

THIRD PARTY PAYMENT DECLARATION FORM



1. THIRD PARTY PAYMENT DECLARATION (Should be enclosed with each payment/SIP Enrolment)

Payments by : Parent/Grand-Parents/Related Persons other than the Registered Guardian
 Payments to : Minor Folio only; In consideration of Natural love and affection or as gift only
 Maximum Value : Not Exceeding Rs 50,000/- (each regular purchase or per SIP instalment)
Application and Payment Details (All details below are Mandatory, including relationship, PAN & KYC):

Folio No.		Application Form No.																																								
Beneficiary Name																																										
Investment Amount	₹	<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP with Post Dated Cheques <input type="checkbox"/> SIP Auto Debit																																								
Bank Details	A/c No.																																									
	Bank Name	Branch																																								
DD / Cheque No. (Lumpsum)		Dated <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																					
Cheque Nos. (for SIP via PDC)	From <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					To <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Cheque Drawn on A /c No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Declaration and Signatures:

	Parent/Grand-Parents/Related Persons other than the Registered Guardian	Guardian of Minor, as registered in the Folio																																								
Name																																										
Relationship with Minor																																										
PAN	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
KYC Acknowledgement	Attached (Mandatory for any amount)	Attached (Mandatory for any amount)																																								
Declaration	I hereby declare and confirm that the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the Minor.																																								
Signature																																										
Contact Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

2. BANKER'S CERTIFICATE (in case of Demand Draft / Pay Order / Any Other pre-funded instrument)

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

Instrument Details:

Instrument Type	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order / Banker's Cheque						
	<input type="checkbox"/> Debit to Account	<input type="checkbox"/> Against Cash (≤ 50,000 only)						
Instrument Number		Date <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y			
Investment Amount	₹							
In Favour of / Favouring								
Payable At								

Details of Bank Account Debited for issuing the instrument:

Bank Account No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Account Type :
Account Holder Details	Name	PAN																				
1.		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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If the issuing Bank branch is outside India:
 We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of the Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country

Branch Manager/Declarant(s)

Signature:		Bank & Branch Seal
Name		
Address		
City	State	Postal code
Country		Contact Number

Important Note: It is clarified that the Bankers Certificate suggested above is recommendatory in nature, as there may be existing Bank Letters / Certificates / Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.

3. PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE (under Systematic Investments Plans through Payroll deductions)

To whomsoever it may concern		
We hereby declare that the Application Form No/s. _____ for subscription of units in _____ (Name of the Scheme / Plan / Option) is accompanied by		
Cheque No. _____ Dated _____ Drawn on _____ (Name of the Bank / Branch.		
We confirm that the beneficial owner(s) of the investment in these units is/are _____ (Name of the Employee/s, with employee number/s),		
who is / are my / our employee/s and am providing the funds for these investments through the payroll deduction.		
Signature of Declarant(s) _____		
Name of Declarant(s) _____		
PAN _____ KYC Acknowledgement attached (Mandatory for any amount) <input type="checkbox"/>		
Address of Declarant(s) _____		
City _____ State _____		
Postal code _____ Country _____		
Signature of Beneficiary (ies)		

4. CUSTODIAN ON BEHALF OF AN FII OR CLIENT (Should be enclosed with each payment)

TO WHOMSOEVER IT MAY CONCERN										
Application and Payment Details (All details below are Mandatory):										
Folio No.		Application Form No.								
Beneficial Applicant / Investor Name										
Investment Amount	₹									
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT									
Payment Cheque / UTR No.		Dated <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Payment from Bank										
Payment from A/c No.										
Signature of Beneficiary (ies)										

We further declare that we are registered as a Custodian with SEBI under Registration No: _____

We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s) _____		
Name of Declarant(s) _____		
Income Tax PAN _____ KYC Acknowledgement attached (Mandatory for any amount) <input type="checkbox"/>		
Address of Declarant(s) _____		
City _____ State _____		
Postal code _____ Country _____		