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



Dietributes ADN Code					MUTUAL FUND
Distributor ARN Code	Sub-Distributor ARN	Code Internal Sub-Br	oker / Employee Code	EUIN	KYC Identification No.
130842				E215826	
p front commission shall be paid directly by the				ered by the distributor.	
	out any interaction or adv distributor or notwithstanding	rice by the employee/relation the advice of in-appropriate ne	nship ess. if Sign Here	Sign Here srdian POA Second Applicant	Sign Here Third Applicant
ransaction charges for appl I confirm that I am a first tim I confirm that I am a existing	ications through distrib ne investor across Mutua	utors only Funds. (₹ 150/- will be	e deducted as Transaction C	Charges for Transaction of ₹ 10, Charges for Transaction of ₹ 10,	•
APPLICANT DETAILS					
lame Mr Ms.M/s	FIRST	MIDDLE	LAST	Folio No	
PAN		*Aadhar No.		PAN	Proof Enclosed please ✓
ADDITIONAL INVESTMENT	DETAILS	7 tadilai 1101			Troot Enclosed product 7
Scheme Name: Indiabulls _	DE171120				
	kisting/ Regular Plan OF	PTIONS: Growth	Dividend (☐ Payout ☐ Re	investment Sweep) (Frequen	ncy:)
Cheque / DD No	Cheque / I	DD Date D D M M	Y Y DD Charge Rs.	Cheque / DD Net A	mount Rs.
Sank Name			Branch	City	
	ough Post Dated Chequ	SID through Aut			
				00 O 01 N 5	-
Frequency Please ✔ Mo SIP AMOUNT ₹	•	Date Please ✓ 1 (In word	5 10 15	20 25 Cheque Nos. From	m To
SIP ANIOUNT ((In figures)		Dank i		t Company Limited and their authorised
Enrolment Period From M	M Y Y Y Y To M	servii Instru	ce providers, to debit my/our i action for collection of SIP paymen	following bank account by NACH (into	t Company Limited and their authorised Debit Clearing)/Direct Debit/Standing
STP DETAILS					
Name of 'Source' Scheme/Pla					
Name of 'Target' Scheme/Plan		it of Transfer per Installmer	at: De		
For Systematic Transfer Plan (Please (✓) any one)	(STP) Alloui	· · · · · · · · · · · · · · · · · · ·	п. 13.	No	o. of Installment:
(Refer Instruction No. II)	○ Wee	<u></u>			o. of Installment:
	○ Mon	thly [#] \(\text{Quarterly}^#		No	o. of Installment:
	[Day of	f Transfer (Please (🗸) any	one)]	□23	
In case of multiple registration #Refer Instruction No. II (6)	ns, please fill up separate	Enrolment Forms. Date/Day (Refer Instruction	no II (8))		
SWP DETAILS	+Delault Frequency/L	date/Day (Refer Instruction	110. 11 (8))		
OW DETAILS					
Scheme				Plan	
Option (✓) Growth	Dividend Freque	ency (✓) Monthly	Quarterly Withdra	wal Date (✓)	8th15th23rd
Withdrawal Amount ₹	X No	o of Installments	— Withdrawal From	(First Installment)	To DDMMYYYYY (Last Installment)
BANK ACCOUNT DETAILS	as in Bank Records			(First Installment)	(Last Histallinent)
1st/Sole Account holder Na		FIRST	MIDDL	E LAST	
		FIRST	M I D D L		
1st/Sole Account holder Na		FIRST	MIDDL	E LAST	
1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name	Mr Ms M/s Mr Ms M/s Mr Ms M/s	FIRST	MIDDL	E LAST	
1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB	Mr Ms M/s Mr Ms M/s Mr Ms M/s	FIRST	MIDDL MIDDL CNR A/c Number	E LAST	
1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name	Mr Ms M/s Mr Ms M/s Current	FIRST FIRST NRO NRE FO	MIDDL	E LAST City	
1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE	Mr Ms M/s Mr Ms M/s Current 11 Digit IFSC 0	FIRST NRO NRE FO	MIDDL MIDDL CNR A/c Number Branch	E LAST E LAST City 9 Digit MICR Code	e not valid for NACH.
1st/Sole Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE	Mr Ms M/s Mr Ms M/s Current 11 Digit IFSC 0 9 digit cheque number th	FIRST NRO NRE FO	MIDDL MIDDL CNR A/c Number Branch	E LAST City	e not valid for NACH.
