NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

UMRN | Date D D M M Y Y Y Y

Tick (✓)

CREATE	
MODIFY	
CANCEL	

Sponsor Bank Code | Utility Code **YESB00602000013091**

I/We hereby authorize **ARIHANT CAPITAL MARKETS LIMITED-COLLECTION ACCOUNT NPS TRUST** 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 ☑ As & when presented DEBIT TYPE ☑ Maximum Amount

Reference 1 (**PRA Number**) | Phone No.

Reference 2 ( ) | Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account 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

Or ☐ Until Cancelled

SIGNATURE SIGNATURE SIGNATURE

1. NAME AS PER BANK RECORD 2. NAME AS PER BANK RECORD 3. NAME AS PER BANK RECORD

- This is to confirm that 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 and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.

Auto Debit Mandate Form

To,
Manager
Arihant Capital Markets Limited
6, Lad Colony, Y.N. Road,
Indore - 452001

Dear Sir,

I have registered myself for National Pension Scheme. I am willing to participate in Arihant Capital Markets Limited auto invest scheme through NACH Facility.

I hereby authorize Arihant Capital Markets Limited to collect money from my bank account for the purposes of investment in NPS and related service charges as per details provided below.

I hereby under take that in case the transaction is delayed for reasons beyond the control of the beneficiary and its representatives or on account of incomplete or incorrect information, I shall not hold any of them responsible. I shall keep indemnified for claims and actions, that beneficiary or representative may incur, for reason of execution in conformity with this.

PRA Holder's Name			
PRA Number			
Amount to be collected periodically	Tier I ₹	Tier II ₹	
Inwords	Tier I	Tier II	

Periodicity Please tick(✓)

As per Instructions	Monthly * Minimum Deposit Amount Rs. 500.00	Quarterly * Minimum Deposit Amount Rs. 500.00
	☐	☐

Date of Investment	01	05	10	15	20	25

Name : _____ Signatue : _____