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ONE TIME BANK MANDATE (NACH/OTM/DIRECT DEBIT FORM)

TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

| UMRN | F O R   O F F I C E   U S E   O N L Y | Date | D D M M Y Y Y Y |

Tick (✓)
CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code: FOR OFFICE USE ONLY   Utility Code: FOR OFFICE USE ONLY

I/We hereby authorize **TRUST MUTUAL FUND** to debit (tick ✓)

SB	CA	CC	SB-NRE	SB-NRO	Other

Bank Account No.

With Bank: Name of customers bank   IFSC ___ or MICR ___

an amount of rupees: IN WORDS   ₹ IN FIGURES

Frequency ☒ Monthly ☒ Quarterly ☒ Half yearly ☒ Annually ☑ As & when presented   DEBIT TYPE ☒ Fixed amount ☑ Maximum Amount

Reference/Application No. _____   Phone No. _____

Scheme Name _____   Email ID _____

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 M M Y Y Y Y
To   D D M M Y Y Y Y
or   ☐ Until cancelled

Signature of Primary Account Holder
As per Bank Record
1. Name as in Bank records

Signature of Account Holder
As per Bank Record
2. Name as in Bank records

Signature of Account Holder
As per Bank Record
3. Name as in Bank records

This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of TRUST Mutual Fund / TRUST AMC shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of TRUST Asset Management Private Limited, Investment Manager to TRUST Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.