	SCORTS UTUAL FUND	SIP AUTO DEBIT (ECS) FORM
Name and AMFI Re	g.No. (ARN)	Register's Serial No.
Sub Broker's Code	(F)	ARN HIS TO BE BUT BEING THE SECOND FROM THE SECOND
The Party of the P		o the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
S CONTRACTOR OF THE PARTY OF TH	ng Unit holders	ALTO AND COMMAND AND COMPANY AND ADDRESS OF THE PROPERTY OF THE ACT OF THE PARTY OF
First Unit holder	Cala/First Applicable	Existing Folio No.
PAN No.*	Sole/First Applicant/	Guardian Second Applicant Third Applicant
Coale   III	- rusy	Acade
KYC Compliant # (Please ✓) *Mar		□ NO. □ Yes □ No □ Yes □ No a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above
	vestor - Applicant's Deta	A STATE OF THE STA
Sole/First Applicant	FIRS	T MIDDLE LAST NAME
3. Systematic	Investment Plan (SIP) I	Details (Mandatory)
Scheme Name		Charge should be a consequent of the All Charge to the Cha
	Growth Option *	☐ Dividend Payout ☐ Divident Reinvestment ☐ Bonus Option
SIP Frequency (Please		or ☐ Quarterly SIP Date (Please ✓) ☐ 1st or ☐ 10th or ☐ 25th
Installment Amount (Rs.)	Rs. MIN	I M U M Rs. 1 0 0 0 my seeke to died measurumpe bine benigtide eta ed
First SIP Cheque No.		Dated D D M M Y Y Y Y
Drawn on (Bank/Branc	h Name)	or the many dispersion of the second
SIP Auto Debit Period		Start Date From M M Y Y Y Y End Date(1) To M M Y Y Y Y
(The first Auto Debit shoul	d be at least 30 days after	(Second Installment) (Last Installment) he first SIP transaction date) (1) If no End date is specified SIP will continue till investor gives a mandate to discontinue the same.
The state of the s	property and decision of vision and second	on, ambiguity or discrepancy.
	OF BATIK ACCOUNT (FIOR	which money will be debited)
Account Holder Name as in Bank Account	SELECTION OF SELECTION	
Bank Name	Well Children	THE RESIDENCE AND THE PERSONAL SECURITY OF THE WAS AND DESIGNATION OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSON
Branch Address	City	PIN
Account No.		MICR Code Mandatory (This is a 9 Digit Number next to your Cheque Number
Account Type (Please	✓) ☐ Current	Savings NRO NRE FONR NRSR
		cument(s) of Escorts Mutual Fund, I/We apply for the units of the scheme(s) and I/we agree to abide by the terms
conditions, rules and in objectives and risk fact details of the scheme at to me/us all the comma amongst which the Sc	regulations of the scher tors applicable to the re and I/We have not recei	ne. I/We confirm to have understood the term & conditions. Its investment objectives, investment pattern, fundamental spective funds(s). I/We agree to abide by the terms, conditions, rule and regulations of the plans(s). I/We understood the ved not been induced by any rebateor gifts, directly or indirectly, in making this investment. The ARN holder has disclose rail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from the different to me/us.
First Account Holder's Sign	nature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)  Third Account Holder's Signature (As in Bank Records)
Dated D D M N	AL MANA	FOR OFFICE USE ONLY Recorded D D M M Y Y Y Y Recorded by
	the said that a saidth	(Not to be filled in by investor)  Credit A/c No.
5. Authoriza	tion of Bank Accoun	holder(s) (to be signed by Account holder)
This is to inform that I/N be made from my/our Mutual Fund acting the authorise Escorts Asse	We have registered for F below-mentioned bank a rough their authorized s	BI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in Escorts Mutual Fund sha account number with your bank. I/We hereby authorise Escorts Asset Management Limited - Investment Manger to Escort ervice providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby furthe Investment Manger to Escorts Mutual Fund), acting through their authorised service providers to debit my/our following ban
		DUNT HOLDERS(S) AS IN BANK RECORDS
The proceedings of the processing of the		Indicate the incorrect methods and the engine and t
Account Number	Holden (A. J. B. C. E.	and the first of t
Name of First Account	Holder (As in Bank Rec	ords) Name of Second Account Holder (As in Bank Records) Name of Third Account Holder (As in Bank Records
notesion of sub-di-	autoba bannar in	to take the state and the take and the state of the state
	ignature (As in Bank Reco	
		<ol> <li>Please risks the Key Intophation Main Landuil and the Standard Otter Document on Minimum Tive Applicable MAV Redemplona, Filsk Faltons, Coad and other Information on the respective Scheman</li> </ol>
	A STATE OF THE PARTY OF THE PAR	