

Transaction Form For STP & SWP



Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN-36863	Sub-Distributor Code	E025451		Mobile +91-	
				E-mail	

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	Investor's Declaration where EUIN is not furnished I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.
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If this is the first time, you are investing in any mutual fund, please tick here Sole/1st Applicant 2nd Applicant 3rd Applicant

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder _____ First Name _____ Middle Name _____ Last Name _____ Folio No. _____

PAN _____ | First Unit Holder _____ | _____ | Second Unit Holder _____ | _____ | Third Unit Holder _____

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

Mobile No. +91- _____ E-mail ID _____

2. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name Option Growth Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Withdrawal preference (✓) Amount (₹) _____ OR Capital Appreciation (Available for GROWTH plan only)

Withdrawal frequency (✓) Monthly* Quarterly Semi-Annual Annual

Withdrawal date (✓) 1st 5th 10th* 15th 20th 25th Withdrawal period From To OR Till balance

3. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name Option Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

To Scheme Option Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Transfer preference (✓) Amount (₹) _____ OR Capital Appreciation (Available for GROWTH plan only) From To OR Till balance

Transfer frequency (✓) Daily Weekly (✓) Mon* Tue Wed Thu Fri Fortnightly(✓) 1st 15th*
 Monthly* Quarterly (✓) 1st 5th 10th* 15th 20th 25th

*Default option if not selected

^Available in select schemes only

4. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us

 (Sole/First Unit Holder) (Second Unit Holder) (Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN-36863

E025451



Folio No. _____ Received from _____ Name of the Sole/First Unit Holder _____

Scheme/Plan/Option _____

SWP Instalment amount _____ Frequency(✓) Monthly Quarterly

STP Instalment amount _____ Frequency(✓) Monthly Quarterly Weekly Fortnightly

For Office Use Only

Acknowledgement
Stamp & Date