

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No.

SIP through Auto Debit Form

Folio No./ Application No.



Received from: Mr./ Ms. /M/s _____ Dated ____/____/____

Scheme 1 _____ Amount (₹) _____

Scheme 2 _____ Amount (₹) _____

Scheme 3 _____ Amount (₹) _____

Collection centre's stamp with date and time of receipt

SYSTEMATIC INVESTMENT PLAN (SIP) - AUTO DEBIT FORM



Registration Cum Mandate Form For NACH/ ECS/ Direct Debit

(Please read the instructions overleaf carefully and complete the relevant section legibly in black / dark coloured ink and in BLOCK LETTERS.)

Broker Code/ ARN ARN-3852	Sub-Broker Code/ Branch Code	Branch Manager Code	LG/ MO/ CRE Code	EJIN* (Refer Section '15' of instructions) E029058	Collection Date D D M M Y Y Y Y
					Time Stamping

*I/We hereby confirm that the EJIN 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.

Signature _____ Signature _____ Signature _____
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory

Any upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. (Refer Section '14' of instructions)

I confirm that I am a First time investor across Mutual Funds I confirm that I am an Existing investor in Mutual Funds
In case the subscription amount is ₹ 10,000/- or more and your Distributor has opted-in to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. APPLICANT INFORMATION [Please shade (●)] Ref. No. _____

Folio No. _____ (For Existing Unit Holders) OR Application No. _____ (For New Investors)

Name of First Applicant/ Unit Holder [Please shade (●)] _____ Mr. Ms. M/s. Permanent Account Number (PAN) _____

2. UNITHOLDING OPTION [Please shade (●)] Physical Mode Demat Mode (If demat account details are provided below, units will be allotted by default in electronic mode only)

Depository Participant (DP) Name _____ DP ID No: I N _____ Beneficiary Account Number _____

3. INVESTMENT DETAILS [Please shade (●)] Please allow minimum 30 days for registration and start of Auto Debit instructions.

New SIP Registration SIP Renewal Change in SIP Bank Mandate

Sr. No.	Scheme/ Plan/ Option	SIP Installment Amount (₹ in figures)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*
1.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y Y Y	M M Y Y Y Y Y Y
2.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y Y Y	M M Y Y Y Y Y Y
3.			<input type="radio"/> 2nd <input type="radio"/> 8th* <input type="radio"/> 15th <input type="radio"/> 23rd	<input type="radio"/> Monthly* <input type="radio"/> Quarterly	M M Y Y Y Y Y Y	M M Y Y Y Y Y Y

*Default

4. DECLARATION & SIGNATURES (Refer Section '11' of instructions)

I/We hereby agree to have read and understood the SAI, SID, KIM including the provisions with regard to payment of transaction charges, and instructions overleaf. I/We hereby express my/our willingness to make payments towards SIP instalments as mentioned herein. If the transaction is delayed or not effected for reasons of incomplete/incorrect information, I / we would not hold the user institution responsible. Further, I/we authorize the representative (the bearer of this request) to get the Mandate herein verified. Mandate verification charges, if any, may be charged to my/our account. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) are being recommended to me/ us. I/We hereby confirm that Union KBC Mutual Fund / the AMC and its empanelled broker(s) has not given any indicative portfolio and indicative yield, in any manner whatsoever. I/ We hereby confirm that at the time of investment, I/ we have the express authority to invest in units of the Scheme(s); and Union KBC Mutual Fund/AMC /Trustee will not be responsible if such investment is ultravires the relevant constitution.

Applicable to Micro Investments only: I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Applicable to NRIs only: I/We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscriptions have been remitted from abroad through normal banking channels or from fund in my/our Non Resident External / Ordinary account/FCNR account(s).

Signature _____ Signature _____ Signature _____
Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory Second Applicant/ POA/ Authorised Signatory Third Applicant/ POA/ Authorised Signatory

MANDATE INSTRUCTION FOR NACH/ ECS/ DIRECT DEBIT (Refer Section '16' of instructions)

UMRN For Office use _____ Date D D M M Y Y Y Y

Sponsor Bank Code _____ For Office use _____ Utility Code _____ For Office use _____

[Shade (●)] CREATE MODIFY CANCEL I/We, hereby authorize Union KBC Mutual Fund To debit [Shade (●)] SB/CA/CC SB-NRE/SB-NRO/Other

Bank a/c number _____

with Bank _____ Name of Customer's Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ in words _____ ₹ _____ in figures _____

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Folio No. _____ Phone No. _____

Reference 2 _____ Email ID _____

PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y Or Until cancelled
Signature Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____
1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness to make payments referred above. I/We authorize the said payments through participation in NACH/ECS/Direct Debit. I/We hereby confirm adherence to the terms and conditions in relation to such payments. **Authorisation to Bank:** This is to inform that I/we have registered for NACH/ECS/ Direct Debit facility and that my/our payment towards my/our investment in Union KBC Mutual Fund shall be made from my/our above mentioned bank account. I/We authorize the representatives of the AMC carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration etc. as applicable. This is to confirm that the declaration has been carefully read, understood and made by me/us.