SCAN TO INVEST NOW

OLD BRIDGE ASSET MANAGEMENT

Old Bridge Asset Management Private Limited - Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

OLD BRIDGE MUTUAL FUND COMMON APPLICATION FORM

PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.
ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS. (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction no. 2)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	RIA CODE^
ARN-95070			E -	

Employee Code	PMR (Portfolio Manager's Registration) Number^^	Serial No., Date & Time Stamp
E-101834		

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors asessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

First/Sole Holder / Guardian | Second Holder | Third Holder | Power of Attorney Holder

UNIT HOLDING OPTION

☐ Physical Mode ☐ Demat Mode (in case of Demat, please fill sec 8)

1 APPLICATION INFORMATION (Mandatory, To be filled in BLOCK LETTERS)

(In case of investment "On behalf of minor", Please refer instruction No. 11)

If you have an existing folio no. with PAN & KYC validation, please mention your name & folio No. and proceed to section 6 My Investment Details.

Existing folio number ☐ **I/ We want to create new Folio** (Instruction No. 23)

Mode of Operation ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default] (Joint applicant details not to be filled in case of minor investments).

1st Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only) **PAN/PEKRN** (1st Holder) ☐ **KYC**

My Guardian's Name (if minor)**/POA/ Contact Person** (For Non-individuals) **PAN/PEKRN** (Guardian/POA Holder) ☐ **KYC**

Date of Birth **Minor's** D D M M Y Y Y Y Attach Mandatory Documents as per instructions

Guardian named is ☐ Father ☐ Mother ☐ Court Appointed ☐ Other _____ **Nationality** ☐ **Date of Birth** Proof attached*

2 JOINT APPLICANTS (IF ANY) DETAILS

2nd Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only) **PAN/PEKRN** (Second Holder) ☐ **KYC**

3rd Holder Name (Should match with PAN Card)

Date of Birth/Date of Incorporation (For Non Individual Only) **PAN/PEKRN** (Third Holder) ☐ **KYC**

3 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 16)

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Address

City State Pin Code

3 MY CONTACT DETAILS (CONTD.) (As per KYC records. To be filled in Block Letters)

(For electronic communication, Please refer instruction No. 16)

OVERSEAS ADDRESS (Mandatory in case of NRIs /FIIs/PIOs/ OCIs) (P. O. Box Address may not be sufficient)

City State Code

Email ID and Mobile number should pertain to First Holder only.

Mobile No. Tel No. Email ID (CAPITAL letters only)

Mobile No. / Email ID* provided pertains to (Please tick(✓)) * if none of the below options is ticked (✓) or selected then (Self) option is considered as a default. I hereby declare that I shall immediately notify any change to the mobile number/ email id. (Refer instruction 16)

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS

☐ I wish to receive Scheme **Account Statement along with Annual Report & Abridged Summary:** ☐ **Online** (Preferred & Default) ☐ **Physical Copy** (Choose online mode to help us save paper & contribute towards a greener & cleaner environment.)

☐ I declare that **Email address and Mobile Number** provided in this form belongs to (✓ any one): ☐ Self **OR** ☐ Family Member, and approve for usage of these contact details for any communication with Old Bridge Mutual Fund.

4 BANK ACCOUNT DETAILS

(Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details. Refer Instruction No. 6) (Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Branch Address

City State Pin Code

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

LEI Code Valid up to D D M M Y Y Y Y Note: Mandatory to provide LEI code if transaction value is equal to or exceeds ₹ 50 crore limit, along with LEI proof. (Refer Instruction No. 24)

5 KNOW YOUR CUSTOMER (KYC) DETAILS

(Please Tick ✓ / Specify.) (For KYC details. Refer Instruction No. 8)

Tax Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	☐	☐	☐	☐
NRI/PIO/OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-
Non Individual	☐ Company ☐ Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP ☐ FI ☐ FII ☐ FPI ☐ In case of Non-Profit Entity (refer point no 19)			
Others (Please specify)				