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	Mr Ms M/s Mr Ms M/s Current 11 Digit IFSC 0 9 digit cheque number th	FIRST NRO NRE FO	MIDDL MIDDL CNR A/c Number Branch	E LAST E LAST City 9 Digit MICR Code	e not valid for NACH.
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 Mandatory Enclosure: Blank DECLARATION	Mr Ms M/s Mr Ms M/s Current 11 Digit IFSC (9 digit cheque number the Cancelled Cheque Or (re registered with Indiabulls M/s	FIRST NRO NRE FO Code at appears after your cheque copy of Cheuqe utual Fund through their authoris	MIDDL MIDL MIDDL MIDL MIDDL MIDDL MIDDL MIDDL MIDDL MIDDL MIDDL MIDDL MIDL	City 9 Digit MICR Code ting and / or ending with 000 are essentative for my/our payment to the a	bove mentioned beneficiary by debit to
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 Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav my/our above mentioned bank acco eceived through to debit my/our acco-	Mr Ms Ms Mr Ms Ms Current 11 Digit IFSC (9 digit cheque number the Cancelled Cheque Or (er registered with Indiabulls M unt. For this purpose I/We he ount with the amount requeste	FIRST NRO NRE FO Code at appears after your cheque to the process of the proces	Branch Branch Beach Service Provider(s) and represent accoused so the beneficiary. I/We und	City 9 Digit MICR Code ting and / or ending with 000 are essentative for my/our payment to the a nt with your branch. I/We hereby autlertake to keep sufficient funds in the fu	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution
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 Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav ny/our above mentioned bank acco eccived through to debit my/our acco for standing instruction. I hereby decla fold Indiabulis Mutual Fund respons	me Mr Ms Ms Ms Ms Mr Ms	FIRST NRO NRE FO Code Copy of Cheuqe Utual Fund through their authoris reby approve to raise a debit to dd, for due remittance of the processor are correct and complete our account happens to be a no	Branch Branch Bed Service Provider(s) and represent your above mentioned account of the transaction is delayed or not no business day as per Indiabulis	City 9 Digit MICR Code ting and / or ending with 000 are essentative for my/our payment to the a nt with your branch. I/We hereby autlertake to keep sufficient funds in the fu et effected at all for reasons of incompl	bove mentioned beneficiary by debit to horize you to honour all such requestinding account on the date of execution ete or incorrect information, I would not tion of the transaction will happen nex
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 Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav ny/our above mentioned bank acco eccived through to debit my/our acc of standing instruction. I hereby declo loid Indiabulis Mutual Fund respons vorking day and allotment of units wi any failure or delay in completion of tr	Mr Ms M/s Mr Ms M/s Current 11 Digit IFSC (9 digit cheque number the Cancelled Cheque Or (re registered with Indiabulls Miunt. For this purpose I/We he are that the particulars given a sible. If the date of debit to my/ ill happen as per the Terms an is service, where such failure	FIRST NRO NRE FO Code Nat appears after your cheq Copy of Cheuqe utual Fund through their authoris reby approve to raise a debit to dd, for due remittance of the proc bove are correct and complete. our account happens to be a no d Conditions listed in the Docum or delay is caused, in whole or in	Branch Bed Service Provider(s) and represent of the transaction is delayed or not business day as per Indiabulls ent of Indiabulls with part, by any acts of God, civil war, by any acts of God, civil war	City 9 Digit MICR Code ting and / or ending with 000 are esentative for my/our payment to the a nt with your branch. I/We hereby aut et at effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re	bove mentioned beneficiary by debit thorize you to honour all such request indigence on the date of execution ete or incorrect information, I would not tion of the transaction will happen nexitiable for, nor be in default by reason ovolution, fire, flood, fog, war, lightening
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 Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav ny/our above mentioned bank acco eceived through to debit my/our acco of standing instruction. I hereby decla old Indiabulis Mutual Fund respons working day and allotment of units wi any failure or delay in completion of the winth has the effect of preventing the which has the effect of preventing the	The Mr Ms	FIRST NRO NRE FO Code at appears after your cheq Copy of Cheuqe utual Fund through their authoris reby approve to raise a debit to du, for due remittance of the proc bove are correct and complete. our account happens to be a no of a Conditions listed in the D acum or delay is caused, in whole or in k's computer system, force maj he above mentioned Bank. I/We	Branch Branch Bed Service Provider(s) and represent seed Service Provider(s) and represent seed so the beneficiary. I/We und lif the transaction is delayed or non the seed to the beneficiary. I/We und lift the transaction is delayed or non the seed so the	City 9 Digit MICR Code ting and / or ending with 000 are esentative for my/our payment to the a nt with your branch. I/We hereby auti etrake to keep sufficient funds in the fu t effected at all for reasons of incomple Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be l civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on	bove mentioned beneficiary by debit thorize you to honour all such request unding account on the date of executio ete or incorrect information, I would notion of the transaction will happen new liable for, nor be in default by reason ovolution, fire, flood, fog, war, lightening, ender the default of the control and any ground whatsoever. I/We shall not any ground whatsoever. I/We shall not some service of the control and the control and the service of the control and the co
