

## SIP/STP/SWP REGISTRATION FORM



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Investo	r must	read k	ey Scl	heme F	eatur	es and	Instruc	tions b	efore co	npleti	ng th	nis forn	n. All s	ection	is to be	comp	leted i	n ENGL	.ISH in I	BLACK	/ BLUI	E COL	OURE	D INK a	and in I	BLOCK	LETTE	RS.		
BROKER CODE (ARN CODE)  ARN-9992					SUB-BROKER ARN CODE  ARN-						SUB-BROKER CODE (As allotted by ARN holder)							Employee Unique Identification No. (EUIN) E												
Declaration for "execution-only" transaction (only where EUIN box is left blank) I/We hereby 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.																														
SIGNATURE OF SOLE / FIRST APPLICANT											SIGNATURE OF SECOND APPLICANT							SIGNATURE OF THIRD APPLICANT												
TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY																														
In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.																														
1 FUND NAME																														
FUND Name																														
Sole/ First Applicant Name																														
FOLIO No.  Scheme Name											/																			
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	vth/Cui				Divide		S Offiny	п арр	SUB-	OPTIO					stment	_			t OR	AEP-	F	Regula	r@OR	A <sub>I</sub>	pprecia	ation				
2   Systematic Investment Plan (SIP) Registration:																														
First Installment through cheque/DD		Му	existi	ng CA	MS C	TM re	giste		be used 1 No. in				ubsed	quent																
		First	chequ	ue/DD	No:			$\Box$		Т		Dated						Τ		I SIP II		nent								$\dashv$
			·																Amou	ınt Rs.		l					ш			$\dashv$
Bank NameBranchCity																														
Each SIP Amount Rs. SIP Frequency: Daily Weekly Monthly Quarterly (Default SIP frequency is Monthly)																														
SIP Date: 1st 5th 7th 10th SIP Start Month/Year M M Y Y Y Y																														
115 <sup>th</sup> 20 <sup>th</sup> 25 <sup>th</sup> Others (As Per AMC) SIP END Month /Year M M Y Y Y Y OR 1 2 2 0 9 9 Default end date is Dec 2099																														
SIP TOP UP (Optional) (Tick to avail this facility)  TOP UP Amount: (* TOP UP amount has to be in multiples of Rs.500 only).																														
TOP UP Frequency: Half Yearly Yearly SIP TOP UP CAP: Amount OR Month-Year#: M M Y Y Y															Υ															
																				(Investo	or has t	o choo	se only	one op	tion – e	ther CA	P Amou	int or CA	AP Month	n-Year)
3 Systematic	Tran <u>sf</u>	er Pla	n (ST	P)																										
STP IN SCHEME Scheme/Plan/Optio	L	Ontio	2	uh on	tion (	Place	0 -< t	20. 201	oropriat	o hov	/O.C. /	only i	fann	ioable	o to th	o cok	l	in wh	ich vo	u plar	a to ir	avoct	\							
OPTION:		<u> </u>		Cumul		[		vidend	Ť	IB-OP		_							yout 0					OR	Appre	ciatio	n			
STP Frequencie	es	Da	ily	Wee	kly [	Mo	onthly	Q	uarterly		ST	P Date		1 <sup>st</sup>	5 <sup>ti</sup>	7	7 <sup>th</sup>	]10 <sup>th</sup> [	15 <sup>th</sup>	20	th 2	25 <sup>th</sup>	Oth	ers (As	Per AMO	3)				
STP AMOUNT:										OR [		CAPITAI	. APPR	ECIATI	ON															
STP Start Month/	Year	M	M	Υ	Υ	Υ	Υ	STF	END Mo	nth /Yo	ear	M	M	Υ	Υ	Υ	Υ													
4 Systematic \	Withdr	awal I	Plan (	(SWP)																										
SWP Frequencies				M	onthly		Quarte	rly	SWP	Date:		1 st	5 <sup>th</sup>	7	th	10 <sup>th</sup>	15 <sup>th</sup>	20	D <sup>th</sup> 2	5 <sup>th</sup>	Other:	S (As P	er AMC	)		_				
SWP AMOUNT:												art Mo		L			Υ	Υ	Y		WP EN				/			Y	Υ	
We hereby confirm that t							ne/us in	this fo	rm are tru						espect.			_	and cofi	rm to ir		_	_			_	nges.		_	