

SIP & SIP-TOP UP REGISTRATION / RENEWAL



ARN- 183038 / RIA / PMRN Code#	ARN- Sub-Distributor Code	E EUN No.	Internal Code for Sub-broker/ Employee
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#By mentioning RIA/PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.
 Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUN 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.

Signature of First / Sole Applicant / Guardian / Authorised Signatory

TRANSACTION CHARGES (Please tick any one of the below) (Refer Instruction No. S)

I am a first time investor in mutual funds (₹ 150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

Please Tick (✓) SIP Registration SIP Renewal SIP with Top-up Registration SIP - Change in Bank Details

Please mention relevant SIP details below and also in the Bandhan Common Mandate (Bandhan OTM).

UNIT HOLDER INFORMATION

Existing Folio Number PAN

Name of the First Holder

Scheme Plan Option

SYSTEMATIC INVESTMENT PLAN DETAIL (SIP DETAIL) Debit date except 29th, 30th & 31st

Frequency Please (✓) Weekly - Date will be 7th / 14th / 21st / 28th (Default date 7th) Monthly (Default date 10th) Quarterly (Default date 10th)

SIP Period From To OR 1 2 2 0 9 9 Installment Amount (₹) in figures

SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facility is subject to the investor's bankers accepting the mandate for this registration.

Frequency Half Yearly Yearly^A (Default) Amount ₹ in figures (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)

For SIP applications received during NFO, the SIP will start only after 30 days from the NFO allotment date.

INITIAL SIP INSTALLMENT PAYMENT THROUGH (Please provide cheque for initial SIP Amount and fill below OTM for subsequent SIP installments.)

My existing OTM registered to be used for initial & subsequent SIP instalments (OR)

Cheque No. Cheque Date Bank & Branch Name

DEMAT ACCOUNT DETAILS (Applicable ONLY for investors who are willing to hold their investment in DEMAT form)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>



Bandhan One Time Mandate (OTM)

UMRN Date

Sponsor Bank Code Utility Code

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize to debit tick (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. Mobile No.

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 To

Or 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 appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non-Individuals / Legal Entity) (Form 1B)

(All fields are mandatory, please consult your professional tax advisor for further guidance on your tax residency)



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

Address of residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

PAN

Date of incorporation

City of incorporation Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number ⁶	Identification Type (TIN or Other, please specify)

⁶In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____ (Refer Instruction No. viii)

FATCA & CRS DECLARATION

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Global Intermediary Identification Number (GIIN)

Financial institution³ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

or
Direct reporting NFE⁴ Name of sponsoring entity

GIIN not available (please tick as applicable) Applied for

If the entity is a financial institution Not required to apply for (please specify 2 digits sub-category) Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market). No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ¹ Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ² Non Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

...Continued Overleaf

BANDHAN MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)



Received, subject to realisation, verification and conditions, form for application KYC Details, FATCA and CRS declarations for Non Individual Accounts.

From

In Folio No.

On Date

Stamp & Signature

DECLARATION

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust Public Charitable Trust Religious Trust Others _____

Details	UBO1	UBO2	UBO3
Name (Beneficial Owner/Controlling Person)			
UBO Type code (refer 3 (iv) (A) of Part (D))			
PAN/ Any other identification Number@			
Type of ID Document@ (If PAN not Provided)			
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name (Mandatory if PAN is not available)			
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Percentage of Holding/ Beneficial Interest			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

@ PAN, Aadhaar, Passport, Election Id, Government ID, Driving Licence, NREGA Job Card, Others (Please Specify)

* To include US, where controlling person is a US citizen or green cardholder.

% In case Tax identification number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114 F to 114H as part of the Income-tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If No TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

PART C CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name _____

Designation _____

Signature	Signature	Signature
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Date

Place

Toll free 1800 266 6688 / 1800 300 66688
Available Between
9:00 am - 6:00 pm on weekdays

Please note our investor
service email id
investormf@bandhanamc.com

www.bandhanmutual.com

SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN-183038	ARN-			

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII). - I/We hereby confirm that the EUIIN 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.

Signature of First / Sole Applicant / Guardian / Authorised Signatory

EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY Name of the First Holder

Folio No. PAN/PERN (mandatory) Enclosed PAN/PERN Proof KYC Compliant

SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN SYSTEMATIC WITHDRAWAL PLAN

SWITCH OPTION (To be filled along with SWP section below)

I wish to switch ₹ OR Units

FROM Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

TO Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SYSTEMATIC WITHDRAWAL PLAN

Scheme Plan Regular Direct

Option Growth Dividend Dividend Payout Dividend Reinvestment Dividend Frequency

SWP Period Start End (If start date is not mentioned default start month will be 13th month.) (If End date is not mentioned SWP will be effected till funds are available)

Option#	Frequency	Date	Amount (₹)
<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	₹ <input type="text"/>
<input type="checkbox"/> Percentage Withdrawal of Specified Amount	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	<input type="checkbox"/> 5% p.a. <input type="checkbox"/> 7% p.a. <input type="checkbox"/> 9% p.a. <input type="checkbox"/> Other (Not less than 5%) <input type="text"/>
	Specified Amount (Minimum ₹ 50,000/-) <input type="text"/>		₹ (in words) <input type="text"/>
<input type="checkbox"/> Capital Appreciation**	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> Others	N. A.

