

OTM DEBIT MANDATE FORM / SIP REGISTRATION FORM

YES MUTUAL FUND

ARN code	RIA code**	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN*
ARN -	RIA -		ARN -		

** ☐ By mentioning RIA code, I/We authorize you to share with the Investment Adviser 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: ☐ Direct ☐ Regular Option: ☐ Growth* ☐ Dividend ☐ Default Option

SIP Frequency ☐ Monthly OR ☐ Quarterly Dividend Frequency: ☐ Daily* ☐ Weekly ☐ Fortnightly ☐ Monthly Option: ☐ Payout ☐ Reinvestment* ☐ Default Option

SIP Date* D D SIP Start M M Y Y Y Y SIP End M M Y Y Y Y OR ☐ 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) (₹ in words)

☐ SIP Upgrade Facility (Optional) (☒ to avail facility) ☐ Fixed* OR ☐ Variable* (Pls fill the applicable section below) SIP Upgrade Frequency ☐ Half Yearly OR ☐ 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)

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UMRN F O R O F F I C E U S E O N L YDate 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

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