and Account holder Name SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we have mylour above mentioned bank accoeceived through to debit mylour accord standing instruction. I hereby declared through to debit mylour accord standing instruction. I hereby declared in the same hold Indiabulls Mutual Fund responsively in completion of the sarthquake, change of Government which has the effect of preventing the lawe any claim against the Bank in relaims, actions, suits, for any loss, fairney actions, suits, for any loss, actions, suits, for any loss, suits, for a	me Mr Ms Ms Ms Ms Mr Ms	FIRST NRO NRE FO Code at appears after your cheq Copy of Cheuqe utual Fund through their authoris reby approve to raise a debit to d, for due remittance of the proc bove are correct and complete. our account happens to be a no d Conditions listed in the Docum or delay is caused, in whole or no k's computer system, force maj he above mentioned Bank. I/We d bursuant to the mandate subin expenses incurred by the Ban	Branch Branch Seed Service Provider(s) and represent above mentioned account above mentioned account and the transaction is delayed or not no business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware cure events, or any other cause shall not dispute or challenge an intell on the province of their acting that and, by reason of their acting the same province of their acting that are the province of the province	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auttertake to keep sufficient funds in the fut effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the	bove mentioned beneficiary by debit to horize you to honour all such request unding account on the date of executio ete or incorrect information, I would not tion of the transaction will happen new liable for, nor be in default by reason or volution, fire, flood, fog, war, lightening intioned Banks reasonable control an any ground whatsoever. I/We shall not demnified from time to time, against a above named authorized signatories
and Account holder Name Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav my/our above mentioned bank acco eceived through to debit my/our acco fof standing instruction. I hereby decla hold Indiabulls Mutual Fund respons working day and allotment of units with earthquake, change of Government which has the effect of preventing the nave any claim against he Bank in re claims, actions, suits, for any loss, peneficiaries. This request for debit is counters and giving reasonable notic	The Mr Ms	FIRST NRO NRE FO Code Lat appears after your cheque Lat appears a debit to Lat appears to be a no Lat appears to be Lat appears after your cheque Lat appears after your cheq	Branch Branch	city 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auti etrake to keep sufficient funds in the fu t effected at all for reasons of incomple Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be I civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be	
and Account holder Name SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav my/our above mentioned bank acco eceived through to debit my/our acco of standing instruction. I hereby decla hold Indiabulis Mutual Fund respons working day and allotment of units wi any failure or delay in completion of the arthquake, change of Government which has the effect of preventing the rathquake, change of Government which has the effect of preventing the rathquake, change of Government which has the effect of preventing the rathquake, change of Government which has the effect of preventing the rathquake, change of Government which has the effect of preventing the rathquake, change of Government which has the effect of preventing the sarthquake, change of Government which has the effect of preventing the sounters and giving reasonable notic competing Schemes of various Mutual I/We hereby provide my / our consec	The Mr Ms	RIRST NRO NRE FO Code at appears after your cheq Copy of Cheuqe utual Fund through their authoris reby approve to raise a debit od, for due remittance of the proc bove are correct and complete. our account happens to be a not of Conditions listed in the Docum or delay is caused, in whole or in k's computer system, force maj he above mentioned Bank. I/We d pursuant to the mandate subn expenses incurred by the Ban revoked only through a written I ne ARN holder has disclosed to I he Scheme is being recommence r Act, 2016 and regulations mad	Branch Branch Bed Service Provider(s) and represent seed Service Provider(s) and represent seed Service Provider(s) and represent seeds to the beneficiary. I/We und fit the transaction is delayed or non business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware eure events, or any other cause is shall not dispute or challenge arritted by me/us. I/We shall keep to ke and, by reason of their acting etter withdrawing the mandate see/us all the commissions (in the led to me/us. Be thereunder, for (i) collecting, store the service of the servi	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby aut etrake to keep sufficient funds in the fu t effected at all for reasons of incomple Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be l civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/br form of trail commissions or any other oring and usage (ii) validating/authentic	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of evolution, fire, flood, fog, war, lightening entitle of the property of th
