of updating the same in mature is a state of the Bank and, jointly and or severally supon the instructions issues by the signed by the authorized signatories/e form of trail commissions or any other consent for sharing / disclose of the Astronomy of updating the same in mature is a state of updating the same is a state of updating the same is a state of updating the same is a s	To D M M Y Y Y Y (Last Installment) To D M M Y Y Y Y (Last Installment) To D M M Y Y Y Y (Last Installment) To D M M Y Y Y Y (Last Installment) To D M M Y Y Y Y (Last Installment) To D M M M Y Y Y Y (Last Installment) The control of the Installment of the Installment of the Installment of Inst

INVESTOR REGISTRATION CUM AUTO DEBIT NACH MANDATE FORM INSTRUCTIONS cum TERMS AND CONDITIONS

SIP payment through Auto Debit via Direct Debit and Electronic Clearing Service (NACH Clearing) of the Reserve Bank of India (RBI)

LIST OF CITIES FOR SIP FACILITY VIA NACH (DEBIT CLEARING) (87 CENTERS)

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

I. GENERAL INSTRUCTIONS

- Please refer the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, Addenda issued from time to time and our website www.indiabullsamc.com for instructions, terms and conditions, Applicable NAV, Risk Factors, load and other information, various requirements of the respective Scheme / Plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application and investment.
- In case of valid applications received for Dividend Option without indicating any choice of Option and payout or reinvestment facility, the reinvestment facility with Dividend Option will be considered.

Name of the Scheme	Dividend Options	Default Option
Indiabulls Blue Chip Fund (An Open- ended Equity Scheme)	Dividend Option (Payout & Reinvestment Monthly Dividend Option (Payout & Reinvestment) Quarterly Dividend Option (Payout & Reinvestment) Half Yearly Dividend Option (Payout & Reinvestment)	Dividend Option - Reinvestment
Indiabulls Arbitrage Fund (An Open- ended Equity Scheme)	Monthly Dividend Option (Payout & Reinvestment) Quarterly Dividend Option (Payout & Reinvestment) Half Yearly Dividend Option (Payout & Reinvestment) Yearly Dividend Option (Payout & Reinvestment)	Monthly Dividend Option - Reinvestment
Indiabulls Value Discovery Fund (An Open- ended Equity Scheme)	Dividend Option (Payout & Reinvestment) Monthly Dividend Option (Payout & Reinvestment) Quarterly Dividend Option (Payout & Reinvestment) Half Yearly Dividend Option(Payout & Reinvestment)	Dividend Option - Reinvestment

- 3. This facility is only offered to those investors having bank accounts in select cities as mentioned above. The list of cities, may be modified/updated/changed/removed at any time in future at the discretion of AMC without assigning any reasons or prior notice. If the SIP auto debit facility is discontinued in a city for any reason, SIP instructions for investors in such city via NACH (Debit) route/Direct debit/SI may be discontinued without prior notice.
- 4. PAN is mandatory for all investors. However, investments through Micro SIPs, i.e. where aggregate of installments per year per investor does not exceed Rs. 50,000, will be exempt from the requirement of PAN. Such investors must submit a valid and self attested standard photo identification and address proof documents in lieu of PAN. List of acceptable documents are available with the ISCs of the AMC/Registrar. If the identification document is not in order, or registration of SIP results in aggregate of the SIP investments exceeding Rs. 50,000 per investor per year, the SIP will be rejected.
- If SIP application form and cheque is submitted with bank details of a city where the Mutual Fund does not provide auto debit facility, first SIP cheque may get processed. However, future debits may not happen and SIP instruction may get rejected.
- In case of rejection of SIP form for any reason whatsoever, the Mutual Fund will not
 entertain any request for refund of proceeds of first cheque which is already
 processed. Investors will have to redeem the units allotted through first cheque at
 applicable NAV.
- To avail of SIP in separate schemes/plans via debit facility, an investor will have to fill a separate form for each scheme/plan. A single form cannot be used for different schemes simultaneously and may be rejected.
- 8. Complete application form and SIP Auto debit form along with the first cheque (drawn on the same bank account which is to be registered for NACH Debit/Direct Debit / Standing Instruction) should be submitted to the Mutual Fund or the Registrar. AMC reserves the right to reject any application without assigning any reason thereof. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 20 days via normal post.
- The bank account provided for NACH should participate in local MICR clearing. Incase MICR code is not provided or incorrect code is mentioned on the application form, the application for SIP will be liable to be rejected.
- 10. The first SIP cheque / draft could be of any Business day but subsequent cheques or NACH / Auto Debit Transactions should be dated 1** or 5** or 10** or 15** or 20** or 25** and there should be minimum gap of at least 30 Days between the 1st SIP and the 2nd SIP or as specified by IBMF from time to time
- 11. If the date on the cheque / draft / NACH / Auto Debit Transactions is a non Business Day for the scheme , then the units shall be allotted on the next Business Day.
- 12. In case the first cheque is issued from a different bank account or is a demand draft or in case of renewal of SIP debit, then investors should attach a cancelled cheque or a copy of the cheque pertaining to bank account which is to be registered for NACH Debit/direct debit / standing instruction. Alternatively, investors can also get the bank account mentioned on the form along with Bankers certificate form.
- Minimum SIP installment amount: Monthly: Rs. 500/- and in multiples of Re.1/thereafter; Monthly: Rs. 1000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund).
 - Quarterly: Rs. 1500/- and in multiples of Re.1/- thereafter; Quarterly: Rs. 3000/- and in multiples of Re.1/- thereafter (for Indiabulls Arbitrage Fund). Minimum No. of SIP installments: monthly 12 installments, quarterly 4 installments [including the first SIP cheque]. Investors may also choose to invest in SIP without the first SIP installment cheque. SIP Dates: 1st/5th/10th/15th/20th/25th of the month/quarter. Registration period: There must be at least 30 days between the first SIP cheque and subsequent due date of NACH [debit clearing];
- 14. If no start date is specified, SIP will be registered to start from a period after 30 days on the SIP date as available / mentioned. In case of the auto debit facility, the default options (where auto debit period, frequency and SIP date are not indicated) will be as follows:

