SIP REGISTRATION & OTM DEBIT MANDATE FORM

BAJAJ MUTUAL FUND

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 Bajaj Finserv 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. Commission "if any applicable" 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.
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 Mr. / Ms. / M/s. (Name as per IT Records) — First | Middle | Last

2. SIP INVESTMENT & PAYMENT DETAILS

Scheme - Bajaj Finserv

Please tick (✓) ☐ Regular Plan ☐ Direct Plan

☐ Growth (Default)
☐ IDCW Payout
☐ IDCW Reinvestment (Default for IDCW)
IDCW Frequency _____ (Please refer to SID for the IDCW Frequency & Option)

SIP Frequency ☐ Daily** ☐ Weekly (Any day from Monday to Friday) ☐ Fortnightly (1st & 16th of each month) ☐ Monthly ☐ Quarterly **Daily SIPs are processed only on business days.

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**, '10' would be the default SIP date for Monthly /Quartely SIPs. For Weekly SIP, Tuesday will be the default day.)

SIP Amount (₹ in figures) | (₹ 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 SIP, only Yearly frequency is available under SIP Top Up Facility.

#Fixed Top Up Amount: ₹ | **OR** **$Variable Top Up Percentage:** ☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ Others (Multiple of 5% only)

*The Fixed Top Up amount shall be for minimum ₹ 500/- and in multiples of ₹ 1/- thereafter for all schemes except Bajaj Finserv ELSS Tax Saver Fund. For Bajaj Finserv ELSS Tax Saver Fund, the Fixed Top Up amount shall be for minimum ₹ 500/- and in multiples of ₹ 500/- thereafter.

$If the Variable Top Up percentage is not selected, the default shall be 5%. Variable Top Up will not be available for Bajaj Finserv ELSS Tax Saver Fund.

☐ **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 Bajaj Finserv 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 Bajaj Finserv AMC/MF 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 ₹ 50,000 in a year.

X 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)

BAJAJ MUTUAL FUND

UMRN (Bank use) | Date D D M M Y Y Y Y

Sponsor Bank Code (Bank use) ☐ CREATE ☐ MODIFY ☐ CANCEL

Utility Code (Bank use) | I/We hereby authorize **Bajaj Finserv 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 Amount in word | ₹ Amount in figure

DEBIT TYPE ☒ Fixed Amount ☑ **Maximum Amount** **FREQUENCY** ☒ Dly ☒ Wkly ☒ Bi-Mthly ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ **As & when presented**

PAN | Reference

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. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validty of this mandate is 40 years only

PERIOD

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

X Signature Of Primary Account Holder | Signature Of Joint Account Holder | Signature Of Joint Account Holder

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

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

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