

**1. APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Folio Number* (For Existing Unit holders)	<input type="text"/>											
Sole / First Unit Holder (as in PAN card/KYC records)	<input type="text"/>											
Guardian Name (in case of minor)	<input type="text"/>											
PAN Details	<input type="text"/>				<input type="text"/>				<input type="text"/>			

**2. EXISTING SIP DETAILS (MANDATORY)**

Scheme*	<input type="text"/>	Plan*	<input type="text"/>	Option*	<input type="text"/>			
SIP frequency (tick <input checked="" type="checkbox"/> any one)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	SIP Due Date	<input type="text"/>	SIP period from	<input type="text"/>	to	<input type="text"/>
SIP Amount (figures) ₹	<input type="text"/>							
	(words) <input type="text"/>							

**3. NEW BANK DETAILS**

Bank Name	<input type="text"/>											
Bank Account No.	<input type="text"/>											
Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	<input type="text"/>					
Branch Name	<input type="text"/>											
City	<input type="text"/>											
Pin	<input type="text"/>											
IFSC Code (11 digit)*	<input type="text"/>											
MICR Code (9 digit)*	<input type="text"/>											
												*Mentioned on your cheque leaf

**4. DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')**

I / We declare that the particulars furnished here are correct. I / We authorise Capitalmind Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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 Capitalmind 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 Capitalmind MF by debit to my /our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). 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 Capitalmind Mutual Fund using this facility.

Sole/ 1st Unit Holder / POA

2nd Unit Holder

3rd Unit Holder

	UMRN	FOR OFFICE USE ONLY												Date:	<input type="text"/>							
Sponsor Bank Code	FOR OFFICE USE ONLY												I/We hereby authorize	<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel								
Utility Code	FOR OFFICE USE ONLY												CAPITALMIND MUTUAL FUND	<input type="text"/>								
To debit (tick <input checked="" type="checkbox"/> ) With	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> OTHERS	Bank A/C number	<input type="text"/>														
Bank	Name of Customers Bank												IFSC / MICR	<input type="text"/>								
an amount of Rupees	<input type="text"/>												₹	<input type="text"/>								
Debit Type	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount												Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented								
PAN	<input type="text"/>												Mobile No.	<input type="text"/>				Email ID	<input type="text"/>			
Reference 1	<input type="text"/>												Reference 2	<input type="text"/>								

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

From:	PERIOD <input type="text"/>												Signature of Primary Account Holder	Signature of Account Holder												Signature of Account Holder																						
To:	<input type="text"/>												1. Name as in Bank records	2. Name as in Bank records												3. Name as in Bank records																						
OR	<input type="checkbox"/> Until Cancelled																																															

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & 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 or the bank where I have authorized the debit.

**5. OLD BANK DETAILS**

I / We hereby request Capitalmind Mutual fund to cancel the SIP installments registered. If the cancellation of SIP is delayed or not effected at all for reasons of incomplete or incorrect information, I/ we would not hold the user institution responsible.

Folio No.	<input type="text"/>												IH No.	<input type="text"/>																									
Scheme Name/ Plan/ Option	<input type="text"/>																																						
SIP Amount (figures) ₹	<input type="text"/>												(words)	<input type="text"/>																									
Bank Name	<input type="text"/>																																						
Bank Account No.	<input type="text"/>												Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	<input type="text"/>																			
Branch Name	<input type="text"/>												City	<input type="text"/>																									
Pin	<input type="text"/>												IFSC Code (11 digit)*	<input type="text"/>												MICR Code (9 digit)*	<input type="text"/>												*Mentioned on your cheque leaf

Sole/ 1st Unit Holder / POA

2nd Unit Holder

3rd Unit Holder

## INSTRUCTIONS

1. The Application Form should be completed in ENGLISH and in BLOCK LETTERS only.
2. Overwriting or using white ink is not allowed. Mandate will be rejected.
3. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
4. Please submit this form at least 21 days before the desired effective SIP Installment date.
5. Please submit this form along with a copy of a cancelled cheque of the new bank.
6. This form is to be filled for Change of Bank for SIP only. This does not change your bank account details for redemption or dividend payout. In order to change your bank account details for payout, please fill "Change in Bank Account Contact Details" available on the website.
7. If there are multiple SIPs under the same folio, please fill a separate form for each SIP.
8. SIP details like Scheme, and option including, the SIP amount, date, frequency and SIP end date shall remain same.
9. Mandatory fields for filling the mandate. In case any of these fields are not filled mandate will be rejected.  
Instrument date • Account type • Bank account number • Bank name • IFSC and MICR Code (As per the cheque book/Passbook) • Maximum amount (in words and in figures) • SIP start date • End date or 'Until cancelled' to be selected • Signatures as per bank records • Name as per bank records
10. Existing SIP will be discontinued irrespective of the new SIP gets rejected due to banker rejection.
11. Existing SIP will continue if the Change of Bank for SIP request is rejected if the request is found not in good order
12. The SIP registration will be discontinued or considered as closed/ cancelled by the AMC upon 3 failed debit attempts under Daily, Weekly, Fortnightly and monthly frequencies and 2 failed debit attempts under Quarterly, Half-Yearly and Yearly Frequencies.
13. An investor would have the right to discontinue the SIP, subject to giving 02 Business Days prior notice to the subsequent date of SIP instalment.
14. Investor will not hold Capitalmind Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Capitalmind Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
15. Capitalmind Mutual Fund reserves the right to reject any application without assigning any reason thereof. Capitalmind Mutual Fund in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.