

**SYSTEMATIC TRANSFER PLAN/DIVIDEND TRANSFER PLAN - ENROLMENT FORM**

Please read the instructions carefully, before filling up the application

**1. DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
<b>ARN-97821</b>	

**FOR OFFICE USE ONLY**

Date and Time of Receipt	Bank / Register Serial No.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

**2. EXISTING UNIT HOLDER INFORMATION** FOLIO NO./Application No. \_\_\_\_\_

**3. PARTICULARS OF APPLICANT**

Name of First / Sole applicant ☐ Mr. ☐ Ms. ☐ M/s. 1st holder/Guardian's PAN PAN Proof Enclosed ☐ M a n d a t o r y

Name of Guardian ☐ Mr. ☐ Ms. ☐ M/s. (in case of First / Sole Applicant is a Minor) / Contact Person - Designation (in case of non-individual Investors)

Name of Second Applicant [Please tick (✓)] ☐ Mr. ☐ Ms. 2nd holder PAN PAN Proof Enclosed ☐ M a n d a t o r y

Name of Third Applicant [Please tick (✓)] ☐ Mr. ☐ Ms. 3rd holder PAN PAN Proof Enclosed ☐ M a n d a t o r y

**4. SYSTEMATIC TRANSFER PLAN (STP)**

Name of 'Transferor' Scheme/Plan/Option	
Name of 'Transferee' Scheme/Plan/Option	

Fixed Transfer STP					Capital Appreciation STP	
STP Frequency					STP Frequency	
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
First execution date should be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	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	1 <sup>st</sup> of every Month	1 <sup>st</sup> of the starting month of every Quarter
Amount of Transfer per Instalment Rs.					Amount of Transfer per Instalment Rs.	

**Enrolment Period**

From: MM/YY/YY To: MM/YY/YY

**Only for Daily STP Enrolment Period**

From: DD/MM/YY To: DD/MM/YY

**5. DIVIDEND TRANSFER PLAN (DTP)**

I/We would like to transfer Dividend from:	I/We would like to transfer Dividend to:
Scheme Name _____	Scheme Name _____
DIVIDEND PLAN - Option _____	Plan/Option _____
Folio No. of 'Transferor' Scheme _____	Existing Folio No., if any in this scheme _____

**6. DECLARATION & SIGNATURE/S**

I/We would like to opt for Systematic Transfer Plan / Dividend 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. **APPLICABLE TO NRIs ONLY** 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.

Place: \_\_\_\_\_ Date: DD/MM/YY

SIGNATURE		
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/DTP Application Form (To be filled in by the Unit holder)**

<p><b>RELIANCE Mutual Fund</b> Anil Dhirubhai Ambani Group</p> <p>Received from _____ STP/DTP application</p> <p>Amount of Transfer per Instalment Rs. _____</p> <p>From Scheme / Plan / Option _____</p> <p>to Scheme / Plan / Option _____</p> <p>Mode &amp; Frequency of STP _____</p>	<p>FOLIO NO. _____</p> <p>Stamp of receiving branch</p> <p>&amp; Signature</p>
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**ARN-97821**  
APP No.: