



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi
Thane (West) - 400 610
CIN : U74120MH2013PTC242939

CAN Transaction Form (CTF) - PURCHASE

APPLICATION NO:

AA

TIME-STAMP NUMBER:

Please read all the instructions carefully before filling the form

Please fill in ENGLISH and in BLOCK LETTERS with black ink.

Investors transacting, using CAN opened prior to November 1, 2015, should attach the Additional KYC, FATCA & CRS form, if not submitted earlier.

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

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Distributor / MFU user to write the system generated reference number here

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):-

If you have submitted a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No below:

Common Account Number (CAN)		OR	PAN/PEKRN	please specify	CRF No.	please specify
Name of the First/Sole Holder						

B. Key Partner / Agent Information (Investors applying under Direct Plan/s must mention "DIRECT" in ARN column and / or the SEBI RIA Code):-

ARN Code	SEBI RIA Code*	ARN / RIA Name	Sub-Agent ARN Code	Sub Agent/RM/Branch	EUIN [^]
ARN-	INA		ARN-		
<input type="checkbox"/> ^ - EUIN declaration (only where EUIN box is left blank) (refer instructions C2) : 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 not withstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub-broker					
<input type="checkbox"/> # - RIA declaration (only where RIA code is provided) : I/We hereby give you my / our consent to share / provide the transaction data feed / portfolio holdings / NAV etc. in respect of my / our investments under Direct Plans of all schemes managed by you to the SEBI Registered Investment Advisor whose code is mentioned herein					
sign here		sign here		sign here	
Sole/First Applicant / Guardian / POA Holder		Second Applicant		Third Applicant	

Transaction charges for Applications through Distributors only (Refer Instruction D and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First Time investor across Mutual Funds. (Charges as prescribed by SEBI, if any, deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an Existing investor in Mutual Funds. (Charges as prescribed by SEBI, if any, deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

C. * Payment Details:- (Please refer the Instructions "E4" for "PAYEE NAME")

Payment Mode (please tick (✓))

<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order	<input type="checkbox"/> Bankers Cheque	<input type="checkbox"/> NEFT	<input type="checkbox"/> RTGS	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> PayEezz	<input type="checkbox"/> IMPS
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Please tick (✓) and enclose any one of the relevant documents as indicated as per the Mode of Payment

<input type="checkbox"/>	Instruction to the Bank from Unitholder to debit the Account for NEFT/RTGS/Transfer Instruction
<input type="checkbox"/>	Declaration/Acknowledgement from Bank/Copy of Passbook/Bank Statement for DD/PO/BC

Payment Type (please tick (✓))

<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (please attach 'Third Party Declaration Form')
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Payment Reference Number (Instrument # for Cheque/DD/PO/BC; UTR # for RTGS/NEFT; Ref # for Trf Instruction; PRN for PayEezz)

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Please ensure that the investment cheque or supporting proof submitted contains the Sole/First/Primary holder's name.

Payment Date (Instrument Date for Cheque, Demand Draft, Payorder, Banker's Cheque; Payment execution date for RTGS, NEFT, Transfer Instruction, PayEezz, IMPS)

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Payment Amount in figures (Amount of Cheque/DD/PO/BC/NEFT/RTGS/Transfer Instruction/PayEezz/IMPS)

(i)	₹																		
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Bank Charges in figures (only in case of DD / PO / BC)

(ii)	₹																		
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Total Amount (i) + (ii) In figures (iii)

(iii)	₹																		
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In words

Payment from Bank Account No.

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A/c Type (please tick (✓))

<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> Cash Credit	<input type="checkbox"/> O/D	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> NRSR	<input type="checkbox"/> others, please specify
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Drawn on Bank

specify Bank name	Branch	specify branch name
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D. * Scheme Details:-

Scheme 1	AMC / Mutual Fund	specify AMC / Mutual Fund name			Folio Number ^f	if available
	Scheme / Plan ^g	specify scheme / plan				
	Option (please tick (✓))	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Others	please specify
	Investment Amount	₹				In words : Rupees _____

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

Scheme 2	AMC / Mutual Fund	specify AMC / Mutual Fund name			Folio Number ^f	if available
	Scheme / Plan ^g	specify scheme / plan				
	Option (please tick (✓))	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Others	please specify
	Investment Amount	₹				In words : Rupees _____

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

AA

Received from Mr. / Ms. M/s. _____ an application for purchase as per details mentioned below:-

POINT OF SERVICE STAMP & SIGNATURE

AMC / Fund	Scheme	Plan	Option	Amount (Rs.)