#Please tick only one Option. *Capital Appreciation : Start date for Capital appreciation under SWP is the date from which capital appreciation, if any, will be calculated till the first withdrawal date. **Refer instructions

YEARLY SWP TOP-UP (OPTIONAL) (Refer instruction no. E)

Amount 500 1000 Other OR Percentage 3% (default) 4% 5% Other

*SWP TOP-UP facility not available for Capital Appreciation Option.

DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
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ACKNOWLEDGMENT - SYSTEMATIC WITHDRAWAL PLAN - REGISTRATION FORM



Name of the First Holder Folio No.

SWP Scheme Plan Option

Frequency Date Amount (₹) / Percentage

STAMP & SIGNATURE

INSTRUCTIONS

GENERAL INSTRUCTIONS

1. SWP facility is available only for units held / to be held in Non - Demat Mode in the Scheme. Currently it is available for all debt as well as equity schemes. (SWP from Bandhan Tax Advantage (ELSS) Fund is subject to completion of 3 years from the date of allotment of the respective units.) However, the schemes are subject to change from time to time. Please contact the nearest Investor Service Centre (ISC) of Bandhan Mutual Fund for updated list.
2. Please read the Key Information Memorandum and the terms of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information carefully before filling the Application Form.
3. New Investors who wish to enroll for SWP are required to fill the SWP enrolment form along with the Scheme Application Form. Existing unit holders should provide their Folio Number.
4. If SWP falls on a Non-Business Day or on a date which is not available in a particular month, the SWP will be processed on the immediate next Business Day.
5. In case none of the frequencies have been selected then Monthly frequency shall be considered as the Default frequency (except Capital Appreciation plan).
6. In case no date is mentioned, 10th will be default date. In case no month is mentioned, 13th month will be the starting month.
7. Minimum number of instalments for SWP Facility for all frequencies shall be 6.
8. In case the number of instalments or SWP End Date is not specified, SWP will be effected till funds are available.
9. The SWP will terminate automatically if all the units are withdrawn from the folio, or if the enrollment period expires; whichever is earlier.
10. The applicant may choose to discontinue the SWP facility at any time, by providing a written request at their nearest Bandhan AMC Limited Branch / CAMS Investor Service Centre.
11. All requests for discontinuing Systematic Withdrawal Plans (SWP) shall be subject to an advance notice of 10 days' prior the next withdrawal date.
12. The unitholder should submit the duly filled in SWP Enrolment Form minimum 10 days before the first withdrawal date.
13. Unitholders must use separate 'SWP' enrolment forms for different Schemes/Plans/Options.
14. Commencement date is the date from which the first withdrawal will commence.
15. If there is inadequate balance on the SWP date, the SWP will be processed for the balance units and SWP will continue.
16. If there is nil balance on the SWP date on 6 consecutive due dates, the SWP will be automatically terminated and there will not be any further trigger.
17. The provision for 'Minimum Redemption Amount' specified in the respective Scheme Information Document will not be applicable for SWP.
18. ⁵SWP facility through Capital Appreciation Option are available ONLY for 'GROWTH' option of a selected scheme.
19. Bank Account for Payout: In order to protect the interest of Unitholders from fraudulent encashment of redemption / dividend cheques, as per SEBI mandate, redemption / withdrawal proceeds under the SWP will be paid by forwarding a cheque or by directly crediting the Bank Account registered in the Scheme on the date of each withdrawal.
20. SWP will be automatically terminated if all units from the Scheme are pledged or upon receipt of intimation of death of the unit holder.
21. Unitholders can choose to apply for SWP directly from funds available in their folio OR by effecting switch and then subsequent SWP, by selecting the appropriate check-box.

A. SWITCH CUM SYSTEMATIC WITHDRAWAL PLAN:

- i. Facility is provided to investors for a one-time switch from 'source' scheme (already available in folio) to a 'target' scheme, so as to enable them to initiate SWP from 'target' scheme.
- ii. SWP (Fixed amount or percentage withdrawal or capital appreciation) will be processed from the 'target' scheme. i.e. 'target' scheme under switch facility should be the same as 'source' scheme under SWP facility. In case they differ, or is not mentioned, the request will be declined.
- iii. SWP will be based on the outstanding amount in 'target' scheme (if existing investment is available in 'target' scheme, that also will be accounted).
- iv. Investors can opt for this facility and withdraw their investments systematically on Monthly/Quarterly/Half Year/Yearly basis. Withdrawals will be made / effected on the date chosen for the selected frequency and would be treated as redemptions.
- v. The SWP start date shall be at least 7 working days after the date of switch-in transaction.

