SIP REGISTRATION & OTM DEBIT MANDATE FORM

Abakkus Mutual Fund — Believe in the Basics

Toll Free Number : 18002671849 | Email : mf.investor.support@abakkusinvest.com | Website : www.abakkusmf.com

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.
ARN-95070				E-101834	

☐ **By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of Abakkus Mutual Fund. (Please ✓ if applicable) *In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf.

Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number | Existing UMRN

Name of Sole / 1st Applicant (Name as per IT Records) Mr. / Ms. / M/s. First Middle Last

2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Abakkus Scheme Name

Please tick (✓) ☐ Regular Plan ☐ Direct Plan

☐ Growth (Default)
☐ IDCW Payout
☐ IDCW Reinvestment

SIP Frequency ☐ Weekly (Monday to Friday) _____ ☐ Fortnightly (1-14, 7-21, 14-28) _____ ☐ Monthly ☐ Quarterly ☐ Half- Yearly

SIP Date* D D SIP Start M M Y Y Y Y SIP End M M Y Y Y Y (End date cannot exceed 40 years) (*You may select any date from 1st to 28th of the month. In case SIP date is not appropriately selected, '07' would be the default SIP date for Monthly/Quarterly/Half yearly SIPs. For Fortnightly SIP, 7-21 and for Weekly SIP, Every Wednesday will be the default day.)

SIP Amount (₹ in figures) (₹ in words) In words

☐ SIP Top Up Facility (Optional) (✓ to avail facility) ☐ Fixed# OR ☐ Variable$ (Please fill the applicable section below) SIP Top Up Frequency ☐ Half Yearly OR ☐ Yearly*

*In case of Quarterly/Half Yearly SIP, only Yearly frequency is available under SIP Top Up Facility.

Fixed Top Up Amount#: ₹ OR $Variable Top Up Percentage: ☐ 5% ☐ 10% ☐ 15% ☐ Others (Multiple of 5% only)

The Fixed TOP UP amount shall be for minimum Rs. 500/- and in multiples of Rs. 1/- thereafter. $If the Variable Top Up percentage is not selected, the default shall be 5%.

☐ SIP Top Up Cap Amount*: ₹ OR ☐ SIP Top Up Cap Month: M M Y Y Y Y

(*Investor has to choose only one option either CAP amount or CAP month - year, In case of multiple selection, Top Up Cap amount will be considered as a default selection)

☐ First Installment Details

First SIP Transaction via Cheque No. Cheque Dated D D M M Y Y Y Y Amount (₹) In Figures

Mandatory Enclosure (if 1st Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

The name of the first/ sole applicant must be pre-printed on the cheque.

3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise Abakkus Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Abakkus mutual fund or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. The ARN holder has disclosed to me/us all he commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

"I/We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I/We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information." For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding Rs. 50,000 in a year.

× Sign of 1st Applicant / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA

4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

Abakkus Mutual Fund — Believe in the Basics

UMRN Bank use Date D D M M Y Y Y Y

Utility Code ☑ CREATE ☒ MODIFY ☒ CANCEL

Sponsor Bank Code Bank use I/We hereby authorize Abakkus Mutual Fund

To Debit (tick✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees In words ₹ In figures

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

FREQUENCY ☐ Daily ☐ Weekly ☐ Bi- Monthly ☐ Monthly ☐ Quarterly ☐ Half- Yearly ☐ Annualy ☐ As & 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 & 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 / corporate or the bank where I have authorized the debit.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validty of this mandate is 40 years only

× Signature Of Primary Account Holder	Signature Of Joint Account Holder	Signature Of Joint Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.