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with Bank Name of customers bank IFSC Or MICR Rs. Reference 1 Folio No.: Reference 2 Scheme / Plan: All schemes of Essel Mutual Fund 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 To Or Until Cancelled 1. Name as in bank records Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by m 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.	IWe hereby, authorise Essel Mut IWe hereby declare that the particulars incomplete or incorrect information, IWe read and understood the contents of SID Signature(s) To be signed by ALL UNIT HOLDE LUMPSUM / NACH / ECS [ssel FUND UMRN Sponsor Bank Code [Tick □ )	tual Fund and their autho given above are correct and e would not hold the user insti IKIMISAI, I/We hereby apply 1st Applicant / ERS if mode of holding is S / DIRECT DEBIT	prised service provider express my willingness to m tution responsible. I/We will for the respective units of e / Guardian / Authorised Si s Joint / MANDATE INS	s, to debit my/our fol hake payment referred at inform essel Mutual Fun ssel Mutual Fund Schen gnatory	lowing bank account bove through participation nd about any changes in r ne at NAV based resale pr 2nd Applicar CORM (applicable for	NACH/ECS (Debit Cle in Lumpsum NACH/ECS/A ny bank account. I/We hav ice and agree to abide by i nt / Authorised Signatory	earing)/Auto Debit to acc uto debit. If the transaction is e read and agreed to the tern erms, conditions, rules and re l purchase as well as SIF Date D D	ount for collection of SIP Payme       delayed or not executed at all for any       ns and conditions mentioned overleaf.       gulation of the scheme (s).       3rd Applicant / Authorised Signatory       P registeration)       M     Y     Y
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Reference 1       Folio No.:       Mobile No.         Reference 2       Scheme / Plan: All schemes of Essel Mutual Fund       Email ID         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         To       1.       Signature Primary Account holder       2.       Signature of Account holder       3.       Signature of Account holder         Or       Until Cancelled       1.       Name as in bank records       2.       Name as in bank records       3.       Name as in bank records         Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by munderstood 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.	IWe hereby, authorise Essel Mut IWe hereby declare that the particulars incomplete or incorrect information, IWe read and understood the contents of SID Signature(s) To be signed by ALL UNIT HOLDE LUMPSUM / NACH / ECS [SSE] MUTUAL UMRN Sponsor Bank Code (Tick ☑ ) CREATE MODIFY CANCEL IWe hereby au Bank a/c fil	tual Fund and their autho given above are correct and e would not hold the user insti IKIMISAI, I/We hereby apply 1st Applicant / ERS if mode of holding is S / DIRECT DEBIT	prised service provider express my willingness to m tution responsible. I/We will for the respective units of e / Guardian / Authorised Si s Joint / MANDATE INS	s, to debit my/our fol lake payment referred at linform essel Mutual Fun ssel Mutual Fund Schen gnatory	lowing bank account bove through participation nd about any changes in r ne at NAV based resale pr 2nd Applicar CORM (applicable for	NACH/ECS (Debit Cle in Lumpsum NACH/ECS/A ny bank account. I/We hav ice and agree to abide by i nt / Authorised Signatory	aring)/Auto Debit to acc uto debit. If the transaction is e read and agreed to the term erms, conditions, rules and re I purchase as well as SIF Date D D fick () SB / CA	ount for collection of SIP Payme       delayed or not executed at all for any       ns and conditions mentioned overleaf.       gulation of the scheme (s).       3rd Applicant / Authorised Signatory       P registeration)       M     Y     Y
Reference 2       Scheme / Plan: All schemes of Essel Mutual Fund       Email ID         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         Period From       1.       Signature Primary Account holder       2.       Signature of Account holder       3.       Signature of Account holder         To       1.       Name as in bank records       2.       Name as in bank records       3.       Name as in bank records         Or       Until Cancelled       1.       Name as in bank records       2.       Name as in bank records       3.       Name as in bank records         Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by muderstood 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.	IWe hereby, authorise Essel Mut         IWe hereby declare that the particulars of incomplete or incorrect information, IWe read and understood the contents of SID         Signature(s)         To be signed by ALL UNIT HOLDE         LUMPSUM / NACH / ECS         Issel       UMRN         Sponsor Bank Code         (Tick ☑)         CREATE         MODIFY         CANCEL         With Bank	tual Fund and their autho given above are correct and e would not hold the user insti IKIMISAI, I/We hereby apply 1st Applicant / ERS if mode of holding is S / DIRECT DEBIT	prised service provider express my willingness to m tution responsible. I/We will for the respective units of e / Guardian / Authorised Si s Joint / MANDATE INS	s, to debit my/our fol lake payment referred at linform essel Mutual Fun ssel Mutual Fund Schen gnatory	lowing bank account bove through participation nd about any changes in r ne at NAV based resale pr 2nd Applicar CORM (applicable for	NACH/ECS (Debit Cle in Lumpsum NACH/ECS/A ny bank account. I/We hav ice and agree to abide by i nt / Authorised Signatory	earing)/Auto Debit to acc uto debit. If the transaction is e read and agreed to the term erms, conditions, rules and re I purchase as well as SIF Date Date D fick () SB / CA or MICR	ount for collection of SIP Payme delayed or not executed at all for any ns and conditions mentioned overleaf. Sid Applicant / Authorised Signatory
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	IWe hereby, authorise Essel Mut         IWe hereby declare that the particulars, incomplete or incorrect information, I/We         signature(s)         Signature(s)         To be signed by ALL UNIT HOLDE         LUMPSUM / NACH / ECS         ISSEN MUTUAL         Sponsor Bank Code         (Tick ☑)         CREATE         MODIFY         CANCEL         With Bank         an amount of Rupees         Frequency       Monthly         Reference 1       Folio No.:         Reference 2       Scheme / Plan: A         I Agree for the debit of mandate properiod From       Image: Content of	tual Fund and their autho given above are correct and e would not hold the user insti IKIMISAI, I/We hereby apply Ist Applicant / ERS if mode of holding is IST DIRECT DEBIT UNTRECT DEBIT Name of customer Name of customer Quarterly X Half All schemes of Essel I occessing charges by the I cocessing charges by the I coc	brised service provider express my willingness to m tution responsible. I/We will for the respective units of e 'Guardian / Authorised Si s Joint / MANDATE INS / MANDATE	s, to debit my/our fol lake payment referred at linform essel Mutual Fun ssel Mutual Fund Schen gnatory TRUCTIONS F I IFSC I IFSC I As anc izing to debit my acccc Primary Account holde as in bank records 8 made by me/us. I am inicating the cancellat	lowing bank account sove through participation nd about any changes in r 2nd Applicable for 2nd Applicable for Utility Code 4 when presented a when presented 2 authorizing the user ent ion / amendment reques	NACH/ECS (Debit Cle in Lumpsum NACH/ECS/ my bank account. I/We hav ice and agree to abide by i at / Authorised Signatory r LUMPSUM additionation to debit (1 box box box box box box box box box box	aring)/Auto Debit to acc uto debit. If the transaction is e read and agreed to the term erms, conditions, rules and re I purchase as well as SIF Date □ □ fick []) SB / CA 1 or MICR BIT TYPE SFixed 1 bank. der 3. ds 3. raccount, based on the insl	ount for collection of SIP Payme delayed or not executed at all for any ns and conditions mentioned overleaf. Sigulation of the scheme (s).

Communication in connection with this application should be addressed to the Registrar, Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana

Date of Commencement :

Frequency :

Amount :