

SIP AUTO DEBIT (ECS) FACILITY FORM

Registration-cum-Mandate Form for ECS (Debit Clearing)

Morgan Stanley

App. No. **S**

Please refer to instructions before filling up this form. All sections to be filled legibly in English and in BLOCK CAPITALS.

Distributor's Name and ARN No. 28191	Sub-Broker/Branch Code	Date of receipt	For office use
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Upfront commission 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.

1 APPLICANTS' INFORMATION (MANDATORY)

Existing Unit holder's Folio No.

NAME OF THE SOLE/FIRST APPLICANT/UNIT HOLDER

(Mr./Ms./Mrs./M/s/Others) First Name Middle Name Last Name

PAN No. (If PAN is already validated, please don't attach any proof.)

Please KYC Compliant (Refer Instruction 10, please attach proof) (For applications of Rs. 50,000/- or more)

2 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (MANDATORY)

For Micro SIP Investment, kindly furnish the type of photo identification document enclosed (Refer Instruction 6 on page 12)

Scheme

Option Growth or Dividend Reinvestment or Dividend Payout

Investment Amount No. of Instalments Total Amount
 Rs. (Minimum Rs.1000) x (Minimum 6) = Rs.

First payment by Cheque only

First SIP Instalment Cheque Details:

Cheque No. Dated DD MM YYYY

Drawn on Bank

Branch City

Account Type (Please Savings Current NRE NRO FCNR Others (please specify)

Plan

Dividend

Frequency

SIP Period From MM YYYY To MM YYYY

The first SIP date for ECS (Debit Clearing)/Direct Debit should be on or after 21 days after allotment of units.

SIP Date (Please 1st 5th 10th 15th 20th 25th

SIP Frequency (Please Monthly or Quarterly

Cheque favoring name of the scheme

3 AUTO DEBIT AUTHORISATION OF BANK ACCOUNT HOLDER(S) (MANDATORY)

Account No. Account Type (Please Savings Current NRE NRO FCNR Others (please specify)

Bank Name

Branch Address

City

MICR Code (This is a nine digit number on your cheque) IFSC Code (This is a eleven digit alpha numeric number on your cheque)

This is to inform that I/we have registered for RBI's Electronic Clearing Service (Debit Clearing) Direct Debit and that my/our payment towards my/our investment in Morgan Stanley Mutual Fund shall be made from my/our above-mentioned bank account with your bank. I/We hereby authorise MSIMPL - Investment Manager to Morgan Stanley Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise MSIMPL through their authorised service providers to debit my/our above bank account by ECS (Debit Clearing) for collection of SIP payments. Mandate verification charges, if any, may be charged to my/our account.

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Name(s) of Bank Account Holder(s)

Sole/1st Bank Account Holder

2nd Bank Account Holder

3rd Bank Account Holder

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records.)

To, The Branch Manager

Bank Name

Branch

Sub: Mandate verification for Account No.

This is to inform you that I have registered for making payment towards my/our investments in Morgan Stanley Mutual Fund by debit to my/our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorise my/our representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,

Sole/1st Bank Account Holder

2nd Bank Account Holder

3rd Bank Account Holder

Yours sincerely

Signature(s) of Bank Account Holder(s)

(To be signed by all holders if mode of operation of Bank Account is 'Joint' as it appears in Bank records)

FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on

Recorded by

Credit A/c. No.