**SAMCO MUTUAL FUND**
HEXASHIELD TESTED INVESTMENTS

**Sponsor:** Samco Securities Limited
**Trustee Company:** Samco Trustee Private Limited
**Investment Manager:** Samco Asset Management Private Limited

Samco Mutual Fund
1003 – A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013

# SYSTEMATIC INVESTMENT PLAN (SIP)
Mandate Registration Form

## 1. Distributor Information

Application No **S**

| Distributor Code | Sub-Broker Code | Internal sub broker code | EUIN* | RIA Code^ |
|---|---|---|---|---|
| ARN- | ARN- | INTERNAL CODE | Employee Unique IDENTIFICATION NO. | |

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

**Sign Here ▶**

| First / Sole Applicant / Guardian Authorised Signatory | Second Applicant Authorised Signatory | Third Applicant Authorised Signatory |
|---|---|---|

## 2. Unitholder Information

Name of First / Sole Applicant _____ PAN _____

Folio No. (For Existing Unit Holders) _____ CKYC No. _____

## 3. Investment Details (Choice of Plan [Please ✔])

Scheme _____  Plan ☐ Regular ☐ Direct  Option: Growth

Enrolment Period  From [D D M M Y Y Y Y]  To [D D M M Y Y Y Y]  OR Perpetual (Default) ☐  OR  No. of Installments _____

Each SIP Amount ₹ _____  Amount in words _____

### SIP Frequency : (Please )

SIP Date [D D]  ☐ Monthly  OR  ☐ Quaterly  OR  ☐ Half Yearly
Preferred Debit Date (Any day from 1st to 28th of the month)

### SIP Step UP FACILITY:

| Fixed Amount | Variable (in Percentage) |
|---|---|
| Amount (Minimum Rs. 500/-) ₹ _____ | Percentage (Minimum 10% and in multiple of 5%) ₹ _____ |
| Freeze # ☐ Amount _____ OR Month-Year [M M Y Y] | Freeze # ☐ Amount _____ OR Month-Year [M M Y Y] |
| Frequency $ ☐ Half Yearly ☐ Yearly | Frequency $ ☐ Half Yearly ☐ Yearly |

$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

## 4. Unit Holding Option  ☐ Physical Mode (Default)  ☐ Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)

CDSL / NSDL DP Name _____  DP ID _____  Beneficiary A/C No. _____

## 5. Declaration & Signature(s)

I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. 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 will also inform Samco Mutual Fund about any changes in my bank account.
This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.

Date [D D M M Y Y Y Y]

Place _____

| First / Sole Applicant | Second Applicant | Third Applicant |
|---|---|---|

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**FOR OFFICE USE ONLY**

# ONE TIME BANK MANDATE
(NACH/OTM/Direct Debit Mandate Form)

UMRN _____  Date [D D M M Y Y Y Y]

Tick (✔)  ☑ Create  ☒ Modify  ☒ Cancel

Sponsor Bank Code _____  Utility Code _____

I/We hereby authorize **SAMCO MUTUAL FUND** to debit (tick ✔)  ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No. _____  Bank Name _____ (Name of customers bank)

IFSC _____  OR  MICR _____

an amount of Rupees _____ (Amount in words)  Amount ₹ _____

Frequency ☒ Monthly ☒ Quaterly ☒ Half Yearly ☒ Yearly ☑ As and when presented  Debit Type ☒ Fixed Amt ☑ Maximum Amt

PAN _____  Phone No. +91 _____  Email _____

Scheme Name _____

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] | First / Sole Applicant | Second Applicant | Third Applicant |
| To [D D M M Y Y Y Y] | | | |
| OR ☐ Until Cancelled | Name as in Bank Records | Name as in Bank Records | Name as in Bank Records |

This is to inform that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me, I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit