

Systematic Transfer Plan / Dividend Transfer Plan / Nav Appreciation Facility / Systematic Withdrawal Plan

Application No.
Version: 24.12.2019

ey Partner / Agent Information (Investors applying under Direct I	Plan must mention "Direct" in ARN No. column.)					
Distributor ARN / RIA# Distributor Name				nal Sub-Broker/ nployee Code EUIN		
ARN/RIA-		ARN-				
By mentioning RIA code, I/We authorize you to share with the SEBI Regis nvestors applying under Direct Plan must mention "Di pfront commission shall be paid directly by the invest "I've hereby confirm that the EUIN box has been intentionally left blank by without any interaction or advice by the employee/relationship manager/sale roker or notwithstanding the advice of in-appropriateness, if any, provanager/sales person of the distributor/sub broker."	rect" in ARN Column or to the AMFI registered distributor based on th me/us as this transaction is executed s person of the above distributor/sub First / Sole Applica	e investor's assessmen	t of various factors inc	cluding the service rend	ered by the distributor. Power of Attorney Holder	
olio No Nar	me of Sole / First Holder			D D M	M Y Y Y Y	
AN/PERN (mandatory) Enclosed PAN/PEKRN Proof KYC Complicane						
SYSTEMATIC TRANSFER PLAN (STP/DTP AND NAV APPRECIATIONS)						
Please arrange for STP with the following options						
From Scheme			Pla	an		
Option Growth / Dividend-Payout / Dividend - Reinvest						
To Scheme			Pla	an		
Option Growth / Dividend-Payout	/ Dividend - Reinvest Dividend Freq	uency (In case of Dividen	d option)			
Dividend Transfer Plan (Minimum ₹ 1000) NAV Appreciation (Minimum ₹ 1000)						
(Min amount ₹ 500 - (Daily, Weekly, Find amount ₹ 1,500 for Quarterly)	Dividend Transfer Pla	an (Minimum ₹ 1000)		Only in case of Gro	,	
STP Frequency: Daily Weekly Monthly Quarte STP Amount: STP Dates: 1st 7th 14th Start: D D M Instalments 12 For Other Frequency Minimum Instalments 6	rorungnuy	1 14 th 21 st 21 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	STP Da STP Per	tes: 1 st 7 th	14 th 21 st 28 th D M M Y Y D M M Y Y	
SYSTEMATIC WITHDRAWAL PLAN (SWP)	(Please mention the PAN/PERN without	which, this application	form will be considere	d incomplete and is liabl	e to be rejected.)	
Please arrange for SWP with the following options - Fixed Amount Rs. (in figures) Rs. (in words) SWP Frequency: Weekly Fortnightly Monthly Quarterly Annualy SWP Date: 14th 21st 28th SWP Period: Start: M M Y Y End: M M Y Y From Scheme						
Plan Dividend Frequency (In case of Dividend option)	*Minimum No. of SWP Installments 12 - (monthly/weekly/fortnightly)					
Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the Scheme(s). I / We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions fo the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law. 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. For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account. I/We confirm that details provide by me / us are true and correct.						
First / Sole Applicant / Guardian	Second Applicant	Third Ap	plicant	POA	Holder	
ACKNOWLEDGMENT OLD						
ACKNOWLEDGMENT SLIP Application No.						
rom						

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