

## Systematic Transfer Plan / Dividend Transfer Plan / Nav Appreciation Facility / Systematic Withdrawal Plan

Application No. Version: 19.04.2023

 $\square$  Systematic Transfer Plan  $\square$  Dividend Transfer Plan  $\square$  Nav Appreciation Facility  $\square$  Systematic Withdrawal Plan

ey Part	ner / Agent In	formation	(Investo	rs apply	ing und	der Dir	ect Plan	must mention	"Direct" in ARN	No. column.)													
	Dist	ributo	r ARN	/ RIA	#			Distributor Name				Sub-Distributor ARN					nternal Emplo	Sub-Bro oyee Co	oker/ de		EUIN		
ARN/F	RIA-										A	ARN-											
nvesto pfront "I/We without roker or	rs applying commission hereby confirm at any interaction notwithstandin ales person of the	under D n shall I hat the EUII or advice b g the advi	Direct P be paid N box has y the empl ce of in-a	lan mu directl been inten oyee/relati appropriat	st me y by t tionally onship	ention the inv left blan manager if any,	"Direct vestor t k by me/us r/sales pers provided	" in ARN Co	registered dis on is executed distributor/sub see/relationship		ed on the Applicant /	investo	r's ass		of vario	us facto		Applicar	t		ver of At Holde	torney	tor.
AN/PER	RN (mandato	ry)							Ene	closed	PAN/PE	KRN Prod	of	KY	'C Compl	icane							
	evetem/	TIC TO	ANCE	D DI A	N (91	FD/NT	D AND	NAV ADDI	RECIATIONS)														
					•			NAV AFFI	necialions)														
	Please arrange for STP with the following options  From Scheme											Plan											
	Option Growth / Dividend-Payout / Dividend - Reinvest												_										
	To Scheme Plan  Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option)													_									
	Option   Growth /   Dividend-Payout /   Dividend - Reinvest Dividend Frequency (In case of Dividend option)												_										
	Fixed Amount (Min amount ₹ 500 - (Daily, Weekly, Fortnightl) (Min amount ₹ 1,500 for Quarterly)						htly, Monthly)									NAV Appreciation (Minimum ₹ 1000)							
	STP Frequ STP Amou STP Date: Any Day of (in case of STP Perio *For Daily STP Instalments 1 For Other Frec Instalments 6	Int : 3 : STP Trar weekly fi d: Minimum	requenc S	Month			irterly	Fortnightly  st 28 <sup>th</sup> y to Friday)	STP Dates: 1st 7 <sup>th</sup> 14 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>					Only in case of Growth Option  STP Dates:							8 <sup>th</sup>		
	SYSTEMA	ric wit	HDRAV	NAL PI	LAN (	SWP	)	(Pleas	se mention the	PAN/PERN v	without wh	nich, this	s appli	cation for	m will be	e consid	lered inc	complete	and is I	iable to b	e rejecte	d.)	
	Please arrange for SWP with the following options - Fixed Amount Rs. (in figures)  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 - instalments (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 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.													otion uced cess able									
	Firs	t / Sole	Applica	ant / Gu	ıardia	an		S	Second Applicant			Third Applicant						P	OA Holder				
	CKNOWLE	DGMEN	IT QL IF													Λ	plicatio	n No					-><-
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