

STP APPLICATION FORM

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :

Name of Sole/First Applicant (Leave space between first/middle/last name) Salutation Mr. Mrs. M/s.

STP Date 1st 7th 10th 15th

Application Number

Enrolment From : To

Transfer From :

Scheme Name Plan

Amount OR Capital Appreciation

Frequency : DAILY WEEKLY MONTHLY QUATERLY HALF YEARLY

Transfer To:

Folio/Account Number (for existing investor) Plan

SIGNATURE Sole/first Applicant Second Applicant Third Applicant

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