- SIP auto debit period: The SIP auto debit will continue till 5 years.
- SIP date: 15th of the month (commencing 30 days after the first SIP installment date); and
- SIP frequency: Monthly.
- 15. The investor agrees to abide by the terms and conditions of NACH facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time at a later stage.
- 16. The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction / Direct debit / Auto Debit. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or due to any reason by the investor's banker, the investor would not hold the Mutual Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Mutual Fund, execution of the NACH Debit / Direct Debit / SI may happen on non business and allotment of Units will happen as per the terms and conditions listed in the SID, SAI, KIM and all relevant Addenda of the scheme concerned.
 17. The Mutual Fund, its Registrars, Direct Debit Banks and other service providers
- 17. The Mutual Fund, its Registrars, Direct Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay.

II. SYSTEMATIC TRANSFER PLAN (STP)

- Please specify the scheme details, your transfer installment amount, the number of installments, the total amount sought to be transferred, the transfer frequency and the transfer period.
- Minimum Transfer Size is Rs. 500/- and in multiples of Re. 1 (At the time of registration, the minimum invested amount in the source scheme should be Rs. 6000/-). The minimum period will be 4 weeks in case of Daily / Weekly / Monthly / Quarterly option.
- The investors can choose any one of the dates among 2nd, 8th, 15th of 23rd of every month as the STP date in case of Monthly option (if any of these days fall on a non-business day, the transaction will be effected on the next business day of the Scheme),STP for Weekly option will be processed on every Friday. Daily STP will not be processed on Saturday, Sunday & Public Holidays. The default STP date will be 15th of every month. The default STP frequency will be monthly.
 Please note that your STP request would be registered with us within
- 4. Please note that your STP request would be registered with us within 8 business days from the date of lodgement of your STP Request. You can cancel the STP request at any time by giving a written request for the same. The cancellation of a registered STP request would take 8 business days.
- The STP will be automatically terminated if all units are liquidated or withdrawn from the source scheme or pledged of upon receipt of intimation of death of the unit holder. The units marked under lien or pledged in the source scheme shall not be eligible for STP.
- Under Daily/Weekly/Monthly/Quarterly STP, unit holders will be eligible to transfer a fixed amount (minimum Rs. 500 and in multiples of Re. 1 thereafter per installment in all the schemes).
- In case Day of Transfer has not been indicated under Weekly frequency, Friday shall be treated as Default day of transfer.
- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Daily/Weekly/Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 15th shall be treated as Default Date within 12 default installments.

III. SYSTEMATIC WITHDRAWAL PLAN (SWP)

- Please indicate a fixed amount you wish to withdraw. Please also specify the scheme details, the number of installments, the total withdrawal sought, the withdrawal frequency and the withdrawal period.
- 2. Minimum Withdrawal Size Rs. 500 in multiples of Re. 1.
- 3. Please note that your SWP request would be registered with us within 8 business days from the date of lodgement of your SWP request. You can cancel the SWP request at any time by giving a written request for the same. The cancellation of a registered SWP request would take 8 business days.
- 4. The investors can choose any one of the dates among 2nd, 8th, 15th or 23rd of every month as the SWP date (in case any of these days fall on a non-nusiness day, the transaction will be effected on the next business day of the Scheme). The default SWP date and frequency will be 8th of every month and monthly option.

