## SIP AUTO DEBIT (ECS) FACILITY FORM Registration-cum-Mandate Form for ECS (Debit Clearing)

## Morgan Stanley



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	Sub-Broker/Branch Code	Date of receipt	For office use	
ARN No.					
34120					
_			r based on the investor's assessm	ent of various factors including the service rendered by the distributor.	
1 APPLICANTS' INF	ORMATION	(MANDATORY)			
Existing Unit holder's Fol	io No.				
NAME OF THE SOLE/FI	RST APPLICAN		2010 27		
(Mr./Ms./Mrs./M/s/Others)		First Name	Middle Name	Last Name	
PAN No. Sole/First Un	it holder/Guar	dian/PoA Second Unit he	older Th	nird Unit holder (If PAN is already validated, please don't attach any proof.)	
Please (✔) ☐ KYC Compli	ant (Refer Instru	tion 10, please attach proof) (For applica	tions of Rs. 50,000/- or more)		
2 SYSTEMATIC INVE	STMENT PL	.an (SIP) details (mandat	ORY)		
For Micro SIP Investment, k	tindly furnish the	type of photo identification document en	closed	(Refer Instruction 6 on page 12)	
Scheme P					
Option Growth or Dividend Reinvestment or Dividend Payout			Dividen Frequen		
Investment Amount No. of Instalments Total Amount			-	od From MM YYYY To MM YYYY	
Rs. (Minimum Rs.1000) X (Minimum 6) = Rs.  First payment by Cheque only				SIP date for ECS (Debit Clearing)/Direct Debit should be on or after	
First SIP Instalment Cheque Details:				after allotment of units.	
Cheque No Dated DD MM YYYY			YYYYY SIP Date	e (Please ✔)	
Circlae 140.				uency (Please ✔) ☐ Monthly or ☐ Quarterly	
Drawn on Bank Cheque favoring name of the scher					
Branch	Branch         City           Account Type (Please ✓)         Savings         Current         NRE         NRO         FCNR         Others (please specify)				
				specify)	
3 AUTO DEBIT AUTI	HORISATION	OF BANK ACCOUNT HOLD			
Account No.			Account Type  (Please ✓) Savings	Current NRE NRO FCNR Others (please specify)	
Bank Name			(		
Branch Address					
Dianeii Addiess			C'		
MICR Code		(This is a nine digit number on your cheque)	City IFSC Code	(This is a eleven digit alpha numeric number on your cheque)	
Fund shall be made from m their authorised service prov	y/our above-men iders and represer	tioned bank account with your bank. I/W ntatives carrying this ECS Mandate Form	Ve hereby authorise MSIMPL - I to get it verified and executed. I/	ny/our payment towards my/our investment in Morgan Stanley Mutual Investment Manager to Morgan Stanley Mutual Fund, acting through We hereby further authorise MSIMPL through their authorised service ication charges, if any, may be charged to my/our account.	
provided to debit myrodi a			. ,		
N . () (D .1	NAIV	IE(S) & SIGNATURE(S) OF BANK	K ACCOUNT HOLDER(S)	AS IN BANK RECORDS	
Name(s) of Bank Account Holder(s)					
	Sole/1st Ba	nk Account Holder	2nd Bank Account Holde	r 3rd Bank Account Holder	
Signature(s) of Bank					
Account Holder(s)					
		(To be signed by all holders if mod	de of operation of Bank Account	t is 'Joint' as it appears in Bank records.)	
To,					
The Branch Manager					
Bank Name Branch					
Sub: Mandate verification for					
		making payment towards my/our investm such payments and have signed and endoi		Fund by debit to my/our above account directly or through ECS (Debi	
Further, I authorise my/our	representative (th	ne bearer of this request) to get the above	Mandate verified. Mandate verif	ication charges, if any, may be charged to my/our account.	
Thanking you,	Sole/1st Ba	nk 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 mo	de of operation of Bank Account	t is 'Joint' as it appears in Bank records)	
		(		,	
		FOR OFFICE USE ONI	LY (Not to be filled in by	investor)	
Recorded on		Recorded by	Credit A/c. No.		