

Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)

Payments by: Parent/ Grand-Parents/ Related Persons Other than the Registered Guardian
Payments to: To a Minor Folio only; In consideration of: Natural love and affection or as gift only
Maximum Value: Not Exceeding Rs 50,000/- (each regular purchase or per SIP installment)
Application and Payment Details (All details below are mandatory, including relationship, PAN & KYC)

Folio No.	Application Form No.
Beneficial Minor's Name:	
Investment Amount in Rs.	
Payment Cheque No.	Dated D D M M Y Y Y
Cheque Drawn on Bank:	
Cheque Drawn on A/c No.:	

Declaration and Signatures:

	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the Folio
Name		
Relationship with Minor:		
Income Tax PAN		
KYC Acknowledgement	Attached Mandatory for any amount	Attached Mandatory for any amount
Declaration	I hereby declare and confirm the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor.
Signature		
Contact Number		



Banker's Certificate in case of Demand Draft / Pay Order / Any Other pre-funded instrument:

To whomsoever it may concern,	we hereby con	firm the fo	ollowin	g det	ails r	ega	rdin	g th	e in	stru	mer	nt is	sue	d by	us:							
Instrument Details:																						
Instrument Type:										Den	nano	d Dr	aft		Pa	ay C	Ord	er/F	3anl	cer's	Che	eque
Instrument Number:															 D	ate	d [) D	M	M Y	Y	YY
Investment Amount in Rs.:																						
In Favour of / Favouring:																						
Payable At:																						
Details of Bank Account Debi	ited for issuir	na the ins	strume	ent:																		
Bank Account Number											A	ccol	unt	Туре	ء [T	T	\overline{T}	П			
Account Holder Details				Vame										,,	T		In	com	ne Ta	x PA	۸N	
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2.				T					Ť			Ħ	Ť	Ť	ili	Ì	Ì	Ť		Ť		Ť
3.				Ħ			İ		İ				İ		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		İ	İ	П			İ
If the issuing bank branch is	outside India	n:																				
We further declare that we are	registered as a	Bank/brai	nch as	ment	ioned	d be	low	:														
Under the Regulator					Vame	e of	the	Reg	gula	or												
In the Country						Our	ntry	Nan	ne													
Registration No.					Regi	stra	ition	Nu	mbe	r			T			T	T	Τ				
We confirm having carried out from him, as per the standards																		f the	e fui	nds	rec	eived
Branch Manager/Declarant(s))																					
Name:											Sig	gnat	ure	: [
Address:										_												
										-												
City:		_ State:								_	Ва	nk 8	& Br	anc	h Se	eal						
Postal code:		Country:								_												
Contact Number:																						

Important Note: It is clarified that the bankers certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/ Certificates/ Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.



Custodian on behalf of an FII or client Should be enclosed with each payment. To whomsoever it may concern

Application and Payment Details (All details below are mandatory):	
Folio No.	Application Form No.
Beneficial Applicant/ Investor Name:	
Investment Amount in Rs.	
Payment Mode Cheque Funds Transfer	RTGS NEFT
Payment Cheque/ UTR No.:	Date DDMMYYY
Payment from Bank:	
Payment from A/c No.:	
We further declare that we are registered as a Custodian with SEBI under We confirm the beneficial owner as stated above and that this payment is issued The source of this payment is from funds provided to us by the Applicant/Investor	by us in our capacity as Custodian to the Applicant/Investo
Name of Declarant(s):	
Income Tax PAN):	
Address of Declarant(s):	Signature of Declarant(s):
City:	

Country:

Postal code:



Payment by Employer on behalf of Employee under Systematic Investments Plans through Payroll deductions To whomsoever it may concern

We hereby declare that th	e application form	no/s:	for sub	scription of unit	ts in
		(Name of the sche	ne/plan/option) is acco	mpanied by Ch	eque No:
dated	drawn on				
(Name of the Bank/Branch	٦).				
We confirm that the ber	neficial owner(s) o	f the investment in	these units is/are		
		(Nam	e of the Employee/s,	with employee	number/s), who is/are my/our
employee/s and am provid	ing the funds for th	ese investments throu	gh the payroll deduction		
Name of Dodlarant(s)					
Name of Declarant(s):					
Income Tax PAN):					
Address of Declarant(s):					Signature of Declarant(s):
City:		State:			
Postal code:		Country:			
Signature of Beneficiary(ie	25)				