multi asset, multi manager

quant mutual

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APP No.:

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

To be filled in capital letters and in blue / black ink only.

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN- (ARN stamp here)	ARN-			

*Please sign below in case the EUIN is left blank/not provided. 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.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO. | | | | | | | | | | | | | | | | | | | | | |

APPLICANT DETAILS

Name of Sole/1st holder	PAN No / PEKRN.	KYC ☐
Name of 2nd holder	PAN No / PEKRN.	KYC ☐
Name of 3rd holder	PAN No / PEKRN.	KYC ☐

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 26)

(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

5. STP DETAILS (Refer Instruction No.6)

Frequency (Please ✓ any one)
☐ Daily ☐ Weekly ☐ Monthly ☐ Fortnightly ☐ Quarterly ☐ Half Yearly

STP Date (For Monthly / Quarterly / Half Yearly Option) Choose any date from
☐ 1st, ☐ 5th, ☐ 10th, ☐ 15th, ☐ 20th and ☐ 25th.
of a given month or **default date is every month of 10th.**

Weekly and Fortnightly STP Date
For Weekly and Fortnightly fixed day is Wednesday or alternet Wednesday

* Incase the Investor has not specified any date then the default date would be 10th

Amount of Transfer per Instalment ₹ _____

Enrolment Period (Please ✓ any one)

☐ **REGULAR** From : | | | | | To : | | | | | ☐ **PERPETUAL** (Default) From : | | | | | To : | | | | |

Only for Daily STP Enrolment Period

From : | | | | | | | | | To : | | | | | | | | | (Any date from 1st to 28th for daily)

6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

☐ I confirm that I am resident of India.

☐ 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 normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

Place :

Date: | | | | | | | | |

SIGNATURE

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO. | | | | | | | | | | | | | | | | | | | | | |

APP No.:

Received from _____ STP application

Amount of Transfer per Instalment ₹ _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch

& Signature