



SYSTEMATIC INVESTMENT PLAN (SIP)

Please read Guidance Notes carefully. All Sections to be completed legibly in English in black / dark coloured ink and in BLOCK CAPITALS.

App. No. **F100053436**

Distributor's Code	Sub-Broker's Code	Branch Code	For Official Use
ARN-			

1 EXISTING UNIT HOLDER(S) DETAILS (See Note 1)

Sole / First Unitholder First Name _____ Middle Name _____ Last Name _____ Folio No. _____

2 SOLE / FIRST APPLICANT'S PERSONAL DETAILS (See Note 2)

Sole / First Applicant First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY

Guardian (if Sole/First Applicant is Minor) _____ PAN _____
OR Contact Person (For Non Individuals) _____ Enclosed PAN Proof
 Acknowledged Copy of PAN application
 Form 60/61 (for investments >=Rs. 50000)
 Copy of KYC Acknowledgement Letter

STATUS OF SOLE / FIRST APPLICANT (Please ✓)

Resident Indian Individual | Non-Resident Indian Individual | PIO | Mutual Fund | FI | Bank | Trust | Government Body | Defence Establishment
 Company / Body Corporate | Partnership Firm | HUF | AOP / BOI | FII | Society | NGO | Others (please specify)

Address for Correspondence (P.O. Box Address is not sufficient) _____
Overseas Address (Mandatory for NRI / FII Applicants) _____
City / Town _____ State _____
Country _____ Postal Code _____
Tel. (Office) (ISD) (STD) _____ Tel. (Res.) (ISD) (STD) _____ Mobile (ISD) _____
Email ID _____ Fax (ISD) (STD) _____

I / We wish to receive the following documents via e-mail instead of Post (Please ✓) Account Statement All other Statutory Communications Fact Sheet

3 BANK ACCOUNT DETAILS (MANDATORY - if left blank, Application will be rejected) (See Note 3)

Account No. _____ Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify)
Bank Name _____ Branch _____ (Clearing Circle)
City _____ MICR Code _____ (This is a 9 Digit Number next to your Cheque Number.)

ECS OF DIVIDENDS (See Note 3c) I/We wish to receive dividend through ECS. (Please furnish 9 digit MICR code above and ✓ here)
CHEQUE PAYOUTS (See Note 3d) I/We DO NOT wish to avail Direct Credit Facility and instead wish to receive payments by CHEQUE. (Please ✓)
MULTIPLE BANK REGISTRATION (See Note 3e) I/We wish to register my/our other bank accounts for redemption payout. Please send necessary forms (Please ✓)

4 JOINT APPLICANTS' DETAILS (See Note 4)

MODE OF HOLDING (Please ✓) Single OR Anyone or Survivor OR Joint

Second Applicant First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY
Guardian (if 2nd Applicant is Minor) _____ Enclosed PAN Proof
 Others (please specify)

Third Applicant First Name _____ Middle Name _____ Last Name _____ Date of Birth DD MM YYYY
Guardian (if 3rd Applicant is Minor) _____ Enclosed PAN Proof
 Others (please specify)

* AUTO-DEBIT AUTHORISATION BY BANK ACCOUNT HOLDERS (MANDATORY FOR ECS)*

The Manager Name of Bank _____ Branch _____ City _____

I hereby authorise you to debit my account for making payment to Fidelity Mutual Fund through ECS (Debit) clearing / Direct Debit (Standing Instructions) as per the details given here :

A. Folio Number _____	Scheme (Plan) _____
B. Account Number _____	Date of Effect DD MM YYYY (Date of 2nd Instalment)
C. Account Type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit	Periodicity (Please ✓) <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
D. 9-Digit Code Number of the Bank & Branch (Appearing on the MICR Cheque issued by the Bank) _____	SIP Instalment Amount Rs. (Min. 500)
	No. of Instalments (Min. Six)

I / We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or is not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s) Sole / 1st Bank Account Holder _____ 2nd Bank Account Holder _____ 3rd Bank Account Holder _____

Signature(s) of Bank Account Holder(s) XX _____ XX _____ XX _____

Date DD MM YYYY (To be signed by all holders if mode of operation of Bank Account is 'Joint')



ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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Received from _____ an application for Systematic Investment in
Scheme _____ Plan _____ Option _____
SIP Period DD MM YYYY to DD MM YYYY SIP Instalment Amount (Rs.) _____
Cheque No. _____ Dated DD MM YYYY Drawn on Bank _____ Branch _____
Subject to realisation of cheque and furnishing of mandatory information / documents. Please retain this slip till you receive your Account Statement.

For Office Use Only
Acknowledgement Stamp & Date

