

New investors subscribing to the scheme through Auto Debit facility are requested to complete this Form compulsorily alongwith Common Application Form. Application should be submitted at least 30 days before the 1st Debit Clearing date.

Application No. SIP

ADVISOR INFORMATION		For office use only	
Advisor's Name & Code	Sub-Advisor's Name & Code	Registrar's Serial No.	Date & Time of receipt
ARN- 34120			

Upfront commission shall be paid directly by the investor to the AMFI registered distributor/advisor based on the investor's assessment of various factors including the service rendered by the distributor/advisor.  
Please check any one only  New Registration  Change in Bank Account  SIP Registration-by New Investor  Cancellation  
 SIP Registration-by Existing Investor  Micro SIP Registration-by New Investor  Micro SIP Registration-by Existing Investor

APPLICANT'S INFORMATION (MANDATORY)	
Folio Number (for existing investor)	Common Application No. (for new investor)
Name of the First Applicant	Mr./Ms./M/s.
PAN (Mandatory)	Enclosed (Please check) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Name of the Second Applicant	Mr./Ms./M/s.
PAN (Mandatory)	Enclosed (Please check) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Name of the Third Applicant	Mr./Ms./M/s.
PAN (Mandatory)	Enclosed (Please check) <input type="radio"/> PAN Proof <input type="radio"/> KYC Compliance Proof (Mandatory)
Micro SIP (PAN is not Mandatory in case of Micro SIP) (Please refer to the Terms and Conditions overleaf)	
Date of Birth	Type of supporting document
DD / MM / YYYY	Identification number details

SIP / MICRO SIP INVESTMENT DETAILS	
Scheme Name	Plan
DAIWA	
Amount: Rs. in figures	Rs. in words
Payment Mechanism (Please check) <input type="radio"/> Auto Debit Facility (Please complete the SIP / Micro SIP Auto Debit Facility Form below) <input type="radio"/> Cheque (Please provide the details below)	
Total No. of Cheques	Period of enrolment (MM / YYYY) (Mandatory)
From	MM / YYYY
Drawn on Bank	From
Branch	To
A/c. No.	
Frequency (Please check) <input type="radio"/> Monthly <input type="radio"/> Quarterly	SIP / Micro SIP Date (Please check) <input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> All Dates
No. of months / quarters	

**SIP / MICRO SIP AUTO DEBIT (ECS) FACILITY FORM - Registration cum Mandate Form for ECS (Debit Clearing)**  
First SIP / Micro SIP Instalment via Cheque drawn on bank details provided below

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below)	
I / We hereby authorize Daiwa Asset Management (India) Pvt. Ltd., Investment Manager to Daiwa Mutual Fund, acting through their authorized service providers to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP / Micro SIP payments.	
Name of the Account Holder as in Bank Records	Mr./Ms./M/s.
A/c. No.	Account Type (check) <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> Cash Credit <input type="radio"/> Others
Bank Name	
Branch Address	City
	PIN
MICR Code* (Mandatory)	RTGS IFSC Code* (Mandatory)
(* 9 digit number next to your Cheque No.)	(for Rs. 2 lakhs and above) ^ (11 digit code printed on your cheque)
	NEFT IFSC Code* (Mandatory)
	(For upto Rs. 2 lakhs) ^ (11 digit code printed on your cheque)

**DECLARATION AND SIGNATURE(S)**  
To, The Trustee of Daiwa Mutual Fund,  
I/We have read and understood the contents of the Scheme Information Document and the Statement of Additional Information of Daiwa Mutual Fund, including the sections on "Who cannot invest", "Prevention of Money Laundering", "Know Your Customer" and "Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have read and understood the details of the Scheme and have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorize Daiwa Mutual Fund, Daiwa Asset Management (India) Private Limited (Investment Manager to Daiwa Mutual Fund) and its agents to disclose details of my investment to my bank, Daiwa Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby declare that the details provided by me/us above are true and correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Daiwa Mutual Fund, its investment manager, their appointed service providers or representatives responsible. The ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me / us. I/We confirm that I/ We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year (Applicable for Micro SIP investments only). I/We have read, understood and agreed to the Terms and Conditions for Auto Debit/ECS facility and will inform Daiwa Mutual Fund about any changes in my/our bank Account. Applicable to NRIs : I/We confirm that I am / we are Non-Resident(s) of Indian nationality / origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I/We undertake that all additional / purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account.  
I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Daiwa Asset Management (India) Pvt. Ltd., (Investment Manager to Daiwa Mutual Fund), their appointed service provider or representatives responsible. I/We will also inform Daiwa Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date	XX	XX	XX
DD / MM / YYYY	Sole / First Applicant / PoA	Second Applicant	Third Applicant
For Office use only (Not to be filled in by investor)	Recorded on	Recorded by	Credit Account Number

AUTHORISATION OF THE BANK ACCOUNT HOLDER [(to be signed by the Account Holder(s)) (to be retained by the bank)]			
This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Daiwa Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Daiwa Asset Management (India) Pvt. Ltd. (Investment Manager to Daiwa Mutual Fund), acting through their service providers and representatives carrying the ECS mandate Form to get it verified and executed.			
Account Number	XX	XX	XX
	Signature as in Bank Record First Applicant	Signature as in Bank Record Second Applicant	Signature as in Bank Record Third Applicant

ACKNOWLEDGEMENT SLIP (To be filled by the investor)	
Received from	Mr./Ms./M/s.
SIP / Micro SIP application for Units of	DAIWA
<input type="radio"/> No. of Cheques	<input type="radio"/> SIP / Micro SIP Auto Debit Facility Total Amount (Rs.)
Date	DD / MM / YYYY
Please Note : All purchases are subject to realization of instruments and furnishing of mandatory information / documents	
Application No. SIP	
ISC Stamp & Signature	