

SIP TRANSACTION FORM (SINGLE / MULTIPLE SIP OPTION)

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code**	EUIN*
ARN -	RIA -		ARN -		
<small>*Employee Unique Identification Number. **As allotted by ARN holder. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Declaration for "execution-only" transaction (only where EUIN box is left blank). By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser. <input type="checkbox"/> Please ✓ if the EUIN space is left blank: 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. </small>					
Signatures 1st Unitholder/Guardian/Authorised Signatory/POA		2nd Unitholder/Guardian/Authorised Signatory/POA		3rd Unitholder/Guardian/Authorised Signatory/POA	
				Date D D M M Y Y Y Y	

2. UNIT HOLDER DETAILS (Mandatory)		(# Mandatory field)
Name of Unitholder: # (Name as per PAN / ITD Records)		
First Name	Middle Name	Last Name
Father's name:		DOB #
Mother's name:		
Folio No.	PAN ¹ #	Note: ¹ Please mention Guardian PAN if the 1st holder is below 18 years of age. PAN copy mandatory.

3. SIP DETAILS - New SIP Registration		Investment Details: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	(* Mandatory field)
In case of multiple schemes, cheque should be drawn in favour of "Angel One Mutual Fund - Common Collection A/c"		SIP Date DD (For Daily, Monthly, Quarterly frequency)	
Scheme / Plan		Growth IDCW*	Amount
Angel One	<input checked="" type="checkbox"/>	<input type="checkbox"/>	₹
Angel One	<input checked="" type="checkbox"/>	<input type="checkbox"/>	₹
Angel One	<input checked="" type="checkbox"/>	<input type="checkbox"/>	₹
			₹
Initial Investment Details		Amt. (₹)	Cheque No. Dated: Drawn on:
<small>Note: ¹ If Multiple SIP option is opted then the investment amount should match with the total SIP amount. ² For New SIP registration if you are using the existing OTM mandate please provide the details in the space provided below. *IDCW option is currently not available in the schemes of Angel One Mutual Fund.</small>			
<input type="checkbox"/> SIP renewal <input type="checkbox"/> Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)			
Angel One		Scheme	Plan
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		SIP Date DD	SIP Period: From DD/MM/YYYY To DD/MM/YYYY
<input type="checkbox"/> ³ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)*		Maximum duration of 40 years	
Debit Bank Name		Account No.	
<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily)		Note: *Existing Mandate should be valid for the enrolled period.	

4. SIP TOP-UP	
Top Up Amount ₹	Top Up Frequency (✓): <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Top Up Count
* Default option if not selected.	
DECLARATION & SIGNATURE(S) : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto 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 AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that the ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any Other mode), payable to him for different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors (Delete if not applicable): I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.	
SIGNATURE (S) <small>(Applicants must sign as per Common Application Form)</small>	<input checked="" type="checkbox"/> Sole/1st Applicant/Guardian/Authorised Signatory/POA <input checked="" type="checkbox"/> 2nd Applicant/Guardian/Authorised Signatory/POA <input checked="" type="checkbox"/> 3rd Applicant/Guardian/Authorised Signatory/POA

ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP

(*Mandatory field)

UMRN		For office use		Date* D D M M Y Y Y Y		
CREATE <input checked="" type="checkbox"/>	Sponsor Bank Code	Utility Code				
MODIFY <input checked="" type="checkbox"/>	I/We hereby authorize	ANGEL ONE MUTUAL FUND		to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other		
CANCEL <input checked="" type="checkbox"/>	Bank a/c number*					
With Bank*	Name of customers bank	IFSC*	MICR*			
an amount of Rupees*	Amount in words		₹ In Figures			
FREQUENCY* <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE* <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount					
Reference - 1	Application no. / Folio number		Phone No			
Reference - 2			Email ID			

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.

Maximum period of validity of this mandate is 40 years only.

