



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi

Thane (West) - 400 610

CIN : U74120MH2013PTC242939



PayEezz Mandate Registration Form

ARN	
EUIN	

Please read all the instructions carefully before filling the form

Please fill in ENGLISH and in BLOCK LETTERS with black ink

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

The PayEezz registration form can be submitted for registration at the time of CAN opening (or) independently as a Non-Commercial Transaction (NCT) (or) along with CTF-SIP form.

The PayEezz mandate will be registered under the NACH or ECS or SI or Direct Debit at the discretion of MFU or its appointed Payment Aggregator depending upon the customers bank.

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):

Common Account Number (CAN)

Name of the First/Sole Holder

OR

If you have submitted a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No below:

PAN
PEKRN

please specify

CRF No.

please specify

B. * Group Order Reference Number (GORN) /MFU Mandate Reference Number (MMRN): (Distributor / MFU / POS user to write the system generated GORN/MMRN below):

GORN

please specify GORN here

MMRN

please specify MMRN here

C. * Authorization of the Bank Account Holder (to be signed by the investor):

To, The Branch Manager (Name of the Bank)

This is to inform you that I/We have registered for making payment towards my / our investments in Mutual Funds through MF Utilities India Pvt Ltd by debit to my/our account directly or through ECS (Debit Clearing). I / We hereby authorize you to honour such payments and have signed and endorsed the Mandate Form. Further, I/We hereby authorize to honour my / our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account.

I / We have read and agree to comply with the terms and conditions mentioned overleaf and be bound by the same. I / We hereby declare that the particulars given above are true and correct and agree to make payments referred. I / We will also inform MF Utilities India Pvt Ltd about any changes in my / our bank account.

Bank Account Number

1st Account
Holder's
Signature (As
in Bank
Records)

2nd Account
Holder's
Signature (As
in Bank
Records)

3rd Account
Holder's
Signature (As
in Bank
Records)

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorized Official from Bank (Bank Stamp and Date)

Bank Account Number

D. * Declaration and Signature(s):-

I / We hereby confirm and declare that the information provided by me / us is accurate. If the transaction or the Mandate registration cannot be processed due to incomplete or incorrect information provided by me / us, I / We would not hold MF Utilities India Pvt Ltd or its authorized service providers responsible.

Date :

DD / MM / YYYY

Place :

X

Sign Here

Sign Here

Sign Here

Sole/First Applicant / Guardian / POA Holder

Second Applicant

Third Applicant

E. DEBIT MANDATE:

	MF Utilities	Mandate Registration Form - NACH / ECS / SI / Direct Debit	DATE	DD / MM / YYYY
<input checked="" type="checkbox"/>	Tick (✓)	UMRN	UMRN to be specified here	
<input checked="" type="checkbox"/>	CREATE	Sponsor Bank Code	for office use only	
<input checked="" type="checkbox"/>	MODIFY	Utility Code	for office use only	
<input checked="" type="checkbox"/>	CANCEL	I/We hereby authorize	MF UTILITIES INDIA PVT LTD	to debit (✓) SB / CA / CC / SB-NRE / SB-NRO / Other
Bank Account Number		[Bank Account Number Field]		
With Bank	SPECIFY BANK NAME	IFSC	or MICR	
an amount of Rupees	SPECIFY AMOUNT (in words)			₹
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 and when presented			DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
CAN #	SPECIFY CAN		Phone #	SPECIFY LANDLINE OR MOBILE NUMBER
GORN	SPECIFY GROUP ORDER REFERENCE NUMBER GENERATED BY MFU		Email ID	SPECIFY EMAIL ID
I/We agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to debit my/our account as per latest schedule of charges of the bank.				
PERIOD				
From	DD / MM / YYYY			
To	DD / MM / YYYY			
(OR)	<input type="checkbox"/> Until Cancelled			
Signature of Primary Account Holder		Signature of Second Account Holder		Signature of Third Account Holder
1. Name as in Bank Records		2. Name as in Bank Records		3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am/We are authorizing the User entity / Corporate to debit my/our account, based on the instructions as agreed and signed by me/us.

I/We have understood that I am/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I/We have authorized the debit.

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

Received from Mr. / Ms. M/s. _____ an application for PayEezz registration.

POINT OF SERVICE STAMP & SIGNATURE