and Account holder Name Ard Account holder Name Ard Account holder Name Ard Account holder Name Ard Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav my/our above mentioned bank according the standing instruction. I hereby decklold Indiabulls Mutual Fund responsion working day and allotment of units with any failure or delay in completion of the arthquake, change of Government which has the effect of preventing the law any claim against the Bank in relaims, actions, suits, for any loss, beneficiaries. This request for debit competing Schemes of various Mutual I/We hereby provide my / our consenumber(s) in accordance with the Aar	The Mr Ms Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs M	NRO NRE FO Code Interpretable State Stat	Branch Branch	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby aut etrake to keep sufficient funds in the fu t effected at all for reasons of incomple Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be l civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/br form of trail commissions or any other oring and usage (ii) validating/authentic	bove mentioned beneficiary by debit to horize you to honour all such requests indigenced to the date of execution ete or incorrect information, I would no tition of the transaction will happen new liable for, nor be in default by reason of vioultion, fire, flood, fog, war, lightening entioned Banks reasonable control and any ground whatsoever. I/We shall no idemnified from time to time, against all above named authorized signatories eneficiaries and acknowledged at you or mode), payable to him for the differencating and (ii) updating my/our Aadhaa haar number(s) including demographi
and Account holder Name Alc Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we havn/Jour above mentioned bank acco eceived through to debit my/our according instruction. I hereby declared the model of standing instruction. I hereby declared the model of the model o	The Mr Ms Mrs Mrs Mrs Mrs Mrs Mrs Mrs Mrs M	RIRST NRO NRE FO Code NRE FO NRE FO NRE FO CODE NRE FO N	Branch Branch Bed Service Provider(s) and represent seed Service Provider(s) and represent seed Service Provider(s) and represent seeds to the beneficiary. I/We und If the transaction is delayed or non business day as per Indiabulls ent of Indiabulls Mutual Fund. Th part, by any acts of God, civil ware ure events, or any other cause shall not dispute or challenge arnitted by me/us. I/We shall keep to k and, by reason of their acting etter withdrawing the mandate seed to me/us. If we hereby provide my/our corar and Transfer Agent (RTA) for the seed to me/us.	City 9 Digit MICR Code sentative for my/our payment to the a nt with your branch. I/We hereby aut ertake to keep sufficient funds in the fu teffected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be I civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be form of trail commissions or any other wring and usage (ii) validating/authentic ment for sharing / disclose of the Aad	bove mentioned beneficiary by debit to horize you to honour all such request unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening intioned Banks reasonable control an any ground whatsoever. I/We shall no idemnified from time to time, against all above named authorized signatories eneficiaries and acknowledged at your mode), payable to him for the different cating and (ii) updating my/our Aadhaa haar number(s) including demographic / our folios with my / our PAN
and Account holder Name Alc Type please √ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we havn/our above mentioned bank acco eceived through to debit my/our according instruction. I hereby declared the model of standing instruction. I hereby declared the model of	The Mr Ms	RIRST NRO NRE FO Code NRE FO NRE FO NRE FO CODE NRE FO N	Branch Seed Service Provider(s) and repremy/our above mentioned accoueeds to the beneficiary. I/We und if the transaction is delayed or non business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware eure events, or any other cause shall not dispute or challenge an itted by me/us. I/We shall keep to keep the commissions (in the led to me/us. The three thr	city 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auti ertake to keep sufficient funds in the fu t effected at all for reasons of incomple Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me of peril which is beyond the above me of peril which is beyond the above me of peril which is beyond the solve me o	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening entitle the fire of the fire o
