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			New Details (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	2 . 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.