RELIANCE Mutual Fund

Reliance Capital Asset Management Limited
**A Reliance Capital Company**

APP No. ECAF-00005948

# 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 |
|---|---|---|---|
| ARN- (ARN stamp here) ARN-52719 | | E079989 | |

*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

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. | ☐ KYC Acknowledgement Copy |
| Name of 2nd holder | PAN No. | ☐ KYC Acknowledgement Copy |
| Name of 3rd holder | PAN No. | ☐ KYC Acknowledgement Copy |

## 4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 24)

(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 _____

Name of 'Transferee' Scheme/Plan/Option _____

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

☐ **Fixed Transfer STP (Refer Instruction No.7&9)**

STP Frequency (Please ✓ any one)

| ☐ Daily (Minimum One Month) | ☐ Weekly | ☐ Fortnightly | ☐ Monthly (Default) | ☐ Quarterly |
|---|---|---|---|---|
| First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission) | 1st, 8th, 15th & 22nd of every month | 1st & 15th of every month | * _____ of every month | * _____ of the starting month of every Quarter |

*Incase the Investor has not specified any date then the default date would be 10th

**Amount of Transfer per Instalment** Rs. _____

OR

☐ **Capital Appreciation STP (Refer Inst No.8&9)**

STP Frequency (Please ✓ any one)

| ☐ Monthly (Default) | ☐ Quarterly |
|---|---|
| 1st of every Month | 1st of the starting month of every Quarter |

**Enrolment Period** (Please ✓ any one)

☐ **REGULAR** From : M M Y Y To : M M Y Y

☐ **PERPETUAL** (Default) From : M M Y Y To : M M Y Y

**Only for Daily STP Enrolment Period**

From : D D M M Y Y To : D D M M Y 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: D D M M Y Y Y Y

## SIGNATURE

| SIGN HERE | SIGN HERE | SIGN HERE |
|---|---|---|
| Sole/ 1st applicant/Guardian Authorised Signatory | 2nd applicant / Authorised Signatory | 3rd 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

& Signature