

# COMMON TRANSACTION SLIP



Kindly read the KIM, SID and SAI carefully before investing  
Please read the instructions before completing this Application form and all the sections in CAPITAL

<b>1</b>	<b>DISTRIBUTOR / ARN CODE</b>	<b>SUB BROKER ARN CODE</b>	<b>EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*</b>	<b>SUB-BROKER CODE / AGENT CODE</b>	<b>REGISTRAR/ BANK SR NO</b>
	<b>ARN-183038</b>				FOR OFFICE USE ONLY

\*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor, the distributor has not charged any advisory fees on this transaction.

Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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In case the Additional Purchase amount is Rs. 10,000 or more and your distributor has opted to receive transaction charges, Rs.100/- will be deducted from the purchase amount and paid to the distributor. Units will be issued against the balance amount invested. \* Important : Please strike off the section(s) that is (are) not used to avoid any unauthorized use."

## 2 EXISTING INVESTORS

Folio No											Name												
First/Sole applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Guardian(in case of Minor)	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Second applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Third applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										

By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/ our folios.

## 3 ADDITIONAL PURCHASE REQUEST (Cheque/DD favoring 'Scheme Name)

Scheme Name	Essel														
Plan	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub Option	<input type="checkbox"/> Dividend Reinvestment (default)	<input type="checkbox"/> Dividend Payout							
Dividend Frequency	<input type="checkbox"/> Normal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly / Annual								
Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Transfer	<input type="checkbox"/> Others	Cheque/DD No.										
Cheque/DD Dated					Drawn on Bank and Branch										

Gross Amount in Rs. \_\_\_\_\_ DD Charges (Rs.) \_\_\_\_\_  
 Net Amount in Rs. \_\_\_\_\_ Amount in words \_\_\_\_\_  
 If you are a citizen/ tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill Details of FATCA & CRS information.

## 4 REDEMPTION REQUEST

Scheme Name	Essel															
Plan	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub Option	<input type="checkbox"/> Dividend Reinvestment (default)	<input type="checkbox"/> Dividend Payout								
Dividend Frequency	<input type="checkbox"/> Normal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly / Annual									
Amount (Rs)	Amount in words										Number of Units					<input type="checkbox"/> All Units

## 5 SWITCH REQUEST

From Scheme	Essel														
Plan	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub Option	<input type="checkbox"/> Dividend Reinvestment (default)	<input type="checkbox"/> Dividend Payout							
Dividend Frequency	<input type="checkbox"/> Normal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly / Annual								
To Scheme	Essel														
Plan	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub Option	<input type="checkbox"/> Dividend Reinvestment (default)	<input type="checkbox"/> Dividend Payout							
Dividend Frequency	<input type="checkbox"/> Normal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly / Annual								

Amount (Rs.) \_\_\_\_\_ Amount in words \_\_\_\_\_  
 Number of Units \_\_\_\_\_  All Units  
 If you are a citizen/ tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill Details of FATCA & CRS information.

## 6 UPDATE OF CONTACT DETAILS (Kindly note that your address details will be updated as per your KYC records with CVL-KRA/CKYC )

Address			
City	Pin	State	Country
Email	Tel	Mobile	

## Acknowledgment Slip (To be filled in by the investor)

Received from Mr./Ms./M/s.	Folio/Application No.			Scheme			
Nature of Transaction	<input type="checkbox"/> Update of contact details	<input type="checkbox"/> Update of Bank particulars	<input type="checkbox"/> Nomination	<input type="checkbox"/> KYC Update	<input type="checkbox"/> Switch	<input type="checkbox"/> AEP	<input type="checkbox"/> FATCA
<input type="checkbox"/> Additional Purchase	Cheque No.	Amount (Rs.)					
<input type="checkbox"/> Redemption	No. of Units						
	Amount (Rs) / Unit	Frequency	Date of commencement				
Systematic Investment Plan	Cheque Nos.						
Systematic Withdrawal Plan							
Systematic Transfer Plan	From Scheme: To Scheme						



Collection Centre 's Stamp & Receipt Date and Time

**7 UPDATE OF BANK DETAILS (Refer instructions for more details)**

Bank Name										Branch									
Bank Account No.					Bank Account Type					<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR									
IFSC Code					MICR Code														
Bank Address																			
AMC reserves the right to use any mode of payment as deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.																			

**8 \*FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (Self Certification) (Refer instruction) (For Non-individual mandatory to fill up Details of FATCA & CRS information)**

The below information is required for all applicant(s)/ guardian

**Address Type:**  Residential or Business  Residential  Business  Registered Office  
(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily)  Yes  No

If Yes, please provide the following information [mandatory]  
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.  
 ^ To also include USA, where the individual is a citizen/green card holder of the USA.  
 \* In case Tax Identification Number is not available, kindly provide its functional equivalent.

**9 NOMINATION DETAILS**

I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	%	Date of Birth	If Nominee Is Minor
Name of Nominee	%	Date of Birth	If Nominee Is Minor
Name of Nominee	%	Date of Birth	If Nominee Is Minor
* Name of the Guardian	If Nominee Is Minor	Relationship with the Minor	

Address of the Nominee/Guardian

I/We hereby cancel the nomination made by me / us on DD / MM / YYYY

All future communication in connection with this application should be addressed to the Registrar of the scheme or Customer Service Cell of Essel Mutual Fund.