We are falling under **"Non-Profit Organization" [NPO]** which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ YES ☐ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog. (refer point no 19)

Gross Annual Income Range (in ₹)	Below 1 lac	5-10 lac	25 lac-1 cr	5-10 cr	1-5 lac	10-25 lac	1 -5 cr	> 10 cr
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐
Guardian	☐	☐	☐	☐	☐	☐	☐	☐

OR Networth in ₹ (Mandatory for Non Individual) (not older than 1 year) — as on D D M M Y Y

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)				

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

6 MY INVESTMENT DETAILS

(For investments, Please refer instruction No. 13)

☐ **LUMPSUM**

Scheme Name ☐ **Old Bridge Focused Fund** ☐ **Old Bridge Arbitrage Fund** ☐ **Old Bridge Flexi Cap Fund**

Plan ☐ Regular ☐ Direct Option ☐ Growth ☐ IDCW : ☐ Payout ☐ Reinvestment

Default Option : Growth Option in case Growth Option or Income Distribution cum Capital Withdrawal (IDCW) Option is not indicated. Payout Option / facility in case Payout of IDCW Option / facility or Reinvestment of IDCW Option / facility is not indicated.

Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ **Bank Certificate, for DD** ☐ **Third Party Declarations**

☐ PAYMENT DETAILS - LUMP SUM

Payment Instruction Type: ☐ Cheque ☐ RTGS ☐ NEFT ☐ Fund Transfer ☐ NACH Mandate (If Multiple One Time mandates are registered)

Payment Reference no:		**Cheque Bank Account No:**	
Lump sum Amount:		**Cheque IFSC Code:**	
Cheque Dated:		**Cheque MICR Code:**	
Cheque Bank Name:		**OTM Reference No.**	

7 NOMINATION DETAILS

(For nomination, Please refer instruction No. 17)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

Name of the Nominee 1* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

7 NOMINATION DETAILS (CONTD.)

(For nomination, Please refer instruction No. 17)

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

Name of the Nominee 2* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

Name of the Nominee 3* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB* D D M M Y Y Y Y

*All fields are mandatory.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes/No

DECLARATION FOR OPTING-OUT OF NOMINATION (Signature as per Mode of Holding (Mandatory))

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio. This nomination shall supersede any prior nomination made by me / us, if any.

Name and Signature of Holder	Signature(s) of holder/ Thumb impression	Witness Name and Address (Witness is required only in case of Thumb impression of holder)	Witness Signature (Witness is required only in case of Thumb impression of holder)
Sole / First Holder _____	X		
Second Holder _____			
Third Holder _____			

8 DEPOSITORY ACCOUNT DETAILS

(For DEMAT details Please refer instruction No. 18)

Mandatory for (i) FPIs and (ii) investors who wish to hold the units in Demat Mode (Account statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL) (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c held with the depository participant) Refer Instruction No. 18.

NSDL:	Depository Participant Name	**DP ID:** I N
	Beneficiary Ac No.	
CDSL:	Depository Participant Name	
	Beneficiary Ac No.	

Enclosed ☐ Client Master ☐ Transaction / Statement Copy / DIS Copy

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ACKNOWLEDGEMENT

OLD BRIDGE ASSET MANAGEMENT

Received from

Scheme Name ☐ Old Bridge Focused Fund ☐ Old Bridge Arbitrage Fund ☐ Old Bridge Flexi Cap Fund

Plan **Option** **Amount**

Instrument No. **Date** D D M M Y Y Y Y **Bank & Branch details**

Stamp & Signature

OLD BRIDGE ASSET MANAGEMENT

Old Bridge Asset Management Private Limited

Registered Office: 1705, One BKC, C Wing, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400051.

