

to Scheme / Plan / Option

Enrollment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)



PLAN						Enrollme	ent Form No		
KEY PARTNER / AGEN	IT INFO	ORMATION (Inv	vestors applying (under Direct Plan must m	nention "Direct" in ARN colu			FOR OFFICE USE ONLY	
ARN		ARN / Distrib	outor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Numbe (EUIN)	(TIME STAMP)	
ARN-									
Upfront commission shousessment of various f					istered Distributor) based	on the investors' D	Date: D D M	M Y Y Y	
UIN Declaration (o /We hereby confirm	nly wh that t nip ma	nere EUIN box the EUIN box inager/sales p	is left blank) has been inter person of the a	(Refer Instruction Nationally left blank b	y me/us as this transa broker or not with sta			ion or advice by the ss, if any, provided by the	
			Sign Here				Sign Here		
First / Sole	Unit H	older / Guardia	n Second Unit Holder			Third Un	Third Unit Holder		
ansfer Plan (STP) and the r	elevant: as discl	Scheme(s) and he osed to me/us a	ereby apply for enro	ollment under the Systematers (in the form of trail of	ions of the scheme related do ic Withdrawal Plan of the follo commission or any other n	owing Scheme(s)/Plan(s	s)/Options(s). The ARN hole		
ease (/) any one		NEW	I REGISTRATION		CAN	CELLATION			
olio No. of 'Source' S	cheme	(for existing Ur	nit holder) / Appl	cation No. (for new inv	estor)				
Name of the Applicar	ıt							KYC is mandatory# Please (/)	
Name of First/SoleApplicant					PAN# or PEKRN# KYC Number			Proof Attached	
Name of Guardian in case First/Sole Applicant is a minor					PAN# or PEKRN# KYC Number			Proof Attached	
Name of Second Applicant					PAN# or PEKRN# KYC Number			Proof Attached	
Name of Third Applicant					PAN# or PEKRN# KYC Number			Proof Attached	
Please attach Proof.	f PAN/I	PEKRN/KYC is a	ılready validated	, please don't attach a	ny proof. Refer Instruction	No. 12 and 13			
ame of 'Source' Sche	me/Pla	n/Option		(Investors applyin	ng under Direct Plan mus	t mention "Direct" aç	gainst the Scheme nam	ne).	
ame of 'Target' Schen	ne/Plar	n/Option		(Investors applyin	ng under Direct Plan mus	t mention "Direct" aç	gainst the Scheme nam	ne).	
mount (Rs)			In Words:						
Irite any date in	the c	olumn belo	w (Maximu	m 6 dates)					
] Daily			☐ Monthly (A	any date, maximun	n six) 🗌 Quarterly (A	ny date, maximu	ım six) No of Instalm	nents	
TP will be executed any day between Monday to Friday except Holidays								Please write a number	
				OR					
☐ Weekly ☐ Fortnig				htly			Enter Enroll	Enter Enrollment Period	
MON TUE		WED	1 st Instalme	nt			From	DD/MM/YYYY	
			2 nd Instalme	nt			То	DD/MM/YYYY	
THU FRI			Note: The ga	o between 1 st and 2 nd	instalment should be e	xactly 15 calendar	r days.		
case of multiple regis				nent Forms.					
Please note : Sig		/ Sole Unit Hold (s) should be as		ne Application Form an	Second Unit Holder d in the same order. In c	ase the mode of ho		Unit Holder Iders are required to sign.	
	_		-1.614.46	NAII EDGEASATA					
			ACKNO		IP (To be filled in by	The Unit holder	n –		
Date:			Ro	Corporate Office:	MUTUAL FUND 81/82, 8th Floor, Sakhar 230, Nariman Point, Mun		Enrollment Form No./Folio N		
Received from Mr./M	s /۸۸/s				'STD' applic	ation for transfer of	I Inits:	ISC Stamp & Signature	
from Scheme / Plan /						anormor fruitsier of	O. 1110,		