

SIP / MICRO SIP AUTO DEBIT (ECS) FORM

Sr. No.

				3	r. No.	
Broker/Distri	butor	Sub Broker Name & Code	Internal code for Sub Broker/Employee	- Employee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)	
ARN - Kindly affix your ARN stamp				AMFI Identity Number		
					or advice by the distributor personnel concerned. us factors including the service rendered by the distributor"	
opinone commission sna	n be paire an eeuy					
SIGNATURE(S)	Sole / First Ap	oplicant / Guardian / POA	Seco	nd Applicant / POA	Third Applicant / POA	
Transaction Ch	arges (plea	se tick as applicable. R	lefer to KIM)			
I AM A FIRST TIME IN (₹ 150/- will be deduct		FUAL FUNDS charge on Subscription of ₹10,00	00/- and more)	I AM AN EXISTING INVESTOR IN (₹ 100/- will be deducted as transac	MUTUAL FUNDS tion charge per Subscription of ₹10,000/- and more)	
				•	erms and conditions w.r.t. transaction charges given in KIM	
I. Applicant's	s Details (M	andatory) KY	C is mandatory for A	LL investments irrespectiv	e of the amount.	
Sole / First Applicant						
Guardian/POA Holder						
Existing Folio No.						
Scheme Name	eme Name					
	Dividend Reinvestment					
2 Systematic	Investmen	t Plan (SIP) Payma		vill be applied in case of no information,	ambiguity or discrepancy. above investment is made/money will be debited)	
Account holder name as in Bank Account		it i lan (Sir) i ayme	nt Bank Details (30)	ince of payment from which the	above investment is made/money will be debited/	
Bank name						
Account No.	Branch Address					
City			MICR Code M A	N D A T O R	(This is a 9 Digit Number next to your Cheque Number)	
SIP Date 🗌 I st / 🗌 7	th* / 🗌 I4th /	21st /] all four dates	SIP Date From	M M / Y Y Y	To M M / Y Y Y **	
SIP Frequency (Please	() [] Monthly	/* / Quarter	rly First SIP Cheque N	lo.	Dated D I M M I Y Y Y	
Account type (Please 🗸) Savings	Current NRE	NRO FCNR S	P Installment Amount (₹)		
Drawn on (Bank / Brar	nch Name)					
Note : The first Auto D	ebit should be a	tleast 30 days after the first s	SIP Transaction Date			
* Default Option will be ap	plied in case of no	information, ambiguity or discrept	ancy. **I†	no end date is specified SIP will continu	ie for 50 years.	
		account type of your remitta		NRO FCNR Others	Please specify	
First / Sole Holder's E	Bank Account	Mandatory (any one):	Cheque leaf with name	pre-printed Bank Statement	Pass Book Bank Certificate OR	
Third Party's Bank A	ccount	Mandatory documents	required: KYC	Acknowledgment Letter	Third Party Declaration Form	
Relationship with the	e Holder:	Parents/Grand-Parents/	related persons Empl	oyer on behalf of employee	Custodian on behalf of an FII or a client	
3. Declaratio	n, Authoris	ation of Bank Accou	Intholder(s) (to be	signed by the Accounthold	ler) and Signature	
is delayed or not effected Management Company (Company (India) Private payable to him for the d existing Micro SIPs which w.r.t. transaction charges	d at all for reasor (India) Private Li Limited about ar ifferent compet together with t s as applicable for	is of incomplete or incorrect mited or any of their appoint ny changes in my/our bank ac- ing Schemes of various Mutt he current application will re r purchase transaction.	information, I/We would r red service providers or rej count. The ARN holder has al Funds from amongst wi sult in aggregate investmen	ot hold PineBridge Mutual Fund, t resentatives responsible. I/We wi disclosed to me/us all the commis sich the Scheme is being recomm ts exceeding ₹ 50,000/- in a year. I	rrough direct debit / participation in ECS. If the transactio their Investment Manager - PineBridge Investments Asse II also inform PineBridge Investments Asset Managemen sions (in the form of trail commission or any other mode lended to me/us. I/We declare that I/We donot have an /We have read and understood the Terms and Condition tion without any interaction or advice by the employee	
relationship manager/sale	es person of the		nstanding the advice of in-a		y the employee/relationship manager/sales person of the	

This is to inform that I/We have registered for RB's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in PineBridge Mutual Fund shall be made from my/our above-mentioned bank account number with your bank. I/We hereby authorise PineBridge Investments Asset Management Company (India) Private Limited - Investment Manager to PineBridge Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise PineBridge Investments Asset Management Company (India) Private Limited (Investment Manager to PineBridge Mutual Fund), acting through their authorised service providers to debit my/our above bank account by ECS (Debit Clearing) for collection of SIP payments. First Account Holder's Signature (As in Bank Records) Second Account Holder's Signature (As in Bank Records)

First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)	
	FOR OFFICE USE ONLY (Not to be filled in by investor)		
	Recorded D D / M M / Y	Y Y Y A Recorded by	
Dated D J M M J Y Y Y Y	Credit //c. No.		