

## COMMON APPLICATION FORM

Mutual Fund

(To be filled in CAPITAL letters)

APP No.:

### 1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number
<b>58603 - VRIDHI</b>			<b>E026768</b>

\*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 notwithstanding 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

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

(Please tick (✓) any one) ☐ I am a First time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds

### 2. UNITHOLDING OPTION - ☐ DEMAT MODE ☐ PHYSICAL MODE

**DEMAT ACCOUNT DETAILS** - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
DP ID No.	I N	Target ID No.	
Beneficiary Account No.			

Enclosures (Please tick any one box): ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

### 3. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

**4. GENERAL INFORMATION** APPLICATION FOR ☐ Zero Balance Folio ☐ Invest Now \*MODE OF HOLDING : ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

### 5. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN<sup>^</sup> (First Applicant) PAN / PEKRN<sup>^</sup> (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor	Date of Birth of 1st Applicant	Proof of Date of Birth and Guardian's Relationship with Minor
<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	D D M M Y Y Y Y	<input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)

**OCCUPATION\*\*\* :** ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector  
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others

**STATUS<sup>^</sup> :** ☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ HUF ☐ Trust / Charities / NGOs  
☐ Society ☐ FI / FII ☐ NRI ☐ Company/Body Corporate ☐ Sole Proprietor ☐ Defence Establishment  
☐ PIO ☐ Bank ☐ FPI\*\*\* ☐ Government Body ☐ Partnership Firm ☐ Others

GROSS ANNUAL INCOME DETAILS\*\*\* Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore

NET-WORTH\*\*\* in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y (Mandatory for Non Individuals)

Are you a Politically Exposed Person (PEP)\*\*\* ☐ Yes ☐ No Are you related to a Politically Exposed Person (PEP)\*\*\* ☐ Yes ☐ No

Are you involved / providing any of the mentioned services : ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services  
☐ Money Lending / Pawning ☐ None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)

\*\*In case First Applicant is Minor then details of Guardian will be required.

### 6. SECOND APPLICANT DETAILS

NAME PAN / PEKRN<sup>^</sup>

**OCCUPATION<sup>^</sup> :** ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector **STATUS<sup>^</sup> :** ☐ NRI  
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others ☐ Resident Individual

GROSS ANNUAL INCOME DETAILS\*\*\* Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore

NET-WORTH\*\*\* in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y

Are you a Politically Exposed Person (PEP)\*\*\* ☐ Yes ☐ No Are you related to a Politically Exposed Person (PEP) ☐ Yes ☐ No

#### ACKNOWLEDGMENT SLIP

APP No.:

Received from Mr/Ms/M/s : \_\_\_\_\_ an application for allotment of

Units under Scheme Reliance \_\_\_\_\_ Option \_\_\_\_\_ as per details below.

Instrument No/Cash Deposit Slip No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_ drawn on Bank \_\_\_\_\_ Time Stamp & Date of receiving office

Corporate Office Address: Reliance Centre, 7th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

NAME	PAN / PEKRN^
------	--------------

**GROSS ANNUAL INCOME DETAILS\*\*^** Please tick (✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Crore ☐ >1 Crore

Are you a Politically Exposed Person (PEP)\*\*^ ☐ Yes ☐ No Are you related to a Politically Exposed Person (PEP) ☐ Yes ☐ No

**8. FATCA and CRS DETAILS** For Individuals/HUF (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. <sup>16</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

**## Correspondence Address** (P.O. Box is not sufficient) **## Please note that your address details will be updated as per your KYC records with CVL / KRA**

[illegible]

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

[illegible]

Account No.	M	a	n	d	a	t	o	r	y											A/c. Type (✓)	SB		Current		NRO		NRE		FCNR
-------------	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	---------------	----	--	---------	--	-----	--	-----	--	------

[illegible]

PIN								IFSC Code	F o r C r e d i t v i a R T G S	9 Digit MICR Code*	F o r C r e d i t v i a N E F T
-----	--	--	--	--	--	--	--	-----------	---------------------------------	--------------------	---------------------------------

**Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.**

**Scheme** \_\_\_\_\_ (Refer Instruction No. I-10) (For Product Labeling please refer last page of application form)

(If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

**Option** (Please ✓) ☐ Growth<sup>^^</sup> ☐ Dividend Payout ☐ Dividend Reinvestment **Dividend Frequency** \_\_\_\_\_

**Payment Details (Please issue cheque favouring scheme name)**

Mode of Payment ☐ OTM Facility (One Time Bank Mandate) ☐ Cheque ☐ DD ☐ Funds Transfer ☐ RTGS / NEFT ☐ Cash<sup>\$</sup> (Refer Instruction No. XV)

Investment Amount (Rs.) \_\_\_\_\_ | DD Charges (if applicable) (Rs.) \_\_\_\_\_ || Net Amount~ (Rs.) \_\_\_\_\_ | minus ||

Instrument No/Cash Deposit Slip No. \_\_\_\_\_ Dated DD MM YY YY YY YY Drawn on Bank \_\_\_\_\_

Bank Branch	City
-------------	------

(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. \$ Investors are requested to collect the cash deposit slip from the DISC

Equity &amp; Sector Specific CAF / 16th March 2016 / Ver 1.13



Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

**\*\*SMS charges apply**



**Investor Desk. A RMF Virtual Branch Experience.**  
For more details : Visit : [www.reliancecmutual.com](http://www.reliancecmutual.com)

You can also follow us on   

## 12. NOMINATION - I wish to Nominate ☐ Yes ☐ No (Mandatory if mode of holding is single) (Refer Instruction No. VI)

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

## 13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)

First Applicant POA Name	Mr./Ms./M/s	PAN^							
Second Applicant POA Name	Mr./Ms./M/s	PAN^							
Third Applicant POA Name	Mr./Ms./M/s	PAN^							

## 14. SIP ENROLLMENT DETAILS Opted for SIP: ☐ Yes ☐ No (Incase you have opted for SIP it is mandatory to submit SIP Enrolment Form)

## 15. STP ENROLLMENT DETAILS Opted for STP: ☐ Yes ☐ No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

16. I WISH TO APPLY FOR TRANSACT ONLINE Yes ☐ No ☐ OR I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes ☐ No ☐  
(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

## 17. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I /We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ 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 have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
---	--	---



## ONE TIME BANK MANDATE (NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Capital Asset Management Limited  
A Reliance Capital Company  
APP No.

UMRN  (For Office Use Only)

D  D  M  M  Y  Y  Y  Y

Create ☒ Modify ☐ Cancel ☐  
Sponsor Bank Code  (For Office Use Only) Utility Code  (For Office Use Only)  
I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no:  (Destination Bank Account Number)

With Bank  (Name of Destination Bank with Branch) IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY: ☒ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ as & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No.  Email ID:

Scheme / Plan reference Number : **All schemes of Reliance Mutual Fund** Phone No:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD  
From :  D  D  M  M  Y  Y  Y  Y  
To :  3  1  1  2  2  0  9  9  
Or ☐ Until Cancelled

1  Signature of Account Holder  
2  Signature of Account Holder  
3  Signature of Account Holder  
1  Name of Account Holder  
2  Name of Account Holder  
3  Name of Account Holder

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**SIP ENROLLMENT DETAILS**

(Use this form if One Time Bank Mandate Form is registered in the folio)

Mutual Fund

APP No.

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
<b>58603 - VRIDHI</b>		<b>E026768</b>	

\*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.

<b>SIGN HERE</b>	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
------------------	---	------------------------------------	------------------------------------

Uprfront 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.

**APPLICANT DETAILS**

APPLICANT DETAILS		FOLIO NO.
Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy

**INITIAL INVESTMENT DETAILS**

Cheque/ DD No./Cash Deposit Slip No. \_\_\_\_\_ Cheque / DD / Cash Deposition Date \_\_\_\_\_ DD Charge Rs. \_\_\_\_\_  
Net Amount Rs. \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City \_\_\_\_\_

**UNITHOLDING OPTION - ☒ Demat Mode ☐ Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)**

<b>National Securities Depository Limited</b>	Depository participant Name _____	<b>Central Depository Securities Limited</b>	Depository participant Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

**Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)**

Email ID \_\_\_\_\_ Mobile no. + (Country Code) \_\_\_\_\_ (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.  
By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode: ☐ Physical Mode (Default) ☐ Online Mode

**SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)**

Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period (Please/ any one)	SIP Date (Please/ any one)	SIP Amount (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default)	Rs. _____ (in figures)	Rs. _____	<input type="checkbox"/> Half-yearly	Increase SIP amount
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5)	<input type="checkbox"/> 18 <input type="checkbox"/> 28		(Multiples of Rs. 100 only)	<input type="checkbox"/> Yearly (Default)	time(s) (Default 1time)
	<input type="checkbox"/> Yearly	From: M M / Y Y To: 1 2 / 9 9					

**DECLARATION:** I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ 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.

**SIGNATURE**

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
---	--	---

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

**ONE TIME BANK MANDATE**

(NACH / Direct Debit Mandate Form)  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Mutual Fund

APP No.

UMRN \_\_\_\_\_ (For Office Use Only) \_\_\_\_\_

Sponsor Bank Code \_\_\_\_\_ (For Office Use Only) Utility Code \_\_\_\_\_ (For Office Use Only)

Create ☒ Modify ☐ Cancel ☐ I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other \_\_\_\_\_

Bank A/c no: \_\_\_\_\_ Destination Bank Account Number \_\_\_\_\_

With Bank \_\_\_\_\_ (Name of Destination Bank with Branch) IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY: ☒ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ as & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No. \_\_\_\_\_ Email ID: \_\_\_\_\_

Scheme / Plan reference Number : **All schemes of Reliance Mutual Fund** Phone No: \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD		1	2	3
From : D D M M Y Y Y Y		Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
To: 3 1 1 2 2 0 9 9		Name of Account Holder	Name of Account Holder	Name of Account Holder
Or <input type="checkbox"/> Until Cancelled				

Mutual Fund

APP No.

**SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM**

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

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
<b>58603 - VRIDHI</b>		<b>E026768</b>	

\*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.

<b>SIGN HERE</b>	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
------------------	---	------------------------------------	------------------------------------

Upront 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.

3. APPLICANT DETAILS	
Name of Sole/1st holder	PAN No. <input type="text"/> M <input type="text"/> A <input type="text"/> N <input type="text"/> D <input type="text"/> A <input type="text"/> T <input type="text"/> O <input type="text"/> R <input type="text"/> Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No. <input type="text"/> M <input type="text"/> A <input type="text"/> N <input type="text"/> D <input type="text"/> A <input type="text"/> T <input type="text"/> O <input type="text"/> R <input type="text"/> Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No. <input type="text"/> M <input type="text"/> A <input type="text"/> N <input type="text"/> D <input type="text"/> A <input type="text"/> T <input type="text"/> O <input type="text"/> R <input type="text"/> Y <input type="checkbox"/> KYC Acknowledgement Copy

**4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS** (Refer Instruction No.1, 5 & 23)  
 (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name) (Please refer respective SID/KIM for product labeling)

Name of 'Transferor' Scheme/Plan/Option	<input type="text"/>
Name of 'Transferee' Scheme/Plan/Option	<input type="text"/>

**5. STP DETAILS** (Refer Instruction No.6)

<input type="checkbox"/> <b>Fixed Transfer STP</b> (Refer Instruction No.7&9) <b>STP Frequency</b> (Please ✓ any one)	OR <input type="checkbox"/> <b>Capital Appreciation STP</b> (Refer Inst No.8&9) <b>STP Frequency</b> (Please ✓ any one)
<input type="checkbox"/> Daily (Minimum One Month) <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1 <sup>st</sup> of every Month    1 <sup>st</sup> of the starting month of every Quarter
1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> of every month    1 <sup>st</sup> & 15 <sup>th</sup> of every month    * of every month    * of the starting month of every Quarter <small>*Incase the Investor has not specified any date then the default date would be 10th</small>	
<b>Amount of Transfer per Instalment</b> Rs. <input type="text"/>	

<b>Enrolment Period</b> (Please ✓ any one) <input type="checkbox"/> <b>REGULAR</b> From : <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y To : <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	<input type="checkbox"/> <b>PERPETUAL</b> From : <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y To : <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y (Default)
<b>Only for Daily STP Enrolment Period</b> From : <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y To : <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	

**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/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. **APPLICABLE TO NRIs ONLY**; I am a 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.

 Place : 

 Date : 

SIGNATURE		
<b>SIGN HERE</b>	<b>SIGN HERE</b>	<b>SIGN HERE</b>
Sole / 1 <sup>st</sup> applicant/Guardian Authorised Signatory	2 <sup>nd</sup> applicant / Authorised Signatory	3 <sup>rd</sup> 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 Rs. \_\_\_\_\_  
 From Scheme / Plan / Option \_\_\_\_\_  
 to Scheme / Plan / Option \_\_\_\_\_  
 Mode & Frequency of STP \_\_\_\_\_

Stamp of receiving branch

&amp; Signature