## SIP MODIFICATION FORM



/	TION*							
Broker Code/ ARN / RIA** / PMRN**	Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee		EUIN*	ISC Date Timestamp Reference No.	
By mentioning RIA /PMRN c lease √if applicable) *In case the the investor to the AMFI registe	EUIN box has	been left blank, please refer	the point related to EUIN in the	Declaration & Sig	natures section overle	af. Commission "if any		
2. EXISTING UNIT HOLDE	R INFORMA	TION						
nvestor Name								
xisting Folio Number					PAN			
3. SIP MODIFICATION								
Details			Existing Details			<b>New Details</b> (Mention below only the details to be changed)		
Scheme / Plan / Option								
Installment Date			D D			D D		
Installment Amount (₹)								
Frequency		Daily	Weekly	Fortnightly	🗌 Daily	Weekly	Fortnightly	
		Monthly	Quarterly		Monthly	Quarter	ly	
Start Date		D D N	M Y Y Y	Υ	DD	M M Y	Y Y Y	
End Date		D D N	M M Y Y Y	Y	DD	M M Y	Y Y Y	
	NATURE(S	D						
		in in this form are correct a					Baiai Finsery Mutual Fund. 1/	
4. DECLARATION AND SIG /We hereby declare that the pa lereby confirm and declare tha irre aware that Bajaj Finserv Mu f the transaction is delayed or r und/RTA about any changes i 2 months period or financial ye ill the commissions (in the forr being recommended to me/us. icheme(s) of Bajaj Finserv Mut 1 / We hereby confirm that th hip manager/sales person of listributor and the distributor h GIGNATURE(S)	t the monies i itual Fund an not effected fo n my/our bar ar i.e. April to n of trail com I/We have rea ual Fund. I/W e EUIN box ha the above di	d its service providers and or reasons of incomplete o nk account. I/We confirm til March does not exceed Rs imission or any other mode ad, understood and agreed e hereby authorize the bai as been intentionally left b istributor or notwithstand	r incorrect information, I/We hat the aggregate of the lum s. 50,000/- (Rupees Fifty Tho e), payable to him for the diff to the terms and conditions in hk to honour such payments lank by me/us as this is an "e ing the advice of in-approp	ess transactions would not hold t p sum investmer busand) (applicat erent competing and contents of for which I/We f execution-only" f	s by debiting my/our he user institution re nt (fresh purchase & ole for "Micro investm g Schemes of various the SID, SAI, KIM and have signed and endo transaction without a	bank account throu sponsible. I/We will a additional purchase tents" only). The ARI a Mutual Funds from Addenda issued fron orsed the Form. any interaction or ad	Regulations Act ("FCRA"). I/I gh Direct Debit / NACH facili also inform Bajaj Finserv Mute ) and SIP installments in rolli N holder has disclosed to me/ a amongst which the Scheme m time to time of the respecti livice by the employee/relatio	
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BAJAJ		Dania doo			AIL		A CANCEL				
	Utility Code	Bank use		I/We here authorize		Bajaj Finserv	v Mutual Fund				
To Debit (tick 🗸	() SB CA CC SB	NRE SB-NRO Other	Bank A/c								
With Bank	Na	me of customers bank		IFS							
An Amount Of Rupees ₹											
DEBIT TYPE	X Fixed Amount A Maximum A	mount FREQUENCY	X Mthly	X Qtly	X H-Yrly	X Yrly	As & when presented				
Reference 1	Folio No	eference 2	Scheme Name								
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that 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 and signed by me. 3. I have understood that I an authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.											
	PERIOD										
From	D D M M Y Y Y Y										
То	D D M M Y Y Y Y	Signature Of Primary Account Holder	Sigr	ature Of Joint Acco	ount Holder	Signature (	Of Joint Account Holder				
Maximum period of validty of this mandate is 40 years only											
Phone No.		1. Name Of Primary Account Holder	<b>2</b> . Nar	ne Of Joint Accoun	nt Holder	3. Name Of	Joint Account Holder				

## **BAJAJ FINSERV ASSET MANAGEMENT LIMITED**

## MODIFICATION IN SIP:

- Request should be submitted at least 10 days prior to the next SIP installment date.
- The units allotted for previous installments will remain in the old plan/option. The change will be prospective and will be applicable from next installment.
- The new registration of SIP based on the change request would be subject to the minimum installments conditions required to carry out such registration.
- Modification in SIP shall be processed only if the OTM Debit Mandate is already registered in the folio. The total amount of all SIP installments for a SIP date should not exceed the amount registered under the OTM Debit Mandate. Else, the application is liable for rejection.
- The broker code mentioned on the initial SIP registration request will continue even after the SIP Modification registration request is given. In case a different broker code is specified on the SIP Modification registration request then the same will not be considered.
- Modification request shall be liable for rejection if the details mentioned are incorrect / incomplete.