

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN

Mutual Fullu				Application No	
Distributor ARN/RIA#	ΔRN	Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Emplo	
ARN/RIA 113651	Alli	Humo	ARN	•	E164733
I/We hereby confirm that the EUIN box has bet without any interaction or advice by the notwithstanding the advice of in-appropriatene distributor and the distributor has not charged a	en intentionally left blank by me/us as employee/relationship manager/sale ess, if any, provided by the employee/r any advisory fees on this transaction.	s this is an "execution-only" transaction is person of the above distributor or elationship manager/sales person of the	First Holder	Second Holder	Third Holder
EXISTING UNIT HOLDER INFORMATION					
Name of the First Holder: F R S T M L D D L E L A S T					
Folio No. /					
PAN/PERN (mandatory) Enclosed PAN/PERN Proof KYC Complicane					
SYSTEMATIC TRANSFER PLAN (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)					
Please arrange for STP with the following options					
From Scheme Plan					
Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option)					
To Scheme Plan					
Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option)					
☐ Fixed Amount (Minimum Rs.1000) ☐ Dividend Transfer Plan (Minimum Rs.1000)				N/	AV Appreciation (Minimum Rs.1000)
STP Frequency: Weekly Fortnightly Except Daily Dividend Only in case of Growth Option Only in case of Growth Option					Only in case of Growth Option
STP Amount :					
STP Dates : 1st STP Period: Start:	7 th 14 th 21 st 2	STP Dates: STP Period:	Start: D D M M Y	Y STP Period:	Start: D D M M Y Y
End:	D D M M Y	Y	End: D D M M Y	Y	End: D D M M Y Y
CVCTEMATIC WITHDRAWAL DI AM (CWD) (C)					
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: Monthly Quarterly 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					
Dividend Frequency (In case of Dividend option)					
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 authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the 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 Applica	nt / Guardian	Second Applicant	Third Ap	plicant	POA Holder
Х					
ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.					
From	Subject to Tourisation, V	and continuous, an applical	paronace of office as monacined in the		
Cheque no.	Date	Amount	Scheme		