

to Scheme / Plan / Option

Mode & Frequency of STP

quant mutual

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& Signature

				APP No.:	
	SYSTE	MATIC TRANSFER PLAN	(STP) ENROLMENT I	FORM	
		To be filled in capital letters	and in blue / black ink only.		
1.DISTRIBUTOR / BROKER INFORM Name & Broker Code / ARN	MATION (Refer Instruction No Sub Broker / Sub Agent	<u> </u>	on Number Sub Broker / Sub	Agent Code RIA Code**	
1 DNI 101011					
ARN-181211	ARN-	E			
* Please sign below in case the EUIN is let employee/relationship manager/sales p distributor/sub broker.	ft blank/not provided. I/We her erson of the above distributor/	eby confirm that the EUIN box has been inten (sub broker or notwithstanding the advice of	tionally left blank by me/us as this tran in-appropriateness, if any, provided b	nsaction is executed without any interaction or advice by by the employee/relationship manager/sales person of	the the
++ I/We, have invested in the Scheme(s) investments under Direct Plan of all Scher	of your Mutual Fund under Dir nes Managed by you, to the ab	rect Plan. I/We hereby give you my/our conse pove mentioned Mutual Fund Distributor / SEB	ent to share/provide the transactions of I-Registered Investment Adviser:	data feed/ portfolio holdings/ NAV etc. in respect of my/	our
		Second Applicant /			
		Authorised Signatory		Authorised Signatory	
pfront commission shall be paid directly 2. EXISTING UNIT HOLDER I		stered distributor based on the investor's asse	essment of various factors including the	e service rendered by the distributor.	
APPLICANT DETAILS					
Name of Sole/1st holder			PAN No / PEKRN.	KYC [
Name of 2nd holder			PAN No / PEKRN.	KYC [
Name of 3rd holder			PAN No / PEKRN.		
		DETAILS (Refer Instruction No.1, on Direct Plan against the scheme na			
Name of 'Transferor' S cheme/F	Plan/Option				
Name of 'Transferee' S cheme/F	Plan/Option				
. STP DETAILS (Refer Instructi	ion No.6)				
Amount of Transfer per Inst	alment ₹				
inrolment Period (Please vo		☐ DEPOST!	Al (Default) From		
REGULAR From :	To:	☐ PERPETU/	AL (Default) From :	To:	
Only for Daily STP Enrolment 	Period	To :	(Any date from 1st to	28th for daily)	
		10.		,	_
orm, Scheme Information Documer the scheme and I/We have not rece the form of trail commission or any of the above information of the scheme information of the scheme Confirm that I am resident of India I/We confirm that I am/We are No	Transfer Plan subject to tern to f the Transferor and Trar eived nor been induced by o her mode), payable to him nation is given by the under a. on-Resident of Indian Natio on-Resident External /Ordin	asferee Scheme and Statement of Addit any rebate or gifts, directly or indirectly, i for the different competing Schemes of v signed and particulars given by me/us anality/Origin and I/We hereby confirm to any Account/FCNR Account. I/We under	ional Information before filling up n making this investment. The AR various Mutual Funds from amon are correct and complete. hat the funds for subscription ha	hereto. I/We have read the instructions of the Enro of the Enrolment Form. I/We have understood the o N holder has disclosed to me/us all the commission gst which the Scheme is being recommended to m we been remitted from abroad through normal bass made under this folio will also be from funds rea	letail ons (ii ne/us nking
ace:				Date:	\perp
SIGNATURE			1		
		Second Applico Authorised Sign			
			l		_
	Acknowledgement	Receipt of STP Application Fo	orm (To be filled in by the	Unit holder)	
FOLIO NO.				APP No.:	
Received from			STP application	Stamp of receiving branch	\neg
Amount of Transfer per Instalmen From Scheme / Plan / Option	nt ₹			Stamp of receiving brunen	