Our Mission... Your Growth

CAMS

SIP/STP/SWP REGISTRATION FORM

ICR/OCR FORM

Application No.

Investor must read key Scheme Features and Instructions before completing this form. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

BROKER CODE (ARN CODE)	SUB-BROKER ARN CODE	SUB-BROKER CODE (As allotted by ARN holder)	Employee Unique Identification No. (EUIN)	
ARN-	ARN-		E	

☐ Declaration for "execution-only" transaction (only where EUIN box is left blank). - I/We hereby confirm that the EUIN 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.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

TRANSACTION CHARGES FOR APPLICANTS THROUGH DISTRIBUTORS ONLY

In case the subscription (lumpsum) amount Rs 10,000/- or more and your Distributor has opted to receive transactions charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

1 FUND NAME

FUND Name

Sole/ First Applicant Name

FOLIO No. /

Scheme Name

(Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: ☐ Growth/Cumulative ☐ Dividend SUB-OPTION: ☐ Dividend Reinvestment ☐ Dividend Payout OR AEP- ☐ Regular@ OR ☐ Appreciation

2 Systematic Investment Plan (SIP) Registration:

First Installment through cheque/DD

My existing CAMS OTM registered to be used for initial & subsequent SIP Installments (mention CAMS OTM No. in the boxes)

First cheque/DD No: Dated Initial SIP Installment Amount Rs.

Bank Name Branch City

Each SIP Amount Rs. SIP Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly (Default SIP frequency is Monthly)

SIP Date: 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Others (As Per AMC)

SIP Start Month/Year M M Y Y Y Y

SIP END Month /Year M M Y Y Y Y OR 1 2 2 0 9 9 Default end date is Dec 2099

☐ SIP TOP UP (Optional) (Tick to avail this facility)

Percentage: TOP UP Amount: (* TOP UP amount has to be in multiples of Rs.500 only).

TOP UP Frequency: ☐ Half Yearly ☐ Yearly SIP TOP UP CAP: Amount OR Month-Year#: M M Y Y Y Y

(Investor has to choose only one option – either CAP Amount or CAP Month-Year)

3 Systematic Transfer Plan (STP)

STP IN SCHEME Scheme/Plan/Option

Option & Sub option (Please ✓ the appropriate boxes only if applicable to the scheme in which you plan to invest)

OPTION: ☐ Growth/Cumulative ☐ Dividend SUB-OPTION: ☐ Dividend Reinvestment ☐ Dividend Payout OR AEP- ☐ Regular@ OR ☐ Appreciation

STP Frequencies ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly STP Date: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Others (As Per AMC)

STP AMOUNT: OR ☐ CAPITAL APPRECIATION

STP Start Month/Year M M Y Y Y Y STP END Month /Year M M Y Y Y Y

4 Systematic Withdrawal Plan (SWP)

SWP Frequencies ☐ Monthly ☐ Quarterly

SWP Date: ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ Others (As Per AMC)

SWP AMOUNT: SWP Start Month/Year M M Y Y Y Y SWP END Month /Year M M Y Y Y Y

I/We hereby confirm that the information/documents provided by me/us in this form are true, correct and complete in all respect. / I/We hereby agree and cofirm to inform AMC promptly in case of any changes.

SIGNATURE OF SOLE / FIRST APPLICANT	SIGNATURE OF SECOND APPLICANT	SIGNATURE OF THIRD APPLICANT

ACKNOWLEDGEMENT SLIP (Please Retain this Slip) ☐ SIP ☐ STP ☐ SWP Name of the Investor

Scheme Name	Plan	Option/Sub-option	Payment Details
			Amt. Cheque/DD No. dtd. EXISTING FOLIO NO Bank & Branch

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