

Systematic Transfer / Withdrawal Form

Mutual Fund				_	Strike off	sections tha	at are not applicable		
Distributor's ARN/ RIA Code#		Sub-Broker's ARN			Sub-Broker's Code		EUIN		
ARN-181211							Е		
*By mentioning RIA code, I/We authorize you to share wit Declaration for "Execution-only" transactions (only where "I/We hereby confirm that the EUIN box has been intention manager/sales person of the above distributor/sub broker of the distributor/sub broker."	EUIN box is left	blank)	-						
Sole/Frist Applicant To be signed by All Ap Upfront commission shall be paid directly by the investor to the AMFI reg		Second Applicant pplicants if mode of operation is "Jogistered distributors based on the investigation of the inv							
rendered by the distributor.		,		_			<u> </u>		
Investor's Information Folio No.		A	pplication No.						
(For Existing Investors)	(For New Investors, Please attach the								
Sole/ First Applicant Name of Applicant	t Second Applicant Name of Applicant				Third Applicant Name of Applicant				
PAN	PAN				PAN				
I would like to opt for ■ Systema	atic Transf	er Plaı	n ■ Syste	matic	Withdrawal Pl	an			
Systematic Transfer Plan									
Eram				☐ Gro					
Scheme Pla	ın		Option (Please ✓	□ IDCV	W № O Payou V Frequency	ıt OR O	Re-investment		
То				☐ Gro	wth				
Scheme Pla	ın		Option (Please ✓	□ IDCV	W № O Payou V Frequency	it OR O	Re-investment		
Transfer Option (Please ✓) ☐ Fixed Su	m C	R 🗆 Ent	ire Appreciatio		Min. Rs. 10	00/-			
Frequency □ Daily □ Weekly Specify Day (Please ✓) (Please mention any day between Monday to Fr			No. of Installments						
☐ Monthly ☐ Quarterly Specify Date (Please mention any date of the me			Transfer Period From mm/yyyy Transfer Period To mm/yyyy OR Till further instruction						
Systematic Withdrawal Plan									
From				☐ Gro		ıt OR O	Re-investment		
SchemePla	ın		Option (Please 🗸	\	V Frequency				
Withdrawal Option (Please ✓) ☐ Fixed Su	m OR 🗆 Entir	e Appre	ciation	Min. Rs	. 1000/-				
Frequency (<i>Please</i> ✓) ☐ Monthly ☐ Quarterly			Commencem	ent Date	dd/mm/yy	То	mm/yyyy		
Date O 1 st O 7 th O 14 th	O 21 st O 2	25 th	No. of Installr	nents					
Declaration and Signatures	I Cabana (a) af Madali NA	la in also A A store	I Count 1000 househouseshouse		avente and a full the in the Calcuracy (2)	and and an above			
IWe have read and understood the contents of the SID/SAI of the above referred terms and conditions applicable there to. IWe hereby declare that I IWe authori designed for the purpose of any contravention or evasion of any Act, Rules, Regul the Government of India from time to time. IWe hereby authorize Kotak Mahindr IWe have neither received nor been induced by any rebate or gifts, directly, in mak	a scheme(s) or Rotak Ma zed to make this investi lations, Notifications or I a Mutual Fund, its investing this investing king this investment.	ment in the ab Directions of th tment Manage	i Fund. I/We nereby apply love mentioned Scheme(s ne provisions of Income Ta: er and its agents to disclose	or allotment /) and that the a Act, Anti Mon details of my ii	burchase of units in the Scheme(s) is mount invested in the Scheme(s) is ley Laundering Act, Anti Corruption evestment to my/our Investment Ar	s through legitim Act or any other dvisor and / or ba	e and agree to ablde by the late sources only and is not applicable laws enacted by nks.		
Sole/Frist Applicant To be	Sole/Frist Applicant Second			Applicant			Third Applicant		
To be signed by All Applicants if mode of operation is " Joint "									
Acknowledgement Slip (To be fill	ed by Applica	ant)							
Received from (Investor's Name) Folio Number	Silp for future reference	ce D/	ATE: D D M	M Y Y	YY				
Request for STP SWP					Official Ac	ceptance Poin	t Stamp & Sign		