IV. DOCUMENTS REQUIRED New Investors are required to submit the following documents:

- a. SIP Enrolment along with Registration cum Auto Debit/NACH Mandate Form.
- b. The Intial investment amount cheque should be issued from the same bank account which is to be debited under NACH/Auto Debit for SIP instalments
 c. A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the
- A photo copy/cancelled cheque from NACH Debit Account (as mentioned on the application form should be submitted along with other requirements.
- d. In case of payment made through an instrument issued from a bank account other than that of the first named applicant / investor mentioned in the application form, Investors are required to additionally fill up & submit the Third Party Payment Declaration Form' (available at any of our ISC's or on our website www.indiabullsamc.com) along with the SIP Registration cum Auto Debit/NACH Mandate Form.

Existing Investors are required to submit SIP Registration cum Auto Debit/NACH Mandate Form.

V. CHANGE OF BANK

In order to change the existing bank account for NACH/SIP Auto Debit investors need to submit an Autodebit form selecting a 'change of bank option' in the form for the existing SIP, 30 days before the next SIP debit.

VI. DISCONTINUE/CANCELLATION OF SIP

The investor has the right to discontinue SIP at any time he/she so desires by sending a written request 30 days in advance of the immediate next due date to any of the offices of Indiabulls Mutual Fund or its Authorized Collection Centres. On receipt of such request SIP will be terminated. Further, Indiabulls Mutual Fund shall have the right to discontinue the SIP in case of 3 consecutive failures.

VII.PAN and KYC

PAN & KYC is mandatory irrespective of amount of investment, except in case of Micro SIP (Refer instruction no. I (4)).

ONE TIME BANK MANDATE
(NACH/Direct Debt Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

TIck (✓) UMRN For Office Use Only	Date D D M M Y Y				
CREATE MODIFY Sponsor Bank Code For Office Use Only	Utility Code For Office Use Only				
CANCEL X I/We, hereby authorize Indiabulls Mutual Fund	To debit (tick ✓) SB CA CC SB-NRE SB-NRO Other				
Bank A/c. Number Destination Bar	Account Number				
With Bank Destination Bank Name IFSC	or MICR				
An amount of Rupees	₹				
FREQUENCY X Mthly X Qtty X H-Yrly X Yrly ✓ As & when presented DEBIT TYPE X Fixed Amount ✓ Maximum Amount					
Uniq ID	Phone No.				
Reference 2	Email ID				
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of changes of the bank.					
PERIOD					
From D D M M Y Y Y Y Signature Primary Account holder	Signature Primary Account holder Signature Primary Account holder				
To 3 1 1 2 2 0 9 9					
Or Until cancelled 1. Name as in bank records	2. Name as in bank records				
	orizing the user entity/corporate to debit my account, based on the instruction as agreed and signed. I have				
understood that I am authorized to cancel/amend this mandate by appropriately communicating the ca	ncellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.				
	~ @				
	· > 				

DECLARATION

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/Wewould not hold Indiabulls Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

AUTHORISATION TO BANK

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund for ECS / NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled by Investor)				
Affix Barcode	Date & Time Stamp No.			



OTM INSTRUCTIONS: TERMS & CONDITIONS

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM 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 Indiabulls Mutual Fund.
- If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

MANDATORY FIELDS: Date: Date is mandatory • CREATE/MODIFY/CANCEL: tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • To Debit (tick): account type is mandatory • Bank A/c Number: Investor debit bank a/c number mandatory • With Bank: Investor bank name is mandatory • IFSC / MICR: Correct IFSC code or MICR code is mandatory • An amount of Rupees: SIP fixed instalment amount in words in word column is mandatory • Rs.: SIP fixed instalment amount in figure column is mandatory. Brandatory, Maximum instalment amount in figures on figure column is mandatory • Frequency: SIP monthly/ quarterly mandatory, Lump sum: as & when presented is mandatory • Debit Type: For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • Folio No.: For Existing Investor only • Phone No./ Email ID: Phone No. or Email ID is Mandatory • PAN Number: Mandatory • Period: SIP start date is Mandatory, Lump sum: indicate till what date the man date should be valid • Signature of Account Holder: Signature is mandatory as per bank record • Name of the Bank A/c Holder: Name of the Bank A/c Holder is mandatory