

Date 

DD	MM	YYYY					

ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
0186	BONANZA				

Note: "Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor".

**DECLARATION for "execution-only" transaction (only where EUIN box is left blank)**

I/We hereby confirm that the EUIN box has been intentionally left blank by me /us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee / relationship manager/sales person of the above distributor and the distributor has not charged any advisory fees on this transaction.

**Signature (s)**

(All Holder to sign in case mode of holding is joint) \_\_\_\_\_  
First Account Holder
Second Account Holder
Third Account Holder

Folio: \_\_\_\_\_ Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_

**1. Unit Holder Information (Mandatory)**

Name of First Holder: \_\_\_\_\_ PAN \_\_\_\_\_

Name of Second Holder: \_\_\_\_\_ PAN \_\_\_\_\_

Name of Third Holder: \_\_\_\_\_ PAN \_\_\_\_\_

Frequency:  Monthly  Quarterly  Half Yearly

SWP Date:  1<sup>st</sup>  10<sup>th</sup>

Fixed Amount (Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_  Capital Appreciation

# Minimum Rs. 1000/- Period from: M/Y \_\_\_\_\_ M/Y \_\_\_\_\_

*\*In case of Appreciation withdrawal Option please note that first withdrawal would be effected after a month/quarter from the start date.*

**2. Declaration & Signature**

I/We have read and understood the contents of the Scheme Information Document (SID) and Key Information Memorandum (KIM), addenda issued till date of the source scheme as well as destination scheme and the terms/conditions overleaf. I/We hereby apply for enrolment under SWP and agree to abide by the terms and conditions of SWP. I / We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. **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.**

**Signature (s)**

(All Holder to sign in case mode of holding is joint) \_\_\_\_\_  
First Account Holder
Second Account Holder
Third Account Holder

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**ACKNOWLEDGEMENT**



**(To be filled by Unit holder)**

[TIMESTAMP (FOR OFFICE USE ONLY)]

Folio No \_\_\_\_\_

Received From \_\_\_\_\_ SWP application for transfer of units

Transfer from (Scheme): \_\_\_\_\_ Option: \_\_\_\_\_ Sub Option \_\_\_\_\_

Total Amount(Rs): \_\_\_\_\_ OR \_\_\_\_\_ Units on  Monthly  Quarterly basis