

DIVIDEND TRANSFER PLAN (DTP) - 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
ARN 107764		E146454	

*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.

SIGN HERE	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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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.

3. APPLICANT DETAILS

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

4. CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id is mandatory.)

Email ID

Mobile no. + (Country Code) (For Receiving Transaction Alerts via SMS) Tel. No. STD Code Office Residence

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.

5. DIVIDEND TRANSFER PLAN (DTP) (Refer Instruction No.6, 7 & 18) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

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 _____

6. DECLARATION & SIGNATURE/S

I/We would like to opt for 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 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

		
Sole / 1 st applicant/Guardian Authorised Signatory	2 nd applicant / Authorised Signatory	3 rd applicant Authorised Signatory

Acknowledgement Receipt of DTP Application Form (To be filled in by the Unit holder)

FOLIO NO. APP No.: _____

Received from _____ DTP application

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Stamp of receiving branch

& Signature