

APP No. _____

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (ARN stamp here)			

*Please sign below in case the EUIIN is left blank/not provided.
I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

	Sole / 1st Applicant / Guardian Authorized Signatory	2nd Applicant Authorized Signatory	3rd Applicant Authorized Signatory
--	---	------------------------------------	------------------------------------

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION FOLIO NO.

3. APPLICANT DETAILS

Name of Sole/1st holder	PAN No.	<input style="width: 100%;" type="text" value="MANDATORY"/>	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No.	<input style="width: 100%;" type="text" value="MANDATORY"/>	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No.	<input style="width: 100%;" type="text" value="MANDATORY"/>	<input type="checkbox"/> KYC Acknowledgement Copy

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 26) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

5. STP DETAILS (Refer Instruction No.6)

<input type="checkbox"/> Fixed Transfer STP (Refer Instruction No. 7 & 9) STP Frequency (Please ✓ any one) <input type="checkbox"/> Daily (Minimum One Month) <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission) 1 st , 8 th , 15 th & 22 nd of every month 1 st & 15 th of every month * of every month * of the starting month of every Quarter *Incase the Investor has not specified any date then the default date would be 10th	OR <input type="checkbox"/> Capital Appreciation STP (Refer Inst No. 8 & 9) STP Frequency (Please ✓ any one) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly 1 st of every Month 1 st of the starting month of every Quarter
Amount of Transfer per Instalment Rs. <input style="width: 150px;" type="text"/>	

Enrolment Period (Please ✓ any one)

REGULAR From: To:
 PERPETUAL From: To: (Default)

Only for Daily STP Enrolment Period

From: To:

6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I confirm that I am resident of India.
 I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

Place: Date:

SIGNATURE

Sole/ 1 st applicant/Guardian Authorized Signatory	2 nd applicant / Authorized Signatory	3 rd applicant Authorized Signatory

Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO. <input style="width: 150px;" type="text"/> Received from _____ STP application Amount of Transfer per Instalment Rs. _____ From Scheme / Plan / Option _____ to Scheme / Plan / Option _____ Mode & Frequency of STP _____	APP No.: _____ <div style="border: 1px solid #0070c0; padding: 10px; width: 100%;"> Stamp of receiving branch & Signature </div>
---	---