



# TATA MUTUAL FUND

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

## SYSTEMATIC TRANSFER PLAN FORM

**1. ADVISOR DETAILS***Refer Instruction 2.*

ARN / RIA ^ Code ARN-106392 BLUECHIP STOCKS	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code E-107715
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUN 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ^ By mentioning RIA code, I/we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

**2. INVESTOR DETAILS**

Folio No. \_\_\_\_\_

1 <sup>st</sup> Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 <sup>nd</sup> Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 <sup>rd</sup> Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

**3. PURPOSE OF FORM (tick any one)**

Fresh Registration  Cancellation

**4. SYSTEMATIC TRANSFER DETAILS****Scheme Details**

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

**Transfer Plan Details (Select any one)**

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP)	Amount in Rs. ₹ _____	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)		
<input type="checkbox"/> Dividend Transfer Plan (DTP)		

**Transfer Frequency (Select any one - Not Applicable for Dividend Transfer Plan)**

<input type="checkbox"/> Daily	Only from Monday to Friday [In case any day is a non-business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided on our website <a href="http://www.tatamutualfund.com">www.tatamutualfund.com</a> .]	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<b>In case the day of STP is a non business day the request will be considered for the next business day.</b>
<input type="checkbox"/> Monthly	Days of the Month (Select any one)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	

**Enrolment Period (Not Applicable for Dividend Transfer Plan)**

Start Date D D / M M / Y Y Y Y	End Date D D / M M / Y Y Y Y	Number of Installments / Transfers
OR		

**5. DECLARATION AND SIGNATURES**

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date \_\_\_\_\_

<input checked="" type="checkbox"/> 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
---	---	---

----- ✂ -----  
**Acknowledgement Slip**

Sr. No.:

Received from Mr./Ms./M/s. _____	Folio No. _____	STP request
from Scheme _____	to Schemes _____	
for <input type="checkbox"/> FATP <input type="checkbox"/> FUTP <input type="checkbox"/> CATP <input type="checkbox"/> DTP for Amount (₹) / Units _____	Subject to verification.	

