Groww
MUTUAL FUND

DEBIT MANDATE FORM NACH/ ONE TIME BANK MANDATE FORM

Tick	☑
Create:	☐
Modify:	☐
Cancel:	☐

UMRN _____ D D M M Y Y Y Y

Sponsor Bank Code: Office Use Only Utility Code: Office Use Only

I/We hereby authorize GROWW MUTUAL FUND to debit (tick ✓) SB/ CA/ CC/ SB-NRE / SB-NRO/ Other

From Bank A/C Number: _____

With (Name of Destination Bank with Branch) _____ IFSC Code: _____ MICR Code: _____

an amount of Rupees _____ (in words) ₹ _____

FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Folio No. _____ Phone No. _____

Schemes ALL SCHEMES OF GROWW MUTUAL FUND 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

- This is confirm that the declaration has been carefully read, understood & made by me/us. I am authorised the user entity/ corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized 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.

1.	2.	3.
Signature of 1st Account Holder	Signature of 2nd Account Holder	Signature of 3rd Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

SIP Cum Auto Debit Form (OTM) / 26th June 2023 / Version No. 1.0