SIP Mandate Form



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The Manager																														
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(Branch Name)					T											T	Ť	T												
(Address)							T							L	I						I		i i	1						
Telephone No.																					T		1							
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E	Customer Co	de						:	1	0	2	0		/11	serl	ו מ										(Fo	r Offic	e Us	e On	lv)
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Terms and Cor	nditions:																									and the same	to restant			
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my/our below me instructions as m	entioned bank ac	countw	ith your	r bank.	I/We aut	horize the	repr	esenta	ative	e carr	ying	this E	CS n	nand	late F	orm	to g	etit	verif	ied &	k exe	cuted	I. I/W	le au	ithor	ize t	ne bar	ktoh	ono	rthe
I/We undertake to correct and comp Provider or the Ba AMC, execution of Scheme Informat	plete. If the tran ank responsible. of the debit will h	saction If the da nappen a	is delay ate of de as per tl	yed or ebit to r he norr	not effer ny/our a	cted at all	for r	eason is to b	is o	f inco	omple ankir	ete o	rinco	orrec ss da	t info	orma defi	tion ned	, I/w in th	e Sc	ould herr	not ne Inf	hold orma	the f	Mutu Doc	ial Fi ume	und, nt of	Distri the s	butor, aid Sc	Ser	vice ne of
I/We hereby agree I/We agree that D delay / wrong deb of incomplete or i conditions, rules	istributor/AMC/ oits on the part o incorrect inform	Mutual f I the ban ation, th	Fund (in ktor ex le user i	rcludin recutin	g its affil g the sta	liates)/ Ser	vice	Provi	ider, lade	and dition	any o	of its m on	office a spe	ers d	irect d da	ors, te fro	pers m n	onn ny ac	el ar	nd er	nplo fthe	yees, trans	sha actio	II no	t be not e	held	respo ted at	onsible all for	e for reas	any
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