

Investor need to submit this form along with SIP Registration Form.

Distributor ARN		Sub- Distributor ARN		Internal Sub-Broker/ Sol ID	
EUIN		Employee Code		RIA CODE^	
PMR (Portfolio Manager's Registration) Number ^^					

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Capitalmind Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Capitalmind Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Capitalmind Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Capitalmind Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ "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."

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

☐ I confirm that I am a first time investor across Mutual Funds.


OR

☐ I confirm that I am an existing investor across Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

YOUR INFORMATION (MANDATORY)	EXISTING INVESTOR'S FOLIO NUMBER <small>(If you have an existing folio with KYC validated, please mention here)</small>	Folio Number <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																											
Your Name (as in PAN Card / KYC records)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;">Mr.</td><td style="width: 10%;">Ms</td><td style="width: 10%;">M/s</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>									Mr.	Ms	M/s																	
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Name of the Guardian	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;">Mr.</td><td style="width: 10%;">Ms</td><td style="width: 10%;">M/s</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>									Mr.	Ms	M/s																	
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NACH MANDATE SHOULD BE ACCOMPANIED WITH SIP REGISTRATION

		<div>UMRN</div> <div>F O R O F F I C E U S E O N L Y</div>												<div>Date:</div> <div>D D M M Y Y Y Y</div>															
<div>Sponsor Bank Code</div> <div>FOR OFFICE USE ONLY</div>																		<div> <input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel </div>											
<div>Utility Code</div> <div>FOR OFFICE USE ONLY</div>																		<div> I/We hereby authorize CAPITALMIND MUTUAL FUND </div>											
<div>To debit (tick ✓)</div> <div> <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 </div>																		<div>Bank A/C number</div> <div></div>											
<div>With Bank</div> <div>Name of Customers Bank</div>																		<div>IFSC / MICR</div> <div></div>											
<div>an amount of Rupees</div> <div></div>																		<div>₹</div> <div></div>											
<div>Debit Type</div> <div> <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount </div>																		<div>Frequency</div> <div> <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented </div>											
<div>PAN</div> <div></div>						<div>Mobile No.</div> <div></div>						<div>Email ID</div> <div></div>																	
<div>Reference 1</div> <div></div>																		<div>Reference 2</div> <div></div>											

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.

PERIOD														
From:	D	D	M	M	Y	Y	Y	Y						
To:	D	D	M	M	Y	Y	Y	Y						
<i>Maximum period of validity of this mandate is 40 years only.</i>														
1. Name as in Bank records					2. Name as in Bank records					3. Name as in Bank records				

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.

MANDATORY FIELDS : • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

INSTRUCTIONS

1. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
2. Mandate will be processed through NACH platform offered by NPCI.
3. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date. SIP end date cannot be more than 40 years from the date of the mandate.
4. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit/ECS of Reserve Bank of India/ Banks.
5. 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.
6. In case the Mandatory fields on the Mandate are not filled, the mandate will be rejected.
7. Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. As investor can register for multiple SIPs with one time NACH mandate. The transaction amount should not exceed the maximum amount mentioned in the NACH mandate. It is suggested to choose a higher amount to commence additional investments in future or to absorb Top-Up increments.
8. The Investor/s agrees that use of the Facility will be deemed acceptance of the relevant Terms and Conditions and the Investor/s will unequivocally be bound by these Terms and Conditions.
9. SIP NACH Registration Form will be used as a Single instruction to register SIP in the scheme(s) mentioned on the SIP Registration Form.
10. This SIP NACH Registration Form cannot be considered as One Time Mandate for future SIP investment.
11. For Daily, Weekly, Fortnightly, and Monthly SIPs, the SIP will be automatically terminated after three consecutive failed transactions. For Bi-Monthly, Quarterly, or any longer-interval SIPs, the SIP will be terminated after two consecutive failed transactions.