

DISTRIBUTOR / BROKER INFORMATION

Distributor/RIA code	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number

First Investor PAN: _____

Investor Name: _____

Bank Account No. _____

Bank Name: _____

Capitalmind Asset Management Private Limited offers the facility of one time mandate lodgment cum repository to facilitate investments in various participating MF schemes, which will enable the investor to invest seamlessly by writing a 'One Time mandate' (for a reasonably maximum amount and period as deemed fit by the investor and in favor of Capitalmind Asset Management Private Limited as common beneficiary on behalf of the participating AMCs) in the prescribed form. The investor shall effectively utilize the one time mandate tenor, whereby he or she can direct the AMCs to use the mandate to collect applicable amount on the intended date of his ad hoc/periodical/fresh investments as decided by the investor.

I/We as investors(s) confirm that I/We have understood the terms, conditions, tenants and consents as contained in mandate herein above and overleaf and fully agree to abide by them, duly signing herein below.

I/We hereby authorize Capitalmind Asset Management Private Limited/its service provider to lodge the attached mandate with the Bank as contained in the mandate, through NPCI under ACH processor and initiate debits of the appropriate amounts advised by the respective participating AMC RTA units for collection as per mandate from time to time through the ACH facility. I agree to comply with all other common terms and conditions of the agreement which may be amended or introduced by Capitalmind Asset Management Private Limited any time or from time to time and be bound by the same.

Signature of Primary Holder

Signature of 1st Joint Holder

Signature of 2nd Joint Holder

Date


Place

Guidelines to fill the form

1. Mention the date in format DD/MM/YYYY
2. BANK A/C Type - Tick the relevant box
3. Provide bank CBS account number
4. Write name of the bank through which you wish to transact

5. Mention IFSC/MICR code of the bank account [any one is mandatory]
6. Mention maximum amount [Limit is 1,00,00,000.00 INR]
7. Mention PAN number [Mandatory]
8. Provide mobile no [Mandatory]

9. Mention Email ID [Mandatory]
10. Mention period - Starting date format DD/MM/YYYY
11. Specimen signature as Submitted by you with your banker against the provided bank account
12. Mention holder name as per bank records [all signatory names required]



UMRN

FOR OFFICE USE ONLY

Date: DDMMYYYY

Sponsor Bank Code

FOR OFFICE USE ONLY

☒ Create
 ☒ Modify
 ☒ Cancel

Utility Code

FOR OFFICE USE ONLY

I/We hereby authorize

CAPITALMIND MUTUAL FUND

To debit (tick ✓)

☐ SB
 ☐ CA
 ☐ CC
 ☐ SB-NRE
 ☐ SB-NRO
 ☐ OTHERS

Bank A/C number

With Bank

Name of Customers Bank

IFSC / MICR

an amount of Rupees

₹

Debit Type

☒ Fixed Amount
 ☒ Maximum Amount

Frequency

☒ Monthly
 ☒ Quarterly
 ☒ Half Yearly
 ☒ Yearly
 ☒ As & when presented

PAN

Mobile No.

Email ID

Reference 1

Folio Number

Reference 2

Scheme Name

1. 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.
2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
3. 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.

PERIOD

From: DDMMYYYY

To: DDMMYYYY

Maximum period of validity of this mandate is 40 years only.

Signature of 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