Wealth Sets You Free

APP No.

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

			APITAL LETTERS. PLEASE () WHEREVER APPLICABLE				
1.DISTRIBUTOR / BROKER INFORM/ Name & Broker Code / ARN	ATION (Refer Instruction Sub Broker / Sub Age		nployee Unique Identificatio	n Number Sub B	rakar / Sub	Agent Code	RIA Code**	
ARN – (ARN stamp here)	ARN-	III AKN COUE EII	ipioyee Onique ideniincunc	III NUITIDEI 300 B	TOKEL 7 SUD	Ageni Code	RIA Code	
*Please sign below in case the EUIN is left b employee/relationship manager/sales pers distributor/sub broker. ++ I/We, have invested in the Scheme(s) of investments under Direct Plan of all Scheme	lank/not provided. I/We hon of the above distribut	or/sub broker or notwi	thstanding the advice of i	n-appropriateness, if any	, provided b	by the employee/relationship	p manager/sales person of the	
investments under Direct Plan of all Scheme	s Managed by you, to the	above mentioned Muti	ual Fund Distributor / SEBI-	Registered Investment A	dviser:			
SIGN First / Sole Applicant / Guardian / Second Applica Authorised Signatory Authorised Signatory								
Upfront commission shall be paid directly by	the investor to the AMFI re	gistered distributor bas	sed on the investor's asses	sment of various factors i	including the	e service rendered by the dis	tributor.	
2. EXISTING UNIT HOLDER IN APPLICANT DETAILS	FORMATION	FOLIO NO.						
Name of Sole/1st holder Mr./Ms./M	PAN No / PEKRN. MANDATORY KYC							
Name of 2nd holder Mr./Ms.				PAN No / PEKRN. MANDATORY KYC				
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y KYC						
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	n/Option							
Name of 'Transferee' Scheme/Pla	n/Option							
5. STP DETAILS (Refer Instruction	n No.6)							
Fixed Transfer STP (Refer Instruction No. 7 & 9) STP Frequency (Please vary one)							n STP(Refer Inst No. 8 & 9) Please √any one)	
☐ Daily (Minimum One Month)	☐ Weekly	Fortnightly	Monthly (Default)	☐ Quarterly		Monthly (Default)	Quarterly	
First execution date will be on or after 7 calendar days from the date of submission of the	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	OR 1st o	of every Month	1 st of the starting month of every Quarter	
form (excluding date of			*Incase the Investor has	· '				
submission)			date then the default do		, L			
Amount of Transfer per Instalment ₹								
Enrolment Period (Please vany one)								
□ REGULAR From: M M Y Y To: M M Y Y Y (Default)								
Only for Daily STP Enrolment Period From: D D M M Y Y To: D D M M Y Y								
6. DECLARATION & SIGNATURE/S I/We would like to opt for Systematic Tra Form, Scheme Information Document of the scheme and I/We have not receiv the form of trail commission or any othe I hereby declare that the above informa lconfirm that I am resident of India. I/We confirm that I am/We are Non- channels or from funds in my/our Non-	of the Transferor and Tr ed nor been induced b r mode), payable to hi tion is given by the und Resident of Indian Na Resident External /Orc	ansferee Scheme ar y any rebate or gifts, n for the different co lersigned and partic tionality/Origin and linary Account/FCNI	nd Statement of Additional directly or indirectly, in mpeting Schemes of would are given by me/us of I/We hereby confirm the RAccount. I/We under	onal Information before making this investme arrious Mutual Funds from the correct and comple at the funds for subsc	re filling up ent. The ARI rom among ete. cription hav	the Enrolment Form. I/W N holder has disclosed to gst which the Scheme is b we been remitted from ab	We have understood the details or me/us all the commissions (in being recommended to me/us. or oad through normal banking	
from abroad through approved banking	g channels or from tun	ds in my/ our NRE/F0	CNR Account.					
Place :				Date:	D	D M M Y Y	YY	
SIGNATURE								
First / Sole Applicant / Guardian / Second Application Authorised Signatory Authorised Signatory						Third Applicant / Authorised Signatory		
								
Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)								
FOLIO NO.			APP No.:					
Received from	STP application		Stamp of	receiving branch				
Amount of Transfer per Instalment ₹						3.2		
to Scheme / Plan / Option Mode & Frequency of STP						&	Signature	

STP Enrolment Form / 12th Jan 2018 / Ver 1.9