KFINTECH	KFin One Time Ma	ndate (KOTM)	
UMRN	FOR OFFICE	USEONLY D	ate 111111111111111111111111111111111111
Sponsered Ban		Utility Code FOR OFFICE US	
Tick ✓ I/We hereby au		to debit tick (🗸) SB C	
MODIFY Rank A /or			33 (11.2
with Bank		Or MIC	
	4 IFSC	5 or MIC	
an amount of Rupees			₹
	arterly X Half Yearly X Yearly A		
PAN No.	7 Mobile No).	Ç
Reference	Email ID cessing charges by the bank whom I am authorizing to debit n	ny account as nor latest schedule for charges of the ha	1
PERIOD	tessing that ges by the bank whom I am authorizing to debit in	ny account as per latest schedule for charges of the ba	IIK.
From D D M M Y Y Y	7 8		
	9 Signature of Primary Holder	11 Signature of 1st Joint Holder	Signature of 2nd Joint Holder
or 🛛 until Cancelled		2. Name as in bank records	
	12	1.000 L	- 3880 A
	y read, understand & made by me/us. I am authorizing the use mend this mandate by a appropriately communicating the can		
-₩			
	DISTRIBUTOR /BROKE	R INFORMATION	
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code *	Employee Unique Identification Number	Sub Broker / Sub Agent Code
AJAY AGARWAL ARN-59846		EUIN-E073561	
First Investor PAN:	Invest	tor Name:	
	Bank		
Sank Account No.	Balik	ivalle	
schemes, which will enable the inve deemed fit by the investor and in fav form. The investor shall effectively u	e facility of one time mandate lodgmen stor to invest seamlessly by writing a 'O or of KFin Technologies Pvt. Ltd as comr tilize the one time mandate tenor, wher of his adhoc/periodical/fresh investmen	one Time mandate' (for a reasonab mon beneficiary on behalf of the pa eby he or she can direct the AMCs	ly maximum amount and period as articipating AMCs) in the prescribed
	We have understood the terms, cond and fully agree to abide by them, duly s		ants and consents as contained in
through NPCI under ACH processor a tion as per mandate from time to tir	ogies Pvt. Ltd /its service provider to lod nd initiate debits of the appropriate am ne through the ACH facility. I agree to c ed by KFinTechnologies Pvt. Ltd any time	ounts advised by the respective par comply with all other common term	rticipating AMC RTA units for collec ns and conditions of the agreemen
Signature of Primary Holder	Signature of 1st J	oint Holder	Signature of 2nd Joint Holder
Date:	Place:		

Guidelines to fill form

- 1. Mention the date in format DD/MM/YYYY
- 2. BANK A/C Type Tick the relevant box
- 3. Provide bank CBS account number
- 4. Write name of the bank through which you wish to transact
- 5. Mention IFSC/MICR code of the bank account [any one is mandatory]
- 6. Mention maximum amount [Limit is 1,00,00,000.00 INR]
- 7. Reference 1: Mention PAN number

- 8. Mention period Starting date format DD/MM/YYYY
- 9. Provide mobile no [Mandatory]
- 10. Mention Email ID [Mandatory]
- 11. Specimen signature as Submitted by you with your banker against the provided bank account
- 12. Mention holder name as per bank records [all signatory names required]