

COLLECTION CENTER

| CODE | INSTITUTION NAME/DISTRIBUTION CENTER |
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Application No. _____

Date:

SYSTEMATIC INVESTMENT PLAN (SIP) – AMENDMENT FORM

M/S Siddhartha Capital Limited,
Siddhartha Systematic Investment Scheme (SSIS),
Narayanchaur, Kathmandu

Subject: Amendment in Systematic Investment Plan (SIP)

Dear Sir/Madam,

With regard to the above captioned subject, I/We would like to request you to kindly make necessary amendments towards my contribution in SIP of Siddhartha Systematic Investment Scheme(SSIS). The details of the amendment in the SIP is as follows:

| AMENDMENT SECTION | EXISTING SIP | AMENDED SIP |
|---|---|---|
| PAYEE NAME | | |
| PAYEE CONTACT No. | | |
| SIP FREQUENCY (INTERVAL) | <input type="checkbox"/> Monthly <input type="checkbox"/> Quartely | <input type="checkbox"/> Monthly <input type="checkbox"/> Quartely |
| MODEL OF SIP | <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited | <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited |
| TERMS(ONLY IF LIMITED) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| SIP DUE DATE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| SIP INSTALLMENT AMOUNT | NPR In words | NPR In words |
| SIP EFFECTIVE DATE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| INTRODUCER | | |
| PAYMENT BY | | |
| SIP PAYMENT MODE | <input type="checkbox"/> Cash <input type="checkbox"/> Post Dated Cheque <input type="text"/> Online Medium | <input type="checkbox"/> Cash <input type="checkbox"/> Post Dated Cheque <input type="text"/> Online Medium |
| CONTACT No. | | |
| EMAIL | | |
| STANDING INSTRUCTION BANK (IF APPLICABLE) | Bank Name Account Number..... | Bank Name..... Account Number..... |
| BANK DETAILS (IF DIFFERENT) | Bank Name..... Account Number..... Branch..... | Bank Name..... Account Number..... Branch..... |

Thanking you
Yours sincerely,