

# Transaction Form For STP & SWP

Time Stamp

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EUIIN	Branch Code
ARN-134803 HARSHIL D MORJARIA			E225415	

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

**Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-.** If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUIIN is not furnished: I/We confirm that the EUIIN 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

☞ Sole/1st Applicant	☞ 2nd Applicant	☞ 3rd Applicant
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## 1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Folio No. \_\_\_\_\_

PAN/PEKRN\*\* \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

KIN\* \_\_\_\_\_ First Unit Holder \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

Date of Birth\* (1st Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth\* (2nd Unit Holder) [D][D][M][M][Y][Y][Y][Y] Date of Birth\* (3rd Unit Holder) [D][D][M][M][Y][Y][Y][Y]

Mobile No. +91- \_\_\_\_\_ E-mail ID \_\_\_\_\_

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \*\*PEKRN required for Micro investments upto Rs. 50,000 in a year.  
^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

## 2. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name L&T \_\_\_\_\_ Option (✓)  Growth  Dividend Payout  Dividend Reinvestment  Bonus^

Dividend Frequency (✓ wherever applicable)  Daily  Weekly  Monthly\*  Quarterly  Annual^  Semi-Annual^

Withdrawal preference (✓)  Amount (₹) \_\_\_\_\_ OR  Capital Appreciation (Available for GROWTH plan only)

Withdrawal frequency (✓)  Monthly\*  Quarterly  Semi-Annual  Annual

Withdrawal date (✓)  1st  5th  10th\*  15th  20th  25th  28th Withdrawal period From [M][M][Y][Y][Y][Y] To [M][M][Y][Y][Y][Y] OR  Till balance

^Available in select schemes only

## 3. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name L&T \_\_\_\_\_ Option (✓)  Growth  Dividend Payout  Dividend Reinvestment  Bonus^

Dividend Frequency (✓ wherever applicable)  Daily  Weekly  Monthly\*  Quarterly  Annual^  Semi-Annual^

To Scheme L&T \_\_\_\_\_ Option (✓)  Growth  Dividend Payout  Dividend Reinvestment  Bonus^

Dividend Frequency (✓ wherever applicable)  Daily  Weekly  Monthly\*  Quarterly  Annual^  Semi-Annual^

Transfer preference (✓)  Amount (₹) \_\_\_\_\_ OR  Capital Appreciation (Available for GROWTH plan only) From [M][M][Y][Y][Y][Y] To [M][M][Y][Y][Y][Y] OR  Till balance

Transfer frequency (Please (✓) anyone)

<input type="radio"/> Daily	<input type="radio"/> Mon*	<input type="radio"/> Tue	<input type="radio"/> Wed	<input type="radio"/> Thu	<input type="radio"/> Fri
<input type="radio"/> Weekly	<input type="radio"/> 1st	<input type="radio"/> 15th*	<input type="radio"/> 10th*	<input type="radio"/> 15th	<input type="radio"/> 20th
<input type="radio"/> Fortnightly	<input type="radio"/> 1st	<input type="radio"/> 5th	<input type="radio"/> 10th*	<input type="radio"/> 15th	<input type="radio"/> 20th
<input type="radio"/> Monthly*	<input type="radio"/> 1st	<input type="radio"/> 5th	<input type="radio"/> 10th*	<input type="radio"/> 15th	<input type="radio"/> 20th
<input type="radio"/> Quarterly	<input type="radio"/> 1st	<input type="radio"/> 5th	<input type="radio"/> 10th*	<input type="radio"/> 15th	<input type="radio"/> 20th

\*Default option if not selected ^Available in select schemes only

## 4. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.

X \_\_\_\_\_ (Sole/First Unit Holder) X \_\_\_\_\_ (Second Unit Holder) X \_\_\_\_\_ (Third Unit Holder)

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Folio No. \_\_\_\_\_ Received from \_\_\_\_\_ Name of the Sole/First Unit Holder \_\_\_\_\_

Scheme/Plan/Option \_\_\_\_\_

SWP Instalment amount \_\_\_\_\_ Frequency (✓)  Monthly  Quarterly  Semi Annual  Annual

STP Instalment amount \_\_\_\_\_ Frequency (✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly

For Office Use Only

Acknowledgement Stamp & Date