

## 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-4464	RIA/PMRN -	VIKRAM S. BAGADTHEY	ARN -		E032737

\*\* ☐ 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 <sup>#</sup> <input type="checkbox"/> Dividend <input type="checkbox"/> Default Option
SIP Frequency	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly	Dividend Frequency:	<input type="checkbox"/> Daily <sup>s</sup> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Default Option, Only Reinvestment available )	Option:	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <sup>#</sup> <input type="checkbox"/> Default Option
SIP Date*	<input type="text"/> D <input type="text"/> D	SIP Start	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	SIP End	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 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)	<input type="text"/>	(₹ in words)	<input type="text"/>		
<input type="checkbox"/> SIP Upgrade Facility (Optional) ( <input checked="" type="checkbox"/> to avail facility)	<input type="checkbox"/> Fixed <sup>#</sup> OR <input type="checkbox"/> Variable <sup>s</sup> (Pls fill the applicable section below)	SIP Upgrade Frequency	<input type="checkbox"/> Half Yearly OR <input type="checkbox"/> Yearly		

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

\*Fixed Upgrade Amount: ₹  OR \*Variable 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 (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

Tick (✓)

CREATE ☒  
MODIFY ☐  
CANCEL ☐

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

PERIOD

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.

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/ammendment request to the user entity/corporate or the bank where I have authorised the debit.