

INVESTOR REGISTRATION CUM AUTO DEBIT/NACH MANDATE FORM

Fill the form in BLOCK letters only | Leave one space between words



| Distributor ARN Code | Sub-Distributor ARN Code | Internal Sub-Broker / Employee Code | EIUN | KYC Identification No. |
|----------------------|--------------------------|-------------------------------------|------|------------------------|
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Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

I/We, hereby confirm that the EIUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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| Sign Here First / Sole Applicant / Guardian POA | Sign Here Second Applicant | Sign Here Third Applicant |
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Transaction charges for applications through distributors only

I confirm that I am a first time investor across Mutual Funds. (₹ 150/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

I confirm that I am an existing investor across Mutual Funds. (₹ 100/- will be deducted as Transaction Charges for Transaction of ₹ 10,000/- and more)

APPLICANT DETAILS

Name FIRST MIDDLE LAST Folio No.

PAN *Aadhar No. PAN Proof Enclosed please

ADDITIONAL INVESTMENT DETAILS

Scheme Name: Indiabulls

PLAN: Direct Plan Existing/ Regular Plan
 OPTIONS: Growth Dividend (Payout Reinvestment Sweep) (Frequency: _____)

Cheque / DD No. Cheque / DD Date DD Charge Rs. Cheque / DD Net Amount Rs.

Bank Name Branch City

SIP DETAILS SIP through Post Dated Cheques SIP through Auto Debit

Frequency Please Monthly Quarterly
 SIP Date Please 1 5 10 15 20 25 Cheque Nos. From _____ To _____

SIP AMOUNT ₹ _____ (In figures) _____ (In words) _____ Bank Name _____

Enrolment Period From To I/We hereby authorise Indiabulls Mutual Fund/Indiabulls Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by NACH (Debit Clearing)/Direct Debit/Standing Instruction for collection of SIP payments.

STP DETAILS

Name of 'Source' Scheme/Plan/Option

Name of 'Target' Scheme/Plan/Option

For Systematic Transfer Plan (STP) (Please any one)

(Refer Instruction No. II)

Amount of Transfer per Installment: Rs.

Daily* No. of Installment:
 Weekly* No. of Installment:
 Monthly* Quarterly* No. of Installment:
 [Day of Transfer (Please any one)] 2 8 15* 23

In case of multiple registrations, please fill up separate Enrolment Forms.
 #Refer Instruction No. II (6) +Default Frequency/Date/Day (Refer Instruction no. II (8))

SWP DETAILS

Scheme Plan

Option Growth Dividend
 Frequency Monthly Quarterly
 Withdrawal Date 2nd 8th 15th 23rd

Withdrawal Amount ₹ _____ X No of Installments _____ Withdrawal From To

(First Installment) (Last Installment)

BANK ACCOUNT DETAILS as in Bank Records

1st/Sole Account holder Name FIRST MIDDLE LAST

2nd Account holder Name FIRST MIDDLE LAST

3rd Account holder Name FIRST MIDDLE LAST

A/c Type please SB Current NRO NRE FCNR
 A/c Number

Bank Name Branch City

PIN CODE 11 Digit IFSC Code 9 Digit MICR Code

Mandatory: Please enter the 9 digit cheque number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for NACH.

Mandatory Enclosure: Blank Cancelled Cheque Or Copy of Cheque

DECLARATION

I/We wish to inform you that I/we have registered with Indiabulls Mutual Fund 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 honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare 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, I would not hold Indiabulls Mutual Fund responsible. If the date of debit to my/our account happens to be a non business day as per Indiabulls Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of Indiabulls Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. The ARN holder has disclosed to me/us all the commissions (in the form of trail commissions or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

*I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN

| SIGNATURE/S AS PER INDIABULLS RECORDS MANDATORY | SIGNATURE/S AS PER BANK RECORDS MANDATORY |
|---|---|
| Sole / 1st Applicant / Guardian Authorised Signatory <input type="text"/> | Sole / 1st Applicant / Guardian Authorised Signatory <input type="text"/> |
| 2nd Applicant / Guardian Authorised Signatory <input type="text"/> | 2nd Applicant / Guardian Authorised Signatory <input type="text"/> |
| 3rd Applicant / Guardian Authorised Signatory <input type="text"/> | 3rd Applicant / Guardian Authorised Signatory <input type="text"/> |

FOR OFFICE USE ONLY Not to be filled by the Investor

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|--|--|
| Recorded on <input type="text"/> | Scheme Code <input type="text"/> |
| Recorded by <input type="text"/> | Credit A/c No. <input type="text"/> |
| Bank use Mandate Ref. No. <input type="text"/> | Customer Ref. No. <input type="text"/> |

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/We would 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. |
|---------------|-----------------------|
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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, maximum amount in words in word column is mandatory • **Rs.:** SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in 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