The Wealth Company
MUTUAL FUND

SIP REGISTRATION & OTM DEBIT MANDATE FORM

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 The Wealth Company 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

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

2. SIP INVESTMENT & PAYMENT DETAILS

Sr. No.	Scheme Name/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Day & Date	SIP Frequency	SIP Start Month & Year and SIP End Month & Year	SIP Top-up Amount (₹) or Percentage (%)	SIP Top-up Frequency*
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
1	The Wealth Company Scheme Name	₹	Monthly & Quarterly D D Weekly** (_____)	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	M M Y Y Y Y to M M Y Y Y Y	₹ _____ OR ___% TOP UP CAP Amount ₹ _____ OR Month-Year: M M Y Y Y Y	☐ Yearly ☐ Half Yearly
In case of multiple schemes, Cheque should be drawn in favour of "The Wealth Company Mutual Fund"		Total ₹	*In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. (Top-up % is multiples of 5% only. **investors can choose any day of the week from Monday to Friday to register under weekly frequency.				

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 The Wealth Company 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 The Wealth Company 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.

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)

The Wealth Company MUTUAL FUND

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

Utility Code | ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code: FOR OFFICE USE ONLY | I/We authorize **THE WEALTH COMPANY MUTUAL FUND**

To debit (tick ✓) ☐SB ☐CA ☐CC ☐SB-NRE ☐SB-NRO ☐OTHERS | Bank A/C number

With Bank: Name of Customers Bank | IFSC / MICR

an amount of Rupees | ₹

Debit Type ☒ Fixed Amount ☑ Maximum Amount **Frequency** ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quaterly ☒ Half-Yearly ☒ Annually ☑ 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 & made by me/us. I am authorising 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. 4. 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 validity 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 Account Holder | Signature of Account Holder

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