PERIOD*	x x Signature of first account holder		x x Signature of second account holder		x x Signature of third account holder	
From	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
To	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
	Name of first account holder*		Name of second account holder*		Name of third account holder*	

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank whom I have authorized the debit.
- Maximum period of validity of this mandate is 40 years only.

INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

1. DISTRIBUTOR INFORMATION

- In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- Quoting of EUIN is mandatory in case of advisory transactions.
- Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / IDCW Transfer Plan and EUIN is not applicable for transactions such as Instalments under SIP/ STP / SWP / STP Triggers, IDCW Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and instalments under IDCW Transfer Plans.
- Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

2. UNIT HOLDER DETAILS:

- Please furnish the name of the Sole/First Unit Holder and the existing Folio Number.
- Please provide us with CKYC form for you to comply with the revised KYC requirements. For more details, please visit our website www.angelonemf.com and download the CKYC form.

3. SIP DETAILS:

- Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "Angel One Index Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
- The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
 - Minimum amount per instalment
 - Minimum number of instalments
 - Aggregate investment via SIP
- Please furnish/indicate the below mentioned details with respect to your systematic investment. Investor can register up to 3 different SIPs in the same Folio using the Multiple SIP Registration facility.
 - Scheme/Plan/Option where applicable.
 - SIP Instalment Amount. In case of multiple SIP, The initial Amount should match the total amount.

- SIP Frequency** - Daily, Weekly, Fortnightly, Monthly, Quarterly. Please tick the appropriate option.
- SIP Date/Day** : Any date for daily, Monthly & Quarterly frequencies, Monday for Weekly frequency, 1st or 16th for fortnightly frequency
- The validity of the mandates can be only for a maximum duration of 40 years or below from the Start Date.
- SIP Instalment Requirement:

SIP & STP Frequency	Minimum Amount	Minimum Instalments (Nos.)
Daily	Rs.250/- & in multiples of Re.1/- thereafter	30
Weekly	Rs.500/- & in multiples of Re.1/- thereafter	12
Fortnightly	Rs.500/- & in multiples of Re.1/- thereafter	12
Monthly	Rs.1,000/- & in multiples of Re.1/- thereafter	12
Quarterly	Rs.3,000/- & in multiples of Re.1/- thereafter	4

- Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 calendar days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- SIP renewal -Please provide the scheme details and the OTM details.
- Change in OTM -Change in OTM for a SIP registered earlier fresh OTM has to be filled in.

MULTIPLE SIP DETAILS:

- Investors can register upto 3 different SIP's in the same folio using the multiple SIP registration facility.
- If the Multiple SIP is opted then the investment amount should match with the total SIP amount.

SIP TOP UP INSTRUCTIONS (Optional):

This section is to be filled only if the investor wishes to increase the SIP amount on a half year or yearly basis for the "Monthly frequency" and yearly basis for the "Quarterly frequency" by pre decided incremental amount.

- SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
 - The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly SIP: Rs. 100/- and in multiples of Re.1/- thereof.
Quarterly SIP: Rs. 100/- and in multiples of Re. 1/- thereof.
 - SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency is not indicated under Monthly SIP. The default top up frequency for the Monthly SIP option will be "Yearly".
- Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- Payments made by Cash/Money Order/Postal Order, Non-MICR cheque, outstation cheques are not accepted.
- For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.angelonemf.com and also refer to scheme related documents.

ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

- One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided by the investor in the OTM mandate.
This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.
To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information,

Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Angel One Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by Angel One Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- Angel One MF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investor.
- For period selection investor has option to mention end date.
- The validity of the mandates can be only for a maximum duration of 40 years or below from the Start Date.

For more information visit us at



www.angelonemf.com

E-mail us at



support@angelonemf.com

Call us (Toll free) at



1800-209-0231

(9.00 a.m. to 6.00 p.m. on Monday to Friday & from 9.00 a.m. to 1 p.m. on 1st & 3rd Saturday except Sunday, 2nd & 4th Saturday & Non Business Day)