

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code [^]	
ARN-	ARN-	INTERNAL CODE	Employee Unique IDENTIFICATION NO.		

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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".
^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Sign Here

First / Sole Applicant /
Guardian Authorised Signatory

Second Applicant
Authorised Signatory

Third Applicant
Authorised Signatory

2. Unitholder Information	
Name of First / Sole Applicant	PAN
Folio No. (For Existing Unit Holders)	CKYC No.

3. Existing SIP Details	
Scheme Name / Plan / Option	Samco
SIP Date	SIP Frequency (✓) <input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quaterly OR <input type="checkbox"/> Half Yearly
Each SIP Amount (₹)	SIP Start Month/Year SIP End Month/Year
Bank Name	Account type (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER
Bank A/c No.	IFSC

4. New SIP Details	
Scheme Name / Plan / Option	Samco
SIP Date	SIP Frequency (✓) <input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quaterly OR <input type="checkbox"/> Half Yearly
Each SIP Amount (₹)	SIP Start Month/Year SIP End Month/Year
Bank Name	Account type (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER
Bank A/c No.	IFSC

5. Unit Holding Option <input type="checkbox"/> Physical Mode (Default) <input type="checkbox"/> Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)		
CDSL / NSDL DP Name	DP ID	Beneficiary A/C No.

6. Declaration & Signature(s)			
<p>I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. 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 Samco 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 Samco Mutual Fund by debit to my/our account directly or through NACH. 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 Samco Mutual Fund using this facility.</p>			
Date	First / Sole Applicant	Second Applicant	Third Applicant
Place			

UMRN	Date	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Utility Code	I/We authorize	Samco Mutual Fund
Sponsor Bank Code (Office use only)	Bank A/c No.	
To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER	With Bank	IFSC/MICR
an amount of Rupees	Amount in words	Amount ₹
Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quaterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	
Reference 1	Reference 2	

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 and 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. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporation or the bank where I have authorized the debit.

From	Maximum period of validity of this mandate is 40 years only.		
To	Signature of Primary Account holder	Signature of account holder	Signature of account holder
Phone No.	1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records

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

Instructions

- a. In order to provide flexibility, an investor investing through SIP shall have an option to modify the selected scheme and / or SIP installment amount and /or/ SIP end date, in the scheme wherein the SIP investments are currently being made.
- b. Request has to be submitted atleast 21 days prior to the next SIP installment date (excluding the request date and the next SIP installment date).
- c. Please use separate modification forms for different schemes in the same folio or different folios.
- d. SIP modification is not applicable if Step up SIP is registered in folio.
- e. SIP Modification Request shall be taken as Cease of Existing SIP & Registration of a fresh SIP. Hence the load structure prevailing at the time of registration of SIP Modify request, will be applicable.
- f. The broker code mentioned on the initial SIP registration request will continue even after the SIP Modification registration request is given. In case a different broker code is specified on the SIP Modification registration request then the same will not be considered.
- g. In case your existing SIP has been registered through the OTM Mandate, then you need not fill the OTM form again, unless you intend to change the amount, Bank details and Period registered as per existing OTM. Else you will have to mandatorily fill the OTM form, to effect any change in your existing SIP.
- h. SIP Modification will not be available for Exchange registered SIP. SIP through Channel Partner. Online SIP, Standing instruction mode.
- i. Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. In case no date is selected SIP will be process by default date(10th).
- j. Alterations in the form, if any should be countersigned as per the mode of holding registered in the folio(s).
- k. It is Mandatory to write SIP amount in both figures and in words.
- l. The following applications will be considered as liable to be rejected.
 1. If the SIP period mentioned in SIP via NACH/OTM form is beyond the NACH/OTM validity period or NACH/OTM validity period expired.
 2. If modify SIP details do not meet the amount/tenure conditions as per the scheme Information Document of the respective scheme or the registered mandate.