The Wealth Company
MUTUAL FUND

REQUEST FOR DIRECT CREDIT OR NEFT OF BROKERAGE FORM
(Bank Details Form)

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

Bank Details Form

Date D D M M Y Y Y Y Distributor's ARN

I/ We authorise The Wealth Company Mutual Fund to pay my/ our brokerage entitlement favouring my/ our Bank Account mentioned below:

Bank Name

Bank Branch

Bank City

Bank A/c number
(as appearing in your latest Cheque Book/ Pass Book/ Bank Account Statement)

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____

MICR Code (9 digit) IFSC Code (11 digit) Mandatory for NEFT

Mobile

Email Address
(in capital)

I hereby confirm that I would like to receive my brokerages as a Direct Credit/ NEFT into my Bank Account mentioned above, if The Wealth Company Mutual Fund offers such facility with my above-referred bank.

Thanking you,

Yours Truly,

Distributor's Seal and Signature

* The Direct Credit facility is offered only in the The Wealth Company Mutual Fund.
* Documents Submitted herewith.

For bank account currently registered with The Wealth Company Mutual Fund (any one of the following):	**For new bank account** (any one of the following):
• A cancelled original cheque leaf • Photocopy of bank passbook (OSV done by AMC/ CAMS official)	• A cancelled original cheque leaf • Photocopy of bank passbook (OSV done by AMC/ CAMS official)

* New Bank & Old Bank cancelled cheque leafs to be submitted in Original. If Photocopy of New & Old Bank cancelled cheque leafs are submitted, OSV to be done only by AMC or KFINTECH. Distributor Name should be pre-printed on Cheque Leaf If the same is not pre-printed then Bank Account Statement also needs to be submitted with Cancelled Cheque Leaf. All supporting documents should clearly evidence the Bank Name, Account Number, Account Type and Names of all Account holders. For Non-indivudual ARNs Board Resolution and Authorised Signatories list are mondatorily required.

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ACKNOWLEDGE COPY (To be filled by distributor)

Date D D M M Y Y Y Y

ARN No.

Distributor Name

(Please retain this acknowledgment silp for future reference.)

Official Acceptance Point Stamp & Sign