2nd Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav ny/our above mentioned bank acco eccived through to debit my/our acco of standing instruction. I hereby decla old Indiablis Mutual Fundr espons vorking day and allotment of units wi my failure or delay in completion of the tarthquake, change of Government which has the effect of preventing the laims, actions, suits, for any loss, reneficiaries. This request for debit in counters and giving reasonable notic competing Schemes of various Mutual I/We hereby provide my / our conse tumber(s) in accordance with the Aa information with the asset manageme SIGNATURE/S AS PE	The large state of the service by the amount of being and and the service by the	RIRST NRO NRE FO Code NRE FO NRE FO NRE FO CODE NRE FO N	Branch Branch	City 9 Digit MICR Code sentative for my/our payment to the a nt with your branch. I/We hereby autlertake to keep sufficient funds in the fu t effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be I civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on the Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/br form of trail commissions or any other ring and usage (ii) validating/authentic ment for sharing / disclose of the Aad the purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa	bove mentioned beneficiary by debit thorize you to honour all such request inding account on the date of executio ete or incorrect information, I would notion of the transaction will happen new tition of the transaction will happen new tition of the transaction will happen new tition of the transaction will happen new to the time, and the transaction of
2nd Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we have my/our above mentioned bank acco eceived through to debit my/our accord standing instruction. I hereby declared through to debit my/our above mentioned to mits win failure or delay in completion of the airthquake, change of Government which has the effect of preventing the lares any claim against the Bank in relaims, actions, suits, for any loss, beneficiaries. This request for debit isounters and giving reasonable notic competing Schemes of various Mutual I/We hereby provide my/our consenumber(s) in accordance with the Aanformation with the asset management SIGNATURE/S AS PE Sole / 1st Applicant / Guardian Authorements and supplicant / Guard	The Mr Ms	RIRST NRO NRE FO Code NRE FO NRE FO NRE FO CODE NRE FO N	Branch Branch Seed Service Provider(s) and represent year above mentioned account and if the transaction is delayed or not no business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware earned when ye had not dispute or challenge are intitled by me/us. I/We shall keep to keep the withdrawing the mandate seed to me/us. The therefore the transfer Agent (RTA) for the standard of the s	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auttertake to keep sufficient funds in the fut effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be form of trail commissions or any other ving and usage (ii) validating/authentic onsent for sharing / disclose of the Aad ne purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa Guardian Authorised Signa	bove mentioned beneficiary by debit to horize you to honour all such request unding account on the date of execution ete or incorrect information, I would notion of the transaction will happen new liable for, nor be in default by reason of wolution, fire, flood, fog, war, lightening entitle the form of the transaction will happen new any ground whatsoever. I/We shall not demnified from time to time, against a above named authorized signatories eneficiaries and acknowledged at your mode), payable to him for the different cating and (ii) updating my/our Aadhaahaar number(s) including demographi / our folios with my / our PAN
2nd Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav ny/our above mentioned bank acco eccived through to debit my/our acco of standing instruction. I hereby decla old Indiablis Mutual Fundr espons vorking day and allotment of units wi my failure or delay in completion of the tarthquake, change of Government which has the effect of preventing the laims, actions, suits, for any loss, reneficiaries. This request for debit in counters and giving reasonable notic competing Schemes of various Mutual I/We hereby provide my / our conse tumber(s) in accordance with the Aa information with the asset manageme SIGNATURE/S AS PE	The Mr Ms	RIRST NRO NRE FO Code NRE FO NRE FO NRE FO CODE NRE FO N	Branch Branch Seed Service Provider(s) and represent year above mentioned account and if the transaction is delayed or not no business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware earned when ye had not dispute or challenge are intitled by me/us. I/We shall keep to keep the withdrawing the mandate seed to me/us. The therefore the transfer Agent (RTA) for the standard of the s	City 9 Digit MICR Code sentative for my/our payment to the a nt with your branch. I/We hereby autlertake to keep sufficient funds in the fu t effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be I civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on the Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/br form of trail commissions or any other ring and usage (ii) validating/authentic ment for sharing / disclose of the Aad the purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening entitle the fire of the fire o
