

for

FATP FUTP

__ CATP

DTP for Amount (₹) / Units ____

TATA MUTUAL FUND



Subject to verifaction.

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

SYSTEMATIC TRANSFER PLAN FORM

| I. ADVISOR DETAILS | | | | | | | Refer Ins | struction 2 |
|--|--|---|--|---|--|---|----------------------|---------------------|
| ARN / RIA ^ Code | | Sub-Broker A | RN Code | Sub-Broker / Bank Bra | nch Code | EUIN Code | | |
| Internal Code | | interaction or advice relationship manager | or "execution-only" transaction – I/We her by the employee/relationship manager/s r/sales person of the distributor and the d nvestment Adviser (RIA) the details of my | ales person of the above distributor of istributor has not charged any advisor | or notwithstandin ry fees on this tra | g the advice of in-appropriatene nsaction. ^ By mentioning RIA co | ss, if any, provided | d by the employee, |
| | applicant Signatu | - | 2nd Applicant Signature / Thumb Impression | | | 3rd Applicant Signature / Thumb Impression | | |
| 2. INVESTOR DETAI | | | ' | | | lio No. | | |
| | L3 | | | | 1 0110 | | | |
| 1st Holder Name | | | | | | PAN | | |
| C-KYC | | Date | of Birth | Mobile No. | | Mobile belongs to | Self | Parent |
| | | | D / M M / Y Y Y | | | | \square Spouse | Child |
| 2 nd Holder Name | | | | | | PAN | | |
| C-KYC | | Date | of Birth | Mobile No. | | Mobile belongs to | C-1t | Danasat |
| | | | | | | | ☐ Self ☐ Spouse | ☐ Parent☐ Child☐ |
| 3 rd Holder Name | | | | | | PAN | | |
| | | | | | | | | |
| C-KYC | | | of Birth | Mobile No. | | Mobile belongs to | ☐ Self ☐ Spouse | ☐ Parent ☐ Child |
| 3. PURPOSE OF FORM | 1 (tick any one) | | | | | | | |
| Fresh Registration | i (tick ally offe) | Cancella | ation | | | | | |
| | ISSEED DETAILS | _ Cancella | 400011 | | | | | |
| 4. SYSTEMATIC TRAN Scheme Details | SFER DETAILS | | | | | | | |
| Source Scheme / Plan | / Option | | | | | | | |
| Target Scheme / Plan | / Option | | | | | | | |
| Target Scheme Sub O | ption | | | Div. Payout Option: (select any one) | | | | |
| | | | | □ Div. Reinvest □ Div. Payout | | | | |
| Transfer Plan Details | (Select any one |) | | | | | | |
| ☐ Fixed Amount Transfer Plan (FATP) | Amount in Rs. | | | Amount in Words | | | | |
| Fixed Units Transfer Plan (FUTP) | Number of Units | 5 | | | | | | |
| Capital Appreciatio | n Transfer Plan ((| CATP) | | | | | | |
| | | | | | | | | |
| Dividend Transfer I | Plan (DTP) | | | | | | | |
| Transfer Frequency (| Select any one - | Not Applicab | le for Dividend Transfer | Plan) | | | | |
| ☐ Daily | | | In case any day is a non-bu | | | | m or STP to | scheme) |
| Weekly | | | ☐ Wednesday (Default | | ridov | | is a non b | icinece day |
| Monthly | , | | of the Month (Select any o | | | In case the day of STP is a non business day the request will be considered for the next | | |
| Quarterly | 1 st 7 | | □ 20 th □ 28 th | | | busines | | |
| Enrolment Period (No | | | nsfer Plan) | | | | | |
| Start Date | | End Date | | Number of | Installment | ts / Transfers | | |
| D D / M M / | Y Y Y Y | | M M 7 Y Y Y | OR | | / !!!!!!!!!! | | |
| 5. DECLARATION AN | D SIGNATURES | 1 | | | | | | |
| the Scheme(s) of Tata Mutur validity and authorization of | al Fund ("Fund") indic f my/our transactions. | ated in this applic The ARN holder (A | rms and conditions of the schem ation form. I/We will indemnify th AMFI registered Distributor) has d I Funds from amongst which the S | ne Fund, AMC, Trustee, RTA ar isclosed to me / us all the com | nd other inerm imissions (in t | nediates in case of any dis | putes regardin | g the eligibility |
| 1 st Applicant Signature / Thumb Impression | | | 2 nd Applicant Signature / Thumb Impression | | | 3 rd Applicant Signature / Thumb Impression | | |
| | | | | | | | | |
| TATA | | | Acknov | vledgement Slip | | Sr. No.: | | |
| METETIAT | r./Ms./M/s | | | | Folio No |) | | _ STP request |
| from Scheme | | | | to Schemes | | | | |