SIP REGISTRATION FORM

First time investors, submit this form along with Common Application Form

FOR FIRST TIME INVESTORS FOR LUMPSUM INVESTMENTS / SIP INVESTMENTS.
PLEASE READ THE KEY INFORMATION MEMORANDUM, INSTRUCTIONS AND PRODUCT LABELLING BEFORE FILING OF THIS FORM.
ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLOCK LETTERS)

Distributor ARN	SUB-Distributor ARN	Internal SUB-Broker/Sol ID	EUIN	RIA CODE^
ARN-95070			E - E-101834	

Employee Code	PMR (Portfolio Manager's Registration) Number^^	Serial No., Date & Time Stamp

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors asessment of various factors, including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give 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 of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ 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.

1st Holder / Guardian	2nd Holder	3rd Holder	Power of Attorney Holder

YOUR INFORMATION (MANDATORY)

EXISTING INVESTOR'S FOLIO NUMBER
(If you have an existing folio with KYC validated, please mention here)

Folio number

Your Name (as in PAN Card / KYC records)

Name of the Guardian (In case of Minor) (In case First / Sole Applicant is minor) / Contact Person - Designation / PoA HOLDER (In case of Non-individual Investors)

1st Holder PAN | 2nd Holder PAN | 3rd Holder PAN

To register Old Bridge One Time Mandate, please fill and submit the One Time Mandate form separately.

OLD BRIDGE ASSET MANAGEMENT

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

Tick (✓)	
CREATE	✓
MODIFY	X
CANCEL	X

Sponsor Bank Code (Bank use) Utility Code (Bank use)

I/We hereby authorize **Old Bridge 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 (In Words) ₹ (In Figures)

Frequency: X Daily X Weekly X Bi-Monthly X Monthly X Quarterly X Half-Yearly X Annually ✓ As & when presented

Debit Type: X Fixed Amount ✓ Max Amount

Reference 1 (PAN No.) Phone No.

Reference 2 Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the 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 the 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. 4. We understand and accept that in case transactions 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)

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.

× 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

MANDATORY FIELDS : • Instrument Date • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Account type • Bank A/c number (core banking a/c no only) • Amount (in words & in figures) • Account holder signature • Account holder name as per bank records • Period start date and end date

ACKNOWLEDGMENT

OLD BRIDGE ASSET MANAGEMENT

Investor Name

SIP Scheme

Top-up ☐ Yes ☐ No

Stamp & Signature

SIP DETAILS

SIP Registration Mode ☐ Mandate along with SIP form

Full Scheme/Plan/Option	Amount/Each SIP Amount	Frequency	SIP Period	TOP-UP Facility (Optional) Only available for Monthly SIP
Scheme Name	₹	☐ Daily	Start Date M M Y Y Y Y	Frequency: ☐ Half Yearly ☐ Yearly
Plan ☐ Regular ☐ Direct	Less DD charges	☐ Weekly*	End Date M M Y Y Y Y	Amount: ₹ in figures
Option ☐ Growth ☐ IDCW ☐ Payout ☐ Reinvestment	**SIP Date** D D (if left blank 10th will be considered as the default date for Monthly/ Quarterly/ HalfYearly and Yearly.	☐ Fortnightly^ ☐ Monthly (default) ☐ Quarterly ☐ Half Yearly ☐ Yearly	**OR** Mandate can be registered upto 40 years only.	in words

Default Option : Growth Option in case Growth Option or Income Distribution cum Capital Withdrawal (IDCW) Option is not indicated. Payout Option / facility in case Payout of IDCW Option / facility or Reinvestment of IDCW Option / facility is not indicated. *Weekly - Any day (Monday to Friday) (If no day is selected Monday will be the default). ^Fortnightly - 1st and 16th day of the month, will be the default date as applicable. The Minimum amount for TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/-.

SIP initial payment details (Optional)

Drawn on bank / branch name																	Amount										

Mode	☐ Cheque No.													Dated	D	D	M	M	Y	Y	Y	Y

Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint')

I / We declare that the particulars furnished here are correct. I / We authorize Old Bridge 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 Old Bridge Mutual Fund about any changes in my bank account. 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.

