



eMandate

Physical

UMRN

Date

Sponsor Bank Code Utility Code

Tick (✓) I/We hereby authorize to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

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

IIN Mobile No.

Mandate ID Email ID

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

Period

From	<input type="text" value="DD MM YYYY"/>
To	<input type="text" value="DD MM YYYY"/>

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 and 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.
- I understand that Tata Capital Financial Services Limited ("TCFSL") is registered with The Association of Mutual Funds in India as a Mutual Fund Distributor bearing ARN No.84894 and Tata Capital Wealth is a service offering by TCFSL.

Disclaimer:

I understand that Tata Capital Financial Services Limited ("TCFSL") is registered with The Association of Mutual Funds in India as a Mutual Fund Distributor bearing ARN No.84894 and Tata Capital Wealth is a service offering by TCFSL.

I hereby authorize Tata Capital to register an E- Mandate on my behalf for processing payments towards the investments made by me. I understand that the mandate will be registered through an OTP verification process and that the mandate is revocable/amendable by me by appropriately communicating to Tata Capital as per the prescribed process. I shall at all times be responsible for the mandate not getting processed or effected for any reason thereof and I understand that Tata Capital shall not be responsible or liable for the same.

TATA CAPITAL FINANCIAL SERVICES LIMITED

AMFI – Registered Mutual Fund Distributor bearing ARN 84894

Corporate Identity Number : U67100MH2010PLC210201 | www.tatacapital.com

Registered Office 11th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400013

PLEASE DO NOT SUBMIT THE FORM WITHOUT THE ENTRY IN THE SYSTEM.

Write Name of your Bank (as in Cheque/pass book) Mandatory	Write Your Bank a/c no. (as in Cheque/pass book) Mandatory	Mention any one of Your bank code IFSC or MICR code (as in Cheque/pass book) Mandatory	Tick Bank account type Mandatory	Mention the date Mandatory
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UMRN FOR OFFICE USE ONLY Date

Sponsor Bank Code Utility Code

Tick (✓)
 CREATE
 MODIFY
 CANCEL

I/We hereby authorize NSE Clearing - New Mutual Fund Platform to debit tick (✓) SB CA CC SB-NRE SB-NRO Others

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

IIN Mobile No.

Mandate ID 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

To

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

Write Payment Start date Mandatory	Sign as per Bank records (Sign of all account holders primary & Joint required) Mandatory	Write Name of Bank account holders - as per bank records (All signatories name required) Mandatory	Write Mandate Amount (In both figure & words) To be debited Mandatory
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Mandatory columns to be filled

1 Date in DD/MM/YYYY format	2 Select the Account type	3 Customer's bank account number
4 Name of the bank	5 IFSC code of customer bank	6 Amount in Words
7 Amount in figures	8 ACH start date	9 Name(s) of the customer(s) and Signature(s)