

COMMON SIP REGISTRATION FORM & NACH MANDATE

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



Application No.

DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund. Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian _____ Signature of Second Unit Holder _____ Signature of Third Unit Holder _____

1. UNITHOLDER INFORMATION

Folio No. Legal Entity Identification (LEI) Code³

1st/Sole Unit Holder Name Mr. Ms. M/s

Second Applicant Name Mr. Ms. M/s

Third Applicant Name Mr. Ms. M/s

PAN/PEKRN of First Applicant Second Applicant Third Applicant

2. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme Plan (Please ✓) Regular Direct

Option Growth IDCW* Reinvestment IDCW* Payout Dividend Frequency _____

*IDCW- Income Distribution cum Capital Withdrawal Option ³LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

Enrolment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y OR Perpetual (99 years) (Default)

First SIP Instalment via: Cheque No Drawn on Bank and Branch _____

Amount: ₹ A/c. No.

Each SIP Amount: ₹ _____ Amount in Words _____

Frequency: (Please ✓)	<input type="checkbox"/> Monthly (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 6)	<input type="checkbox"/> Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 4)
Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> D D Preferred Debit Date (Any day from 1st to 28th of the month.)

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/> D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

From Application No.

Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/> D D M M Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.