B. PERCENTAGE WITHDRAWAL PLAN:

- i. Facility is provided to investors for withdrawal of an amount, as a percentage of the specified amount, on Monthly/Quarterly/Half Year/Yearly basis. Withdrawals will be made/effected on the date chosen for the selected frequency and would be treated as redemptions.
- ii. In case a percentage has not been opted by the investor, 7% would be considered as default.
- iii. The % will have to be in multiples of 1% and minimum SWP should amount to ₹ 200 and above.

C. CAPITAL APPRECIATION PLAN:

- i. SWP under this plan is available for Monthly/ Quarterly/ Half Yearly / Annual intervals.
- ii. This plan is ONLY available from a GROWTH option of a scheme.
- iii. The capital appreciation, if any, will be calculated (subject to completion of lock- in/ pledge period, if any), from the commencement date of SWP under the folio, till the first SWP withdrawal date.
- iv. Subsequent capital appreciation, if any, will be the capital appreciation* between the previous SWP date** (where redemption has been processed and paid) and the next SWP withdrawal date. Provided such capital appreciation is minimum ₹ 200, on each withdrawal date.
- v. In case the SWP dates fall on a holiday or fall during a Book Closure period, the next Business Day will be deemed as the SWP withdrawal date. Capital appreciation, if any, in such cases will be calculated upto such deemed withdrawal date.
- vi. In case of redemption, capital appreciation will be computed on the balance units post redemption.
- vii. In case of interim additional purchase, capital appreciation will be calculated from the date of additional purchase for the units additionally purchased between two SWP dates.
- viii. Unitholders should note that in the event of there being no capital appreciation, no withdrawal / payment will be effected. If there is nil balance on the Cap SWP date on 6 consecutive due dates, the system will automatically cease the SWP and there will not be any further trigger.

D. FIXED AMOUNT PLAN:

- i. Facility is provided to investors for withdrawal of a fixed amount, on Monthly/Quarterly/Half Year/Yearly basis, on the specified date. Withdrawals will be made/effected on the date chosen for the selected frequency and would be treated as redemption.
- ii. Fixed Plan is available for BOTH Growth and Dividend Option under the selected scheme.
- iii. Unitholders under the Fixed Plan can redeem (subject to completion of lock-in/pledge period, if any), under each Scheme / Plan / Option a minimum ₹ 200/- and any amount thereafter.
- iv. Commencement date for Fixed Plan, is the date from which the first withdrawal will commence.

E. SWP TOP UP:

- i. The SWP Top Up frequency will be annual. Investors will have an option to opt either for fixed amount top-up or fixed percentage (%) top-up
- ii. In case of amount top up, the investor can increase SWP amount at annual interval with fixed amount. Minimum TOP-UP amount has to be ₹ 500 and in multiples of ₹ 500 thereof. In case the Top-up amount is not selected/not legible/not clear/if multiple options are opted, then ₹ 500 shall be the default option.
- iii. In case of % top-up, investor can increase SWP amount at annual interval based on the percentage (%) opted. The minimum top-up percentage (%) would be 3% and in multiples of 1%. In case the Top-up % is not selected/not legible/not clear/if multiple options are opted, then 3% shall be the default option.
- iv. SWP TOP-UP facility not available for Capital Appreciation Option.

Illustration of % top-up:

Monthly Installment Period	Monthly SWP amount (₹) with 3% top up	Monthly SWP amount (₹) with 5% top up
1 to 12 months	5,000	5,000
13 to 24 months	5,150	5,250
25 to 36 months	5,305	5,513
37 to 48 months	5,464	5,788

Registration Form for Systematic Transfer Plan and IDCW Sweep Plan



DISTRIBUTOR / BROKER INFORMATION			TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee
ARN-183038	ARN-		

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

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Signature of First / Sole Applicant / Guardian / Authorised Signatory

EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY	Name of the First Holder											
	Folio No.		PAN/PERN (mandatory)									Enclosed <input type="checkbox"/> PAN/PERN Proof <input type="checkbox"/> KYC Compliant
	KIN		KYC Identification Number									

SYSTEMATIC TRANSFER PLAN (STP) (Please read overleaf instructions carefully)

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

SYSTEMATIC TRANSFER PLAN - FIXED SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION

Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly - Daywise (Transfer on every Monday of the month) <input type="checkbox"/> Weekly - Datewise (Transfer date will be 7 th /14 th /21 st /28 th of the month) <input type="checkbox"/> Fortnightly (Transfer date will be 1 st /16 th of the month) <input type="checkbox"/> Monthly (Any day of the month except 29 th , 30 th & 31 st)	Transfer Frequency (Please tick (✓) any one of the below frequencies) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual Any day of the month except 29 th , 30 th & 31 st .		
Transfer Instalment ₹		₹ in words	
STP Period Start	D D M M Y Y	End	D D M M Y Y OR No. of Installments _____ (Please select either Period or no. of instalments)

IDCW SWEEP OPTION

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> IDCW (Not available under Growth Option) <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

DECLARATION & SIGNATURES

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
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