



# Mandate Form for ECS / Electronic Debit - Systematic Investment Plan (SIP)

(To be attached with the Main Application Form)

Distributor Code / ARN

Sub-Distributor Code / ARN

ARN - 17397

Application No.

## ECS Debit facility for SIP is currently available for

Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunelveli, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgiri), Visakhapatnam.

Electronic Debit for the account holders of the following banks

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank, Federal Bank.

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise Motilal Oswal Mutual Fund or their authorised service provider for Motilal Oswal Asset Management Company to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP instalments.

### Unit Holder Information

Folio No. (for Existing Investor) : \_\_\_\_\_

Name of First Applicant : \_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

### Systematic Investment Plan Details

Name of the Scheme : MOST 10 Year Gilt Fund **Plan**  Growth  Div - Reinvest  Div - Payout (please ✓ any one plan, default plan is growth)

SIP Installment Amount Rs. (in Figures) : \_\_\_\_\_ (in Words) \_\_\_\_\_

\*SIP Start Period       SIP End Period       SIP Date  5th  20th (Please ✓ any one) \*Refer Instruction No. 10

SIP Frequency  Monthly  Quarterly

### Bank Details (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit)

Account Holder's Name : \_\_\_\_\_

Name of Bank : \_\_\_\_\_

Branch : \_\_\_\_\_ Account No. \_\_\_\_\_

Account Type:  Current  Savings  NRO  NRE  Others \_\_\_\_\_

9-digit MICR code

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments to pay the installments referred above through participation in ECS / Electronic Debit. 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 Motilal Oswal Asset Management Company about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

Signatures

\_\_\_\_\_  
First / Sole Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

Place \_\_\_\_\_

Date \_\_\_\_\_

### For Bank Use Only

We, hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Authorised Official from the Bank

Bank Stamp

\_\_\_\_\_

\_\_\_\_\_

### Authorisation of the Bank Account Holder

This is to inform that I / We have registered for the RBI's ECS (Debit Clearing) / Electronic Debit and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS / Electronic Debit mandate form to get it verified and executed.

Account Holder's Signature

Joint Account Holder's Signature

Account Number

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