**Customer Service Cell :**

Essel Finance AMC Limited (Formerly: Peerless Funds Management Co. Limited)  
 601, Jet Prime,Suren Road, Andheri (East), Mumbai- 400 093  
 Toll Free: 1800 103 8999.  
 Non Toll Free. 022 71335205.  
 Email: mutualfund@esselfinance.com

**Registrar :**

Karvy Computershare Private Limited, (Unit: Essel Mutual Fund), KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500032 Telangana  
 Tel: 91 40 33215121 / 5122 / 5123  
 Webs: https://www.karvymfs.com.

**10 SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES** (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIPAuto Debit Form)

Scheme Name	EsseL												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th												
Frequency	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly SIP From: M M Y Y SIP To: M M Y Y												
Cheque(s) Details	No. of Cheque(s)	SIP Amount (in figures)								Cheque(s) No.			
Cheque(s) drawn on	Name of Bank and Branch												
New Investors are requested to fill in the common application form													

**11 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Name of the Scheme	EsseL												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SWP from: M M Y Y SWP to: M M Y Y												
Amount per Withdrawal (Rs) _____ No of Installments _____													
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling the above details.													

**12 SYSTEMATIC TRANSFER PLAN (STP)** (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme	EsseL												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
To Scheme	EsseL												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly STP Period: M M Y Y												
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th				STP from: M M Y Y STP to: M M Y Y Amount Per Installment (Rs) No of Installments					

**13 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only from Growth Option of the Scheme**

From Scheme	EsseL												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular												
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly AEP date : 1st Business Day (Minimum Rs.500/- for AEP option)												

**14 DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Options under the Scheme(s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then EsseL Finance AMC Limited (Formerly: Peerless Funds Management Co. Limited), has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments.

I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (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 hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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# SYSTEMTIC INVESTMENT PLAN (SIP)



(Applicable for Lumpsum Additional Purchase as well as SIP Registration)

**LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM** (for Lumpsum Investment please fill 6)

New Investor are required to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

<b>1</b>	<b>DISTRIBUTOR / ARN CODE / RIA</b> <b>ARN-183038</b>	Employee Unique Identification Number (EUIIN)*	RM CODE	DATE & TIME OF RECEIPT
FOR OFFICE USE ONLY				
Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor				
* I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder

<b>2</b>	<b>REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)</b>			
(Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> New Registration* <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Cancellation of SIP <input type="checkbox"/> Micro SIP				
* if you are a new investor kindly fill the common application form				

<b>3</b>	<b>TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)</b>			
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds <small>(Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)</small>		OR	<input type="checkbox"/> I confirm that I am an Existing Investor in Mutual Funds <small>(Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)</small>	
If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.				

<b>4</b>	<b>INVESTOR AND INVESTMENT DETAILS</b>			
Sole/First Investor Name				
PAN/PERN				<input type="checkbox"/> KYC Proof
CKYC Id				
Aadhaar No				By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.
Folio/Application No.		Existing Investors please mention Folio No.		
Scheme <b>Essel</b>				
Plan <input type="checkbox"/> Direct <input type="checkbox"/> Regular		Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout		
Dividend Frequency				
In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.				
Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.				

<b>5</b>	<b>SIP DETAILS (Please tick on any 1 SIP frequency only. In case the SIP frequency opted for is either Monthly, Quarterly or Half Yearly, please tick on any 1 SIP date only)</b>			
Each SIP Amount (Rs)				
First SIP Cheque No.		Cheque Amount (Rs)		Cheque Date :
Frequency	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly	SIP Period	Start Date	End Date
SIP Date	<input type="checkbox"/> Every Alternate Wednesday <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Regular <input type="checkbox"/> Perpetual	M M Y Y	M M Y Y
SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer NACH instruction page for further clarification.				
I/We hereby, authorise Essel Mutual Fund and their authorised service providers, to debit my/our following bank account NACH/ECS (Debit Clearing)/Auto Debit to account for collection of SIP Payment				
I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in Lumpsum NACH/ECS/Auto debit. If the transaction is delayed or not executed at all for any reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform essel Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM/SAI, I/We hereby apply for the respective units of essel Mutual Fund Scheme at NAV based resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).				
Signature(s)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	

To be signed by ALL UNIT HOLDERS if mode of holding is Joint

<b>6</b>	<b>LUMPSUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM</b> (applicable for LUMPSUM additional purchase as well as SIP registration)			
		UMRN	Date	
Sponsor Bank Code		Utility Code		
(Tick <input checked="" type="checkbox"/> )				
CREATE	I/We hereby authorize <b>ESSEL MUTUAL FUND</b>		to debit (Tick <input checked="" type="checkbox"/> ) <b>SB / CA / CC / SB-NRE / SB-NRO / Other</b>	
MODIFY	Bank a/c number			
CANCEL	with Bank			
Name of customers bank		IFSC	or MICR	
an amount of Rupees				Rs.
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio No.:	Mobile No.		
Reference 2	Scheme / Plan: All schemes of Essel Mutual Fund	Email ID		
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.				
Period From				
To	1. Signature Primary Account holder		2. Signature of Account holder	
Or	1. Name as in bank records		2. Name as in bank records	
<input type="checkbox"/> Until Cancelled				
Declaration: 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 or the bank where I have authorized the debit.				

Acknowledgment Slip (To be filled in by the investor)

SIP through Lumpsum / ECS / Auto Debit Form

Received from Mr./Ms./M/s.

An application for Scheme :

Plan :

Option :

Amount :

Frequency :

Date of Commencement :

Collection Centre's Stamp & Receipt  
Date and Time

