

SYSTEMATIC TRANSFER PLAN (STP)
(Registration / Cancellation form)

Application No.

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt
ARN-257030		E 479794		

*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration;
I/We hereby confirm that the EUIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

#I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Please (✓) any one. ☐ NEW REGISTRATION ☐ CANCELLATION

Folio No. of 'Transferor' Scheme (for existing Unit holder) / Application No. (for new investor)

Name of the Applicant	PAN / PEKRN Details	KYC is mandatory# Please (✓)
Name of First/Sole Applicant	PAN# or PEKRN# <input type="text"/>	<input type="checkbox"/>
Name of Guardian in case First/Sole Applicant is a minor	PAN# or PEKRN# <input type="text"/>	<input type="checkbox"/>
Name of Second Applicant	PAN# or PEKRN# <input type="text"/>	<input type="checkbox"/>
Name of Third Applicant	PAN# or PEKRN# <input type="text"/>	<input type="checkbox"/>

STP Out Scheme (Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Scheme Plan Option

STP In Scheme (Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Scheme Plan Option

For Systematic Transfer Plan (STP) - Fixed Amount Option

Amount of Transfer per Installment (Minimum Rs 1,000/-): Rs.

<input type="checkbox"/> Daily		No. of Installments																	
<input type="checkbox"/> Weekly [Day of Transfer (Please ✓ any one)]		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday* <input type="checkbox"/> Friday																	
		No. of Installments																	
<input type="checkbox"/> Monthly		<input type="text"/> <input type="text"/> of every month (1st to 28th) (Default is 7th)																	
		Enrolment Period																	
		From:																	
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<input type="checkbox"/> Fortnightly [Day of Transfer (Please ✓ any one)]		<input type="checkbox"/> 1st & 14th OR <input type="checkbox"/> 7th & 21st (Default is 1st & 14th)																	
		Enrolment Period																	
		From:																	
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D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

For Systematic Transfer Plan (STP) - Capital Appreciation Option

<div><input type="checkbox"/> Monthly</div> <div>Date of Transfer (Please ✓ any one. No other date can be specified.)</div>	<div><input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st</div>	Enrolment Period	From:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
			To:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

Signatures

Declaration: I/ We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Systematic Transfer Plan (STP) and the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the STP in the following Scheme(s)/Plan(s)/Options(s). The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First Unitholder/ Guardian/ POA	Second Unitholder	Third Unitholder
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ACKNOWLEDGMENT SLIP
(To be filled in by the Applicant)ARN No:

Application No.

Received from 'STP' application for transfer of Units;From Scheme/ Plan/ Option To Scheme/ Plan/ Option

Signature, Stamp & Date