ONE TIME BANK MANDATE CANCELLATION FORM
(NACH / Direct Debit Mandate Form)

Diviniti SIF
offered by ITI Mutual Fund

UMRN (For Office Use Only) Date: D D M M Y Y Y Y

Sponsor Bank Code (For Office Use Only) ⊗ Create ⊗ Modify ✓ Cancel

Utility Code (For Office Use Only) I/We hereby authorize **Diviniti SIF**

to debit (tick ☒) SB / CA / CC / SB-NRE / SB-NRO / Other Bank a/c number (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC / MICR

an amount of Rupees (Name of Destination Bank) Rs

Debit Type ~~☒ Fixed Amount~~ ☑ Maximum Amount **Frequency:** ~~☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ as~~ & when presented

PAN Investment Strategy **ALL INVESTMENT STRATEGY OF DIVINITI SIF**

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

Signature of Account Holder | Signature of Account Holder | Signature of Account Holder

Phone No:

1. Name as in Bank Record 2. Name as in Bank Record 3. Name as in Bank Record

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*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Diviniti SIF, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the Investment strategy. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

I hereby authorize the representatives of ITI Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC , as the case may be.

Authorisation to Bank: I/We wish to inform you that I/we have registered with Diviniti SIF for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

ACKNOWLEDGEMENT SLIP (To be filled by the investor)
OTM Cancellation Request

PAN No.

Investor Name

Stamp & Signature

Toll Free Number:	Non Toll Free Number:	Email:	Website:
1800-266-9603	022-69153500	Contact.sif@itiorg.com	https://sif.itiamc.com/