

OTM DEBIT MANDATE FORM / SIP REGISTRATION FORM

YES MUTUAL FUND

ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA/PMRN -		ARN -		

** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of YES Mutual Fund. (Please if applicable)

Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number											Existing UMRN																			
Name	FIRST NAME										MIDDLE NAME										LAST NAME									

2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme Name											Plan:	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option:	<input type="checkbox"/> Growth [#]	<input type="checkbox"/> IDCW [#]							
SIP Frequency	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly	IDCW Frequency:	<input type="checkbox"/> Daily [§]	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	Option:	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW Reinvestment [#]														
SIP Date*	D D	SIP Start	M M	Y Y	Y Y	Y Y	SIP End	M M	Y Y	Y Y	Y Y	OR	<input type="checkbox"/> Perpetual SIP	(*You may select any date from 1st to 28th of the month. Incase if no date is selected, 10th would be the default SIP Date).									
SIP Amount (₹ in figures)											(₹ in words)												
<input type="checkbox"/> SIP Upgrade Facility (Optional) (<input checked="" type="checkbox"/> to avail facility)	<input type="checkbox"/> Fixed [#] OR <input type="checkbox"/> Variable [§] (Pls fill the applicable section below)	SIP Upgrade Frequency	<input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly																				

In case of Quarterly SIP, only Yearly frequency is available under SIP Upgrade facility.

Fixed Upgrade Amount: ₹											OR	Variable Upgrade Percentage:	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%	<input type="checkbox"/> Others _____ (Multiple of 5% only)
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*Upgrade amount has to be in multiple of ₹ 1000/- only

SIP Upgrade Cap	Amount*: ₹											OR	SIP Upgrade Cap Month	M M	Y Y	Y Y	Y Y	(Investor has to choose only one option either CAP amount or CAP month - year)
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3. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

YES MUTUAL FUND	UMRN	F O R O F F I C E U S E O N L Y										Date	D D	M M	Y Y	Y Y					
Sponsor Bank Code	CITI000PIGW										Utility Code	CITI00002000000037									
Tick (✓)	CREATE <input checked="" type="checkbox"/>	I/We hereby authorize										YES Mutual Fund	to debit tick (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other		
Bank A/c number											with Bank										
IFSC											or MICR										
an amount of Rupees											₹										
FREQUENCY	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Half Yearly	<input checked="" type="checkbox"/> Yearly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount													
PAN / Application No.											Mobile No.	+91									
Reference											Email ID										

I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule for charges of the bank.

PERIOD

From	D D	M M	Y Y	Y Y
To	D D	M M	Y Y	Y Y
Or	<input type="checkbox"/> Until Cancelled			

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

- This is to confirm the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

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