

## Standing Instructions for Systematic Investment Plan (FORM 3) Application No. \_\_\_\_\_

Distributor Code	ARN-	Sub-Distributor Code	ARN-	Broker Code		EJIN No.	
I/We hereby confirm that the EJIN 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.				First Holder		Second Holder	
				Third Holder			

**UNIT HOLDER INFORMATION**

Existing Folio Number  /  Name of the First Holder

**Debit Mandate for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Account Holders Only. Application for Standing Instruction Maintenance for SIP**

To, The Manager,

HDFC Bank Ltd. /  Standard Chartered Bank /  Kotak Mahindra Bank /  ICICI Bank

Branch \_\_\_\_\_

Date

**Sub: Request for Maintenance of a Standing Instruction for SIP**

I/We \_\_\_\_\_

hereby authorize you to deduct on a Monthly basis (as a Standing Instruction) from my / our following Current / Savings Account and remit the same to IDFC Mutual Fund as per the details given below.

<b>Nature of Instruction</b>	Standing Instruction		
<b>Purpose of Standing Instruction</b>	Payment of SIP Installment of IDFC Mutual Fund		
<b>Name of the Scheme</b>		Plan	Option
<b>Debit Account no.</b>			
<b>Account Holder's Name</b>			
<b>SIP Amount (Rs.)</b>			
<b>SIP Enrollment Period</b>	<b>Start Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<b>End Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Default option is perpetual i.e. Dec. 2099.
<b>Frequency &amp; Date</b>	Monthly (Please provide the date) <input type="text"/> <input type="text"/>		

In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We \_\_\_\_\_ (name of unit holder) undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. If the date of debit to my/our account happens to be a non-business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document / SID of the Mutual Fund. HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank shall not be liable for, not be in default by reason of, any failure or delay in completion due to riot, strike, mutiny, revolution, fire flood, fog, war, lightning, earthquake, change of government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank.

Yours faithfully,

Account Holder/s Signature  
 Sign for HDFC Bank / Standard Chartered Bank / Kotak Mahindra Bank / ICICI Bank Auto Debit facility.  
**Signature also required in Form 1.**

**For CPU Use Only**

Maintained on: \_\_\_\_\_  
 Account Holder's Name: \_\_\_\_\_  
 Account No.: \_\_\_\_\_ Amount: \_\_\_\_\_  
 SIP Start Date: \_\_\_\_\_ SIP End Date: \_\_\_\_\_ Next SIP Date: \_\_\_\_\_  
 Maintained by: \_\_\_\_\_

**DEBIT MANDATE** (For Standard Chartered Bank account holders only)

Application No. \_\_\_\_\_

**To Branch Manager - Standard Chartered Bank**

I/We (Name of the account holder) \_\_\_\_\_  
 authorise you to debit my/our Account no. \_\_\_\_\_ for  
 Rs. (in figures) \_\_\_\_\_ Rs. (in words) \_\_\_\_\_  
 to pay for the purchase of Scheme \_\_\_\_\_.

I/We understand that the above instruction will be conducted on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize SCB to make the payment from my/our account and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep sufficient funds in my / our account to enable you to carry out this instruction.

Date \_\_\_\_\_

Signature of Applicant(s) /  
 Authorised Signatory(ies)