

OTM DEBIT MANDATE FORM / SIP REGISTRATION FORM

YES MUTUAL FUND

ARN code	RIA / PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA/PMRN -		ARN -		

** By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transactions in the scheme(s) of YES Mutual Fund. (Please if applicable)

Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" 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.

Please Note: All field marked with asterisk (*) to be mandatorily filled.

1. UNIT HOLDER INFORMATION

Existing Folio Number											Existing UMRN																			
Name	FIRST NAME										MIDDLE NAME										LAST NAME									

2. SYSTEMATIC INVESTMENT PLAN DETAILS [Refer Instruction 7 (e)]

Scheme Name	YES Ultra Short Term Fund	Plan:	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option:	<input type="checkbox"/> Growth [#]	<input type="checkbox"/> Dividend	[#] Default Option						
SIP Frequency	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly	Dividend Frequency:	<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	Option:	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment [#]	[#] Default Option				
SIP Date*	D D	SIP Start	M M	Y Y	Y Y	Y Y	SIP End	M M	Y Y	Y Y	OR <input type="checkbox"/> Perpetual SIP	(*You may select any date from 1st to 28th of the month. Incase if no date is selected, 10th would be the default SIP Date).		
SIP Amount (₹ in figures)											(₹ in words)			

SIP Upgrade Facility (Optional) (to avail facility) Fixed[#] OR Variable^s (Pls fill the applicable section below) SIP Upgrade Frequency Half Yearly OR Yearly

In case of Quarterly SIP, only Yearly frequency is available under SIP Upgrade facility.

[#]Fixed Upgrade Amount: ₹ OR ^sVariable Upgrade Percentage: 10% 15% 20% Others _____ (Multiple of 5% only)

*Upgrade amount has to be in multiple of ₹ 1000/- only

SIP Upgrade Cap Amount*: ₹ OR SIP Upgrade Cap Month M M Y Y Y Y Y (Investor has to choose only one option either CAP amount or CAP month - year)

3. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

YES 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 CITI000PIGW Utility Code CITI00002000000037

I/We hereby authorize YES Mutual Fund to debit tick () SB CA CC SB-NRE SB-NRO Other

Bank A/c number

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN / Application No. Mobile No. +91

Reference Email ID

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

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or Until Cancelled

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 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 & signed by me.
- I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

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