



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi

Thane (West) - 400 610

CIN : U74120MH2013PTC242939



PayEezz Mandate Registration Form

ARN Code	
EUIN Code	
OR	
RIA Code	

Please read all the instructions carefully before filling the form. Please fill in ENGLISH and in BLOCK LETTERS with black ink.

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection.

The PayEezz registration form can be submitted for registration at the time of CAN opening (or) independently as a Non-Commercial Transaction (NCT) (or) along with CTF-SIP form.

The PayEezz mandate will be registered through the NACH or Directly with the customer's bank as a standing instruction (SI), at the discretion of MFU or its appointed Payment Aggregator depending upon the customers bank.

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):

OR	If you are submitting with a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No Below:	
PAN / PEKRN	please specify	CRF No. please specify

Common Account Number (CAN)	
Name of the First/Sole Holder	

B. * Group Order Reference Number (GORN) /MFU Mandate Reference Number (MMRN): (Distributor / RIA / MFU POS user to write the system generated GORN/MMRN below):

GORN	please specify GORN here	MMRN	please specify MMRN here
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C. DEBIT MANDATE:

MF Utilities		Mandate Registration Form - NACH / SI		DATE	DD / MM / YYYY
<input checked="" type="checkbox"/> Tick	UMRN	UMRN to be specified here			
<input checked="" type="checkbox"/> CREATE	Sponsor Bank Code	for office use only	Utility Code	for office use only	
<input checked="" type="checkbox"/> MODIFY	I/We hereby authorize MF UTILITIES INDIA PVT LTD to debit (✓)		SB / CA / CC / SB-NRE / SB-NRO / Other		
<input checked="" type="checkbox"/> CANCEL	Bank Account Number				
With Bank	SPECIFY BANK NAME	IFSC	MICR		
an amount of Rupees	SPECIFY AMOUNT (in words)		₹	SPECIFY AMOUNT (in figures)	
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half-Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
CAN #	SPECIFY CAN	Mobile #	SPECIFY MOBILE NUMBER		
GORN	SPECIFY GROUP ORDER REFERENCE NUMBER GENERATED BY MFU		Email ID	SPECIFY EMAIL ID	
I/We agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to debit my/our account as per latest schedule of charges of the bank.					
PERIOD		Signature of Primary Account Holder		Signature of Second Account Holder	
From	DD / MM / YYYY	1. Name as in Bank Records		2. Name as in Bank Records	
To	DD / MM / YYYY	3. Name as in Bank Records			
(OR) <input type="checkbox"/> Until Cancelled (Please ✓)					
This is to confirm that the declaration has been carefully read, understood and made by me/us. I am/We are authorizing the User entity / Corporate to debit my/our account, based on the instructions as agreed and signed by me/us. I/We have understood that I am/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I/We have authorized the debit.					

D. * Declaration and Signature(s):-

I / We hereby confirm and declare that the information provided by me / us is accurate. If the transaction or the Mandate registration cannot be processed due to incomplete or incorrect information provided by me / us, I / We would not hold MF Utilities India Pvt Ltd or its authorized service providers responsible.

Date : DD / MM / YYYY Place : _____

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

Received from Mr. / Ms. M/s. _____ an application for PayEezz registration.

POINT OF SERVICE STAMP & SIGNATURE