STP/SWPFORM

I**nvestmentmanager:**TataAssetManagementLimited**Trustee:**TataTrusteeCompanyLimited

**TollFree:**1800-209-0101,**Fax:**(022)66315194,**Email:**service@tataamc.com,**Website:**[www.tatamutualfund.com](http://www.tatamutualfund.com/)

# \*TobefilledinBLOCKLETTERS(Pleasestrikeoffsection(s)thatis(are)notapplicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BROKER/AGENTCODE** | **SUB-BROKER/BANKBRANCHCODE** | **SUB-BROKERARNCODE** | **EUINCODE** | **FOROFFICEUSEONLY(TImESTAmP)** |
| **ARN -98471** |  |  | **E115901** |  |

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/relationshipmanager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales personofthedistributor/subbroker.UpfrontcommissionshallbepaiddirectlybytheinvestortotheAMFIregisteredDistributorsbasedontheinvestors’assessmentofvariousfactorsincludingtheservicerenderedbythedistributor.(Referinstruction15&16)

|  |  |  |
| --- | --- | --- |
| Sole/1stUnitholderSignature/ThumbImpression | 2nd Unitholder Signature/ ThumbImpression | 3rd UnitholderSignature/ThumbImpression |

Requestfor: FreshRegistration Cancellation

FolioNo.of‘Transferor’Scheme(forexistingUnitholder)/ApplicationNo.(fornewinvestor)

|  |  |  |
| --- | --- | --- |
| Name of the Applicant | PAN#or PEKRN# | KYC is manadatory#Please(🗸) |
| NameoftheFirst/SoleApplicant |  | ProofAttached |
| NameoftheSecondApplicant |  | ProofAttached |
| NameoftheThirdApplicant |  | ProofAttached |

#PleaseattachProof.IfPAN/PEKRN/KYCisalreadyvalidated,pleasedon’tattachanyproof.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Emailaddress:..................................................................................................................MobileNumber...................................................................................

#  SYSTEMATICTRANSFERPLAN(STP)

|  |  |
| --- | --- |
| Nameof‘Transferor’Scheme/Plan/Option | (InvestorapplyingunderDirectPlanmustmention‘Direct’againsttheSchemename) |
| Nameof‘Transferee’Scheme/Plan/Option | (InvestorapplyingunderDirectPlanmustmention‘Direct’againsttheSchemename) |

PleaseSelecttheTransferPlan:(Anyone)

FixedAmountTransferPlan(FATP)forRs...............................................Inwords......................................................................................................................................

FixedUnit Transfer Plan(FUTP) for Units(MentionthenumberofUnits)

DividendTransferPlan(DTP) CapitalAppreciationTransferPlan(CATP)

|  |  |  |  |
| --- | --- | --- | --- |
| Daily | Weekly | Monthly | Quarterly |
| OnlyfromMondaytoFriday**\*** | (OnlyonFridays) | 1st | 7th 10thDays ofthemonth | 20th | 28th |
| **Selectanyone** |
|  | **IncasethedayofSTPisanonbusinessdaytherequestwillbeconsideredforthenextbusinessday.** |

STPPeriod:(NotapplicableforDividendTransferPlan)StartPeriod:From

TransferFrequency:NotapplicableforDTP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

EndPeriod:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

OR

NumberofTransfers/Installments……...........……

\*Incaseanydayisanon-businessdayforanyoneoftheschemes(eitherSTPfromorSTPtoscheme)theSTPwillbeprocessedasperthematrixprovidedonourwebsite[www.tatamutualfund.com.](http://www.tatamutualfund.com/)

#  SYSTEMATICWITHDRAWALPLANS(SWP)

(InvestorapplyingunderDirectPlanmustmention‘Direct’againsttheSchemename)

NameofScheme/Plan/Option

FolioNo.............................................................Name.........................................................................................................................................................................................

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

**TheTrustee,TatamutualFund**

FixedAmountRs.......................................................Inwords Capital Appreciation

Frequency Monthly Quarterly HalfYearly Annually(Default)

WithdrawalDate(anydatebetween01stand31st)……...........……….dayinwords Default25th

WithdrawalperiodFrom

to

Havingread&understoodthecontentsoftheSchemeInformationDocumentoftheTransferorandTransfereeScheme.I/Weherebyapplyforunitsofthescheme&agreetoabidebytheterms,conditions,rules&regulationsgoverningthescheme.

|  |  |  |
| --- | --- | --- |
| Sole/1stUnitholderSignature/ThumbImpression | 2nd Unitholder Signature/ ThumbImpression | 3rd UnitholderSignature/ThumbImpression |