



SIP Mandate Form

The Manager,

Telephone No: _____

I/We hereby authorize **Elite Wealth Advisors Ltd.** to debit my/our saving/current account for the purpose of making payment to mutual fund companies towards Systematic Investment Plan (SIP) transactions as decided by myself on website of advisor, . The debit instruction will be processed by advisors' authorized Service Provider on their behalf.

My bank details are mentioned below.

1. 9-DIGIT MICR CODE OF THE BANK & BRANCH: _____
(Appearing on the MICR cheque issued by the bank)
2. Account Type: _____
3. Account Holder Name: _____
4. Consumer Code: _____
5. Account Number: _____
6. Effective Date of the Mandate (DD/MM/YYYY): _____
7. Expiry Date of the Mandate (DD/MM/YYYY): _____
8. Maximum Amount Limit per transaction: _____
(Please mention "NA" in case you do not want to mention any limit)

9. Utility Code:

Terms and Conditions:

I/We hereby declare that the particulars given herein are correct and are an expression of my/our willingness to make payments above through Direct Debit/Standing Instruction/ ECS. If the transaction is not effected due to any reason, the user institution would not be held responsible. I/We will also the inform change of bank account details to **Elite Wealth Advisors Ltd.** I/We have read and understood scheme documents i.e. the Scheme Information Document/Key Information Memorandum. I/We apply for the units of the Scheme and I/we agree to abide by the terms, conditions, rules and regulations of the scheme. This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in mutual fund companies shall be made from my/our above mentioned bank account with your bank. I/We authorize the representative carrying this ECS mandate Form to get it verified & executed. I/We authorize the bank to honor the instructions as mentioned in the SIP mandate form. I/We also hereby authorize bank to debit charges towards verification of this mandate, if any. I/We hereby agree to avail the facility for SIP and authorize the bank to execute the ECS/Standing Instruction/Direct Debit for a further increase in installment from my designated account within the mandate amount. I/We agree that Distributor/AMC/Mutual Fund (including its affiliates)/ Service Provider, and any of its officers directors, personnel and employees, shall not be held responsible for any delay / wrong debits on the part of the bank for executing the standing instructions of additional sum on a specified date from my account. If the transaction does not materialize for any reasons, the user institution would not be held responsible. I/We confirm to have understood the introduction of this facility and agree to abide by the terms, conditions, rules and regulations of this facility.

Date	Signature of 1st Applicant	Signature of 2nd Applicant	Signature of 3rd Applicant
------	----------------------------	----------------------------	----------------------------

As per bank account

As per bank account

As per bank account

*For Bank Use
Certified that the particulars mentioned are correct
and as per our records*

Signature of Authorized official from Bank

Bank Stamp

Date