Nippon India Mutual Fund
Wealth sets you free

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

APP No.:

1. MFD / RIA INFORMATION (Refer Instruction No. 25)

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code / Bank Branch Code / Internal Code	*Employee Unique Identification Number	RIA Code**
ARN-272753 (Stamp here)	ARN-		E513200	

*Please sign alongside 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

2. EXISTING UNIT HOLDER INFORMATION

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

3. APPLICANT DETAILS

Name of Sole/1st holder	Mr./Ms./M/s	PAN No / PEKRN. MANDATORY	☐ KYC
Name of 2nd holder	Mr./Ms.	PAN No / PEKRN. MANDATORY	☐ KYC
Name of 3rd holder	Mr./Ms.	PAN No / PEKRN. MANDATORY	☐ 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)

☐ **Fixed Transfer STP** (Refer Instruction No. 7, 8 & 10)

STP Frequency (Please✓any one)

☐ Daily (Minimum One Month)	☐ Weekly** (select any one)	☐ Fortnightly	☐ Monthly* (Default)	☐ Quarterly*
First execution date will be OR on or after 3 calendar days from the date of submission of the form (excluding date of submission) subject to availability of funds in the transferor scheme.	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	1st & 15th of every month	* _____ of every month	* _____ of the starting month of every Quarter

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

OR

☐ **Capital Appreciation STP** (Refer Inst No. 7 & 9)

STP Frequency (Please✓any one)

☐ Monthly (Default)	☐ Quarterly
1st of every Month	1st of the starting month of every Quarter

Amount of Transfer per Instalment ₹ _____

Enrolment Period (Please✓any one)

☐ **REGULAR** From : M M Y Y To : M M Y Y ☐ **PERPETUAL** (Default) From : M M Y Y

Only for Daily STP Enrolment Period From : D D M M Y Y To : D D M M Y Y

** If any day is a non-business day, then next immediate business day will be the STP day and units will be allotted with NAV of next immediate business day.

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.

++ 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. I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC , as the case may be.

Place _____ Date: D D M M Y Y Y Y

SIGNATURE

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

STP Enrolment Form / 08th Nov 2023 / Ver 3.9

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Acknowledgment Receipt of STP Application Form

(To be filled in by the Unit holder)

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

STP Application ☐ Fixed Transfer STP ☐ Capital Appreciation STP

Received from _____

Amount of Transfer per Instalment ₹ _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch & Signature