

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 Plan must mention "Direct" in ARN No. column.)				
Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		
By mentioning RIA code, I/We authorize you to share with the SEBI Registere (I/Westors applying under Direct Plan must mention "Direct Plan must mention "Direct Plan must mention "Direct Plan must mention "Direct Plan must mention and the I/Westors on the I/Westors of I/Westors on I/Westors on I/Westors on I/Westors on I/Westors of I/Westors on I/West	ct" in ARN Column to the AMFI registered distributor based on th us as this transaction is executed reson of the above distributor/sub by the employee/relationship of Sole / First Holder Enclosed PAN	se investor's assessment of various to the investor's assessment of various to the interest of the investor's assessment of various to the investor's assessment of the inves	Third Applicant D D N	Power of Attorney Holder
Please arrange for STP with the following options				
From Scheme Plan				
Option Growth / Dividend-Payout / Dividend - Reinvest To Scheme				
Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option)				
				(88)
(Min amount ₹ 1,500 for Quarterly)	Event Daily Dividend		NAV Appreciation (Minimum ₹ 1000) Only in case of Growth Option	
	Monthly Quarterly			
STP Amount : STP Dates : 1st 7th 14th 21st STP Period: Start: D D M M * Minimum 6 instalments End: D D M M	STP Dates: 1st 7" STP Period: Start: End:	D D M M Y Y D D M M Y Y	STP Dates : 1st 7th STP Period: Start: End:	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 considered incomplete and is liable 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: 1st 7th 14th 21st 28th SWP Period: Start: M M Y Y End: M M Y Y From Scheme Plan Option Growth Dividend-Payout Dividend - Reinvest *Minimum No. of SWP Installments 12 - (monthly/weekly/fortnightly) *Minimum No. of SWP Installments 4 - installments (quarterly) *Minimum No. of SWP Installments 1- (annual)				
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 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 Applicant POA Holder				
ACKNOWLEDGMENT SLIP Application No.				
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