# The Wealth Company
## MUTUAL FUND

# SIP NACH REGISTRATION FORM

**Investor need to submitted this form along with SIP Registration Form.**

| Distributor ARN | | Sub-Distributor ARN | | Internal Sub-Broker/ Sol ID | |
|---|---|---|---|---|---|

| EUIN | | Employee Code | | RIA CODE^ | |
|---|---|---|---|---|---|

PMR (Portfolio Manager's Registration) **Number** ^^

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. ^I/We, have invested in the scheme(s) of The Wealth Company Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of The Wealth Company Mutual Fund, to the above mentioned SEBI Registered Investment Adviser. ^^I/We, have invested in the scheme(s) of The Wealth Company Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of The Wealth Company Mutual Fund, to the above mentioned SEBI Registered Portfolio Manager.

☐ "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

| You/ Sole Applicant /Guardian | Second Applicant | Third Applicant | Power of Attorney Holder |
|---|---|---|---|

☐ I confirm that I am a first time investor across Mutual Funds.

OR

☐ I confirm that I am an existing investor across Mutual Funds.

| **YOUR INFORMATION (MANDATORY)** | **EXISTING INVESTOR'S FOLIO NUMBER** (If you have an existing folio with KYC validated, please mention here) | Folio Number | |
|---|---|---|---|

Your Name (as in PAN Card / KYC records)  Mr. Ms. M/s.

Name of the Guardian  Mr. Ms. M/s.

Your PAN [ ] 2nd Holder PAN [ ] 3rd Holder PAN [ ]

✂ - - - - - - - - - - - - - - **NACH MANDATE SHOULD BE ACCOMPANIED WITH SIP REGISTRATION FORM** - - - - - - - - - - - - - - ✂

## The Wealth Company
### MUTUAL FUND

UMRN  F O R   O F F I C E   U S E   O N L Y    Date: D D M M Y Y Y Y

Sponsor Bank Code  FOR OFFICE USE ONLY                 ☑ Create    ☒ Modify    ☒ Cancel

Utility Code  FOR OFFICE USE ONLY

I/We hereby authorize  **THE WEALTH COMPANY MUTUAL FUND**

To debit (tick ✓)  ☐ SB  ☐ CA  ☐ CC  ☐ SB-NRE  ☐ SB-NRO  ☐ OTHERS   Bank A/c number

With Bank  Name of Customers Bank                          IFSC / MICR

an amount of Rupees  In Words                          ₹ In Figures

Debit Type  ☒ Fixed Amount  ☑ Maximum Amount   Frequency  ☒ Monthly  ☒ Quarterly  ☒ Half Yearly  ☒ Yearly  ☑ As & when presented

PAN            Mobile No.            Email ID

Reference 1            Reference 2

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

**PERIOD**

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

*Maximum period of validity of this mandate is 40 years only.*

| Signature of Primary Account Holder | Signature of Account Holder | Signature of 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 (as mentioned overleaf) 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. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancell ation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

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**MANDATORY FIELDS :** • Instrument Date • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount (in words & in figures) • Period start date and end date • Account holder signature • Account holder name as per bank records

(1)