× 1st Holder / Guardian	2nd Holder	3rd Holder

INSTRUCTIONS FOR SIP & TOP-UP

1. OTM end date cannot be more than 40 years form the date of the mandate.
2. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 days before the first SIP Installment date.
3. Please refer below table for minimum installments:

Frequency	Specified date	Min Amounts per Installments		Min number of Installments
		Focused Fund/ Arbitrage Fund	Flexi Cap Fund	
Daily	Daily	2500	1000	6
Weekly	Any day (Monday to Friday) (If no day is selected Monday will be the default day)	2500	1000	6
Fortnightly	1st and 16th day of each month, as applicable (1st and 16th of the month will be the default date).	2500	1000	6
Monthly (Default Frequency)	Any date (1st to 28th of the month) (10th will be the default day)	2500	1000	6
Quarterly	Any date (1st to 28th of the month) (10th will be the default day)	2500	1000	6
Half Yearly	Any date (1st to 28th of the month) (10th will be the default day)	2500	1000	6
Yearly	Any date (1st to 28th of the month) (10th will be the default day)	2500	1000	6

Note: For all schemes, minimum amount is as per above table and thereafter in multiple of ₹ 1.

4. *Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. If SIP date is not mentioned, default date would be considered as 10th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day. ** Will be triggered and processed only on Business Days. If the day opted falls on non-business day, it will be triggered and processed on the next business day.
5. If no amount is mentioned minimum SIP installment amount would be considered.
6. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
7. The SIP will be discontinued automatically if payment is not received for three successive installments.
8. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar Kfin. Please note it will take T+2 Business days for the SIP to discontinue from the date of receipt of the duly filled request. Any installment due during this period might get debited from the bank account if it falls within T+2 Business days. The AMC reserves the right to introduce / discontinue SIP / variants of SIP from time to time.
9. Mandate will be processed through NACH platform offered by NPCI.
10. Investor will not hold Old Bridge Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Old Bridge Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or ECS / Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
11. Investor can change bank details for SIP by submitting a "CHANGE OF BANK MANDATE - FOR SIP" form available on the website or at any Investor Service Centre along with cancelled cheque of the new bank with the investor's name printed on it.
12. TOP-UP Facility: Under this facility the Investor can increase the SIP installment at pre-defined intervals by a fixed amount or any time as per the request. This facility is available for individual investors only. For availing the said facilities, investors are required to note the following:
    - Investor willing to register TOP-UP should provide the TOP-UP details along with the SIP enrolment details.
    - The minimum amount for Old Bridge TOP-UP facility is ₹ 500/- and in multiples of ₹ 1/- for all schemes.
    - If no amount is mentioned as TOP-UP amount under frequency yearly and half-yearly, minimum TOP-UP amount would be considered, i.e., ₹ 500/- for all schemes.
    - TOP-UP frequencies available are Half-Yearly/ Yearly requested intervals.
    - In case TOP-UP frequency is not indicated, it will be considered as Yearly by Default.
    - The date for Old Bridge Mutual Fund TOP-UP Facility will correspond to the registered SIP.
    - TOP-UP will continue till the End of the SIP tenure by default.
    - In case an investor wishes to change the Top-Up amount, he/she has to provide a cancellation for the existing SIP and register fresh SIP.
    - Only TOP-UP cannot be discontinued anywhere during the SIP tenure.
    - Please see the illustration below to know how to calculate SIP Top-Up amount:
        - SIP Starts on 20/May/2025
        - SIP ends on 20/May/2065
        - SIP amount is ₹ 2500
        - Top-Up amount is ₹ 500
        - Top-Up Frequency is Half-yearly

Top-Up date	SIP Amount (₹)	Top-Up Amount (₹)	New SIP Amount (₹)
10-Nov-2025	2500	500	3000
10-May-2026	3000	500	3500
10-Nov-2027	3500	500	4000
10-May-2028	4000	500	4500

13. If Investor do not wish to opt for One Time Registration (OTM) Mandate, they can submit SIP NACH Registration Form available on website www.oldbridgemf.com with SIP Registration Form.