The Wealth Company
MUTUAL FUND

ONE TIME BANK MANDATE CANCELLATION FORM

(NACH / Direct Debit Mandate Form)

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in

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 THE WEALTH COMPANY MUTUAL FUND

To debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ OTHERS Bank A/C number

With Bank Name of Customers Bank IFSC / MICR

an amount of Rupees ₹

Debit Type ☒ Fixed Amount ☑ Maximum Amount Frequency ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented

PAN Mobile No. Email ID

Reference 1 Reference 2

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts 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 Maximum period of validty of this mandate is 40 years only

Signature of Primary Account Holder

1. Name as in Bank records

Signature of Account Holder

2. Name as in Bank records

Signature of Account Holder

3. Name as in Bank records

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 authorizing 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.