

SYSTEMATIC TRANSFER PLAN (STP)

ENROLMENT FORM (Please read instructions overleaf)

Enrolment Form No.

				instruction 1(b)]								
Name and AMF	I Reg. No.	Sub A	gent's Name	and AMFI Reg. No.	Bank Serial No.	KARVY Serial No.	Su	b-Broke	er Code		Е	UIN
RN-	N- AR		-				(As allotted by ARN holder)					
ront commission shall be the hereby confirm that the cuted without any intera ve distributor/ sub broke lloyee/ relationship mana	e EUIN box has been ction or advice by the or notwithstanding	en intention ne employe the advice	nally left blank lee/ relationshipe of in-appropria	by me/ us as this transa manager/ sales perso ateness, if any, provided	action is n of the	assessment of various Sole Applicant / Guardian / lolder / Authorised Signatory	Second A	cluding the pplicant / GPOA Holder	uardian			/ Guardian
KISTING UNITH	OLDER INFORI	OITAM	V (The detai	ls in our records ur	nder the Folio No.	mentioned below	will only	/ be cor	isidere	d for t	his app	lication
lio No.			Unitl	holder's Name								
AN & KYC DETA	ILS (Mandator	y, as pei	r SEBI Regu	lations)			(See	Instru	ction	2bi &	bii on	page 22
	PAN Proof Enclosed PAN Card KYC Confirm								Date of Birth			
st / Sole Applicant					PAIN Cald I	Crocominiation	D D	/	M M	/	YY	Y
cond Applicant							D D		M N	/	YY	Υ
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A Holder 🗌 1st 🗌 2nd	3rd Applicant						D D	/	M M	/	Y Y	Y
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the Sole / First Applicar		ate Guardia	an's PAN Numb	per			*	Required	for First	holder	/ Mandat	tory for M
PPLICANT'S INF	ORMATION											
Mr. Ms. Ms. Mis Mi	nor Others			Sole / First Applicant (First / Mid	ddle / Last Name)							
Mr. Ms. Ms. Ot	hers		Name of	Second Applicant								
Mr. Ms. Ms. Ot	hers		Name of	Third Applicant								
⁄lr. ☐ Ms. ☐ M/s ☐ Ot	hers		Name of	Guardian (in case of Minor) OR	Contact Person (in case of N	lon-individual Investors) / POA	\ Holder					
or's Relationship wi	th Guardian 🗌 Fat	thor 🗆										
			Mother L	egal Guardian								
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