

**STP / SWP FORM**

**Investment Manager:** Tata Asset Management Limited **Trustee:** Tata Trustee Company Limited  
**Toll Free:** 1800 - 209 - 0101, **Fax:** (022) 66315194, **Email:** kiran@tataamc.com, **Website:** www.tatamutualfund.com  
**\* To be filled in BLOCK LETTERS (Please strike off section(s) that is (are) not applicable)**



| BROKER / AGENT CODE | SUB-BROKER / BANK BRANCH CODE | SUB-BROKER ARN CODE | EUIN CODE | FOR OFFICE USE ONLY (TIME STAMP) |
|---------------------|-------------------------------|---------------------|-----------|----------------------------------|
|                     |                               |                     |           |                                  |

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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. 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. (Refer instruction 15 & 16)

|  |   |   |
|--|---|---|
| Sole / 1st Unitholder Signature / Thumb Impression | 2nd Unitholder Signature / Thumb Impression | 3rd Unitholder Signature / Thumb Impression |
|--|---|---|

Request for:  Fresh Registration  Cancellation

Folio No. of 'Transferor' Scheme (for existing Unitholder) / Application No. (for new investor)

| Name of the Applicant            | PAN# or PEKRN#       | KYC is mandatory# Please (✓)            |
|----------------------------------|----------------------|---|
| Name of the First/Sole Applicant | <input type="text"/> | Proof Attached <input type="checkbox"/> |
| Name of the Second Applicant     | <input type="text"/> | Proof Attached <input type="checkbox"/> |
| Name of the Third Applicant      | <input type="text"/> | Proof Attached <input type="checkbox"/> |

#Please attach Proof. If PAN / PEKRN / KYC is already validated, please don't attach any proof.

Email address: ..... Mobile Number .....

**SYSTEMATIC TRANSFER PLAN (STP)**

|   |   |
|---|---|
| Name of 'Transferor' Scheme / Plan / Option | (Investor applying under Direct Plan must mention 'Direct' against the Scheme name) |
| Name of 'Transferee' Scheme / Plan / Option | (Investor applying under Direct Plan must mention 'Direct' against the Scheme name) |

Please