



**Sponsor:** Samco Securities Limited  
**Trustee Company:** Samco Trustee Private Limited  
**Investment Manager:** Samco Asset Management Private Limited

**Samco Mutual Fund**  
1003 – A, Naman Midtown, Senapati  
Bapat Marg, Prabhadevi (W),  
Mumbai - 400 013.

## SYSTEMATIC TRANSFER PLAN (STP)

(Please read the instructions on the overleaf before filling up the form)

### 1. Distributor Information

Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code <sup>^</sup>
<b>ARN-257030</b>			<b>E 479794</b>	

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

<sup>^</sup>I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Signatures	Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder

### 2. Unitholder Information

**Name of First / Sole Applicant:**  **PAN:**

**Folio No.** (For Existing Unit Holders):  **CKYC No.:**

☐ **Registration**

☐ **Cancellation**

(From which you wish to transfer amount):

(To which you wish to transfer amount):

**From Scheme Name:**  **Plan:** ☐ Regular ☐ Direct

**Option:** ☐ Growth ☐ IDCW **Sub Option:** ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW

**To Scheme Name:**

**Plan:** ☐ Regular ☐ Direct **Option:** ☐ Growth ☐ IDCW

**Sub Option:** ☐ Payout of IDCW ☐ Reinvestment of IDCW

☐ Transfer of IDCW (Specify in Target Scheme)

**Target Scheme Name :**

**Plan:** ☐ Regular ☐ Direct **Option:** ☐ Growth ☐ IDCW

**Sub Option:** ☐ Payout of IDCW ☐ Reinvestment of IDCW

☐ Transfer of IDCW

**Instalment Amount Rs:**

**Frequency:** ☐ Daily (Monday to Friday)

(Select any one)

☐ Weekly ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Fortnightly (Alternative Wednesday)

☐ Monthly **STP Date\*:** ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> ☐ 25<sup>th</sup>

☐ Quarterly **STP Date\*:** ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> ☐ 25<sup>th</sup>

**Tenure:** **Start Date:**

**End Date:**

### DECLARATION

Having read and understood the contents of the Scheme Information Document, Key Information Memorandum cum application and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Samco Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account.

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder