

ECS Autosave & Standing Instructions Form for Systematic Investment Plan (SIP) (Form 2)

Application No. _____

Distributor Code	ARN - 16709	Sub-Distributor Code	Internal Code for Sub-broker/ Employee	EUIN No.	E039709
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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 and the distributor has not charged any advisory fees on this transaction.

<input checked="" type="checkbox"/> First Holder	<input checked="" type="checkbox"/> Second Holder	<input checked="" type="checkbox"/> Third Holder
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A ECS Autosave Debit Mandate for SIP

ECS debit facility for SIP is currently available for Account holders of all banks participating in local clearing at Agra, Ahmendabad, Allahabad, Amristar, Anand, Asansol, Aurangabad, Bangalore, Bardwan, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Japipur, Jalandhar, Jammu, Jamnagar, Jamshepur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nashik, Nellore, Panjim, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimoga, Shimla, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Tirunaveli, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijayawada (also covers Guntur, tenali & Mangalgi), Visakhapatnam.

Electronic Debit for the account holders of the following banks

Axis Bank, Union Bank of India, Bank of Baroda, Punjab National Bank, Bank of India, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, State Bank of India, UCO Bank, Allahabad Bank, ING Vysya Bank, Federal Bank.

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.

UNIT HOLDER INFORMATION

Existing Folio Number /

Name of the First Holder

SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme _____	Plan _____	Option _____	
SIP	Monthly SIP Date (10, if no date is mentioned) <input type="checkbox"/> Standard (any date of the month) <input type="text"/> <input type="text"/>	SIP Enrollment Period <input type="checkbox"/> Standard From <input type="text"/> To <input type="text"/> <input type="checkbox"/> Default From <input type="text"/> To <input type="text"/>	SIP Installment Amount (Rs.) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount <input type="text"/>

BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof)

Name of the Account Holder _____

Name of the Bank _____ Branch _____

Account Number City _____

Account Type Current Savings NRO NRE FCNR Others _____ (please specify)

MICR Code (Please enter the 9 digit number that appears after the cheque number)

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments to pay the installments referred above through participation in ECS / Electronic 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 IDFC Asset Management Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	<input checked="" type="checkbox"/>
2nd applicant/ Authorised Signatory	<input type="checkbox"/>
3rd applicant/ Authorised Signatory	<input type="checkbox"/>

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole / 1st applicant/ Guardian Authorised Signatory	<input checked="" type="checkbox"/>
2nd applicant/ Authorised Signatory	<input type="checkbox"/>
3rd applicant/ Authorised Signatory	<input type="checkbox"/>

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____