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 Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we hav n/your above mentioned bank acco secived through to debit my/our acco f standing instruction. I hereby decla old Indiabulls Mutual Fund respons vorking day and allotment of units wi iny failure or delay in completion of the arth quake, change of Government hich has the effect of preventing the ave any claim against the Bank in re laims, actions, suits, for any loss, eneficiaries. This request for debit in ounters and giving reasonable notic ompeting Schemes of various Mutual I/We hereby provide my / our conse umber(s) in accordance with the Aa nformation with the asset manageme SIGNATURE/S AS PE Sole / 1st Applicant / Guardian Auth 3rd Applicant / Guardian Auth	The Mr Ms	FIRST NRO NRE FO Code Part appears after your cheque Copy of Cheuqe Utual Fund through their authorise reby approve to raise a debit od, for due remittance of the processor of the processo	Branch Branch Seed Service Provider(s) and represent year above mentioned account and if the transaction is delayed or not no business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware earned when ye had not dispute or challenge are intitled by me/us. I/We shall keep to keep the withdrawing the mandate seed to me/us. The therefore the transfer Agent (RTA) for the standard of the s	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auttertake to keep sufficient funds in the fut effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be form of trail commissions or any other ving and usage (ii) validating/authentic onsent for sharing / disclose of the Aad ne purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa Guardian Authorised Signa	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening entitle the properties of the
2nd Account holder Name 3rd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we have now of the plant of the pla	The Mr Ms	FIRST NRO NRE FO Code Part appears after your cheque Copy of Cheuqe Utual Fund through their authorise reby approve to raise a debit od, for due remittance of the processor of the processo	Branch Branch Seed Service Provider(s) and represent year above mentioned account and if the transaction is delayed or not no business day as per Indiabulls ent of Indiabulls Mutual Fund. The part, by any acts of God, civil ware earned when ye had not dispute or challenge are intitled by me/us. I/We shall keep to keep the withdrawing the mandate seed to me/us. The therefore the transfer Agent (RTA) for the standard of the s	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auttertake to keep sufficient funds in the fut effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be form of trail commissions or any other ving and usage (ii) validating/authentic onsent for sharing / disclose of the Aad ne purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa Guardian Authorised Signa	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening entitle the fire of the fire o
2nd Account holder Name 2nd Account holder Name 3rd Account holder Name A/c Type please ✓ SB Bank Name PIN CODE Mandatory: Please enter the Mandatory Enclosure: Blank DECLARATION We wish to inform you that I/we have my/our above mentioned bank acco eceived through to debit my/our accord standing instruction. I hereby declared through to debit my/our above mentioned to mits win failure or delay in completion of the airthquake, change of Government which has the effect of preventing the lares any claim against the Bank in relaims, actions, suits, for any loss, beneficiaries. This request for debit isounters and giving reasonable notic competing Schemes of various Mutual I/We hereby provide my/our consenumber(s) in accordance with the Aanformation with the asset management SIGNATURE/S AS PE Sole / 1st Applicant / Guardian Authorements and supplicant / Guard	The Mr Ms	FIRST NRO NRE FO Code Part appears after your cheque Copy of Cheuqe Utual Fund through their authorise reby approve to raise a debit od, for due remittance of the processor of the processo	Branch Seed Service Provider(s) and represent seed Service Provider Service Service Provider Service Service Provider Service Ser	City 9 Digit MICR Code ting and / or ending with 000 are sentative for my/our payment to the a nt with your branch. I/We hereby auttertake to keep sufficient funds in the fut effected at all for reasons of incompl Mutual Fund or a Bank holiday, execu e above mentioned Bank shall not be civil commotion, riot, strike, mutiny, re of peril which is beyond the above me y debit, raised under this mandate, on ne Bank and, jointly and or severally in upon the instructions issues by the gned by the authorized signatories/be form of trail commissions or any other ving and usage (ii) validating/authentic onsent for sharing / disclose of the Aad ne purpose of updating the same in my ATURE/S AS PER BANK RECO ant / Guardian Authorised Signa Guardian Authorised Signa	bove mentioned beneficiary by debit to horize you to honour all such requests unding account on the date of execution ete or incorrect information, I would no tition of the transaction will happen nex liable for, nor be in default by reason of volution, fire, flood, fog, war, lightening entitle the properties of the

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

- 1. 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 1st or 5th or 10th or 15th or 20th or 25th 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.
- SAI, KIM and all relevant Addenda of the scheme concerned.

 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 Qtly 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 PERIOD	accounts as per latest schedule of changes of the bank.				
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 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 figures in figure column is mandatory • Rs.: SIP fixed 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