

to Scheme / Plan / Option

Mode & Frequency of STP

## quant mutual

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APP No.:

& Signature

## SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM To be filled in capital letters and in blue / black ink only 1.DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25) Sub Broker / Sub Agent ARN Code \*Employee Unique Identification Number Sub Broker / Sub Agent Code Name & Broker Code / ARN \*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 ++ 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: Upfront 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. APPLICANT DETAILS Name of Sole/1st holder PAN No / PEKRN. KYC Name of 2nd holder PAN No / PEKRN KYC Name of 3rd holder PAN No / PEKRN. 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' S cheme/Plan/Option Name of 'Transferee' S cheme/Plan/Option 5. STP DETAILS (Refer Instruction No.6) STP Date (For Monthly / Quarterly / Half Yearly Option) Choose any date from Weekly and Fortnightly STP Date \_\_\_ Daily Weekly Monthly Frequency ☐ 1st, ☐ 5th, ☐ 10th, ☐ 15th, ☐ 20th and ☐ 25th. For Weekly and Fortniahtly fixed day is (Please √ any one) Fortnightly Wednesday or alternet Wednesday Quarterly Half Yearly of a given month or default date is every month of 10th. \* Incase the Investor has not specified any date then the default date would be 10th Amount of Transfer per Instalment ₹ **Enrolment Period** (Please /any one) ☐ REGULAR □ PERPETUAL (Default) From: From: Only for Daily STP Enrolment Period (Any date from 1st to 28th for daily) From 6. DECLARATION & SIGNATURE/S $I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. \\ I/We have read the instructions of the Enrolment Plan Subject to terms of the Scheme Information Document and Subsequent amendments thereto. \\ I/We have read the instructions of the Enrolment Plan Subject to terms of the Scheme Information Document and Subsequent amendments thereto. \\ I/We have read the instructions of the Enrolment Plan Subject To terms of the Enrolment Plan Sub$ 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. Place: Date: **SIGNATURE** Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder) APP No.: FOLIO NO. Received from STP application Stamp of receiving branch Amount of Transfer per Instalment $\overline{\mathbf{x}}$ From Scheme / Plan / Option