

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code <sup>^</sup>	
ARN-106392 BLUECHIP STOCKS	ARN-	INTERNAL CODE	E-107715		

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".  
^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Sign Here

First / Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**2. Unitholder Information**

Name of First / Sole Applicant \_\_\_\_\_ PAN \_\_\_\_\_

Folio No. (For Existing Unit Holders) \_\_\_\_\_ CKYC No. \_\_\_\_\_

**3. Investment Details** (Choice of Plan [Please ✓])

Scheme \_\_\_\_\_ Plan  Regular  Direct Option: Growth

Enrolment Period From [D][D][M][M][Y][Y][Y][Y] To [D][D][M][M][Y][Y][Y][Y] OR Perpetual (Default)  OR No. of Installments \_\_\_\_\_

First SIP Instalment via : Cheque No. \_\_\_\_\_ Bank A/c No. \_\_\_\_\_

Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_

Amount ₹ \_\_\_\_\_ Each SIP Amount ₹ \_\_\_\_\_ Amount in words \_\_\_\_\_

**SIP Frequency :** (Please ✓)

SIP Date [D][D]  Monthly OR  Quarterly OR  Half Yearly

Preferred Debit Date (Any day from 1st to 28th of the month)

**SIP Step UP FACILITY:**

Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) ₹ _____	Percentage (Minimum 10% and in multiple of 5%) ₹ _____
Freeze # <input type="checkbox"/> Amount _____ OR Month-Year [M][M][Y][Y]	Freeze # <input type="checkbox"/> Amount _____ OR Month-Year [M][M][Y][Y]
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

\$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

**4. Unit Holding Option**  Physical Mode (Default)  Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)

CDSL / NSDL DP Name \_\_\_\_\_ DP ID \_\_\_\_\_ Beneficiary A/C No. \_\_\_\_\_

**5. Declaration & Signature(s)**

I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. 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 Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.  
I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.

Date [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_

Place \_\_\_\_\_

First / Sole Applicant  Second Applicant  Third Applicant

**ONE TIME BANK MANDATE**  
(NACH/OTM/Direct Debit Mandate Form)

UMRN \_\_\_\_\_ Date [D][D][M][M][Y][Y][Y][Y]

Tick (✓)  Create  Modify  Cancel

Sponsor Bank Code \_\_\_\_\_ (Office use only) Utility Code \_\_\_\_\_ (Office use only)

I/We hereby authorize **SAMCO MUTUAL FUND** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Name of customers bank

IFSC \_\_\_\_\_ MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ Amount in words \_\_\_\_\_ Amount ₹ \_\_\_\_\_

Frequency  Monthly  Quarterly  Half Yearly  Yearly  As and when presented Debit Type  Fixed Amt  Maximum Amt

PAN \_\_\_\_\_ Phone No. +91 \_\_\_\_\_ Email \_\_\_\_\_

Scheme Name **All Schemes of Samco Mutual Fund**

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.

Period

From [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_  First / Sole Applicant  Second Applicant  Third Applicant

To [D][D][M][M][Y][Y][Y][Y] \_\_\_\_\_

OR  Until Cancelled

Name as in Bank Records \_\_\_\_\_ Name as in Bank Records \_\_\_\_\_ Name as in Bank Records \_\_\_\_\_

This is to inform that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, based on the instructions 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 of the bank where I have authorized the debit