SIP Registration Cum Mandate Form for NACH / Direct Debit / OTM / Multi-Scheme Investment

Bank of India Mutual Fund

PLEASE FILL ALL FIELDS WITH BLACK BALL POINT, IN BLOCK LETTERS AND COMPLETE ALL FIELDS

1 DISTRIBUTOR INFORMATION

Distributor ARN/ RIA*	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code
ARN-95070		E-101834	

FOR OFFICE USE ONLY

Sales Code	Date/Time of Receipt

☐ 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. ***RIA/Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA.

Sole/1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Authorised Signatory	3rd applicant/Authorised Signatory

2 REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / NACH FACILITY

☐ New SIP Registration* ☐ SIP Cancellation ☐ SIP Top Up (*Please provide a cancelled cheque)

3 APPLICANT INFORMATION (Name should be as per the Income Tax records)

PAN NUMBER

Sole / First Investor Name | Folio No.

4 SYSTEMATIC INVESTMENT PLAN DETAILS ☐ SIP ☐ MULTI SIP

Frequency (Please ✓) ☐ Weekly SIP ☐ Monthly SIP

$If single investment, please write "scheme name". If multiple investment the Cheque is drawn in favour of "Bank of India Mutual Fund Multiple Scheme Coll AC" dated and dully signed. The Total Amount, Cheque Amount, and Investment Amount should match.

Scheme Name/Plan/Option	SIP Amount$	SIP Date/Day#	Start Date	End Date**	Top Up Amount$	Top Up Frequency	Top Up End Date**
Bank of India		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly	M M Y Y Y Y
Bank of India		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly	M M Y Y Y Y
Bank of India		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly	M M Y Y Y Y

Payment Details: Cheque Amt _____ Cheque No _____ date _____ drawn on _____

*This facility is applicable only to applications submitted along with a cheque, and the deposition will be processed by the RTA. • Choose a date (1–28) for monthly frequency, defaults to the 10th. For weekly frequency, choose a weekday (Mon–Fri); defaults to Wednesday. • ** SIP tenure can be registered upto a maximum of 40 years. Minimum SIP term should be for 6 months for Monthly SIP. • I/We hereby, authorize Bank of India Mutual Fund to debit my/our following bank account by Auto Debit / NACH Facility for collection of SIP payments.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto 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 AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/ We confirm that the ARN holder has disclosed to me/us all the 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. **Applicable to NRI only:** I /We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We undertake that all additional purchases made under this Folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby agree to avail the TOP UP facility for SIP and authorize my bank to execute the NACH/Standing Instruction/Direct Debit for a further increase in installment from my designated account. We are not Citizens/Residents of USA/Canada.

First/ Sole Applicant/ Guardian/ PoA/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant

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Bank of India Mutual Fund

DEBIT MANDATE FORM NACH / DIRECT DEBIT / OTM

Tick (✓)	
CREATE	☐
MODIFY	☐
CANCEL	☐

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Sponsor Bank Code: For Office use only Utility Code: For Office use only

I/We hereby authorize **Bank of India Mutual Fund** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank: Name of customers bank IFSC or MICR

an amount of Rupees: Amount in words ₹

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

Reference 1 Phone No.

Reference 2 Email ID

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

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

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

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Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- 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 me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

Date D D M M Y Y Y Y

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name (Scheme Name)

Stamp & Signature