Payment by Employer on behalf of employee under Systematic Investment Plan or Lump sum / one-time subscription, through Payroll deductions

TO WHOMSOEVER IT MAY CONCERN

We hereby declare that the application form no's _____ for subscription of units in _____(Name of the Scheme / Plan / Option) is accompanied by Cheque No._____

Dated | D | D | M | M | Y | Y | Y | Y | Drawn on_____ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is / are_____
(Name of the Employee/s with employee number/s), who is / are my / our employee / s and am providing the funds for these investments through the payroll deduction.

BANK BRANCH MANAGER / DECLARANT (S)

Name of Declarant(s) ☐ **Mr.** ☐ **Ms.** ☐ **M/s.** **PAN :** | M | a | n | d | a | t | o | r | y |

Address Declarant(s)

Country **State**

City **PIN**

Signature of Declarant (s)

Signature of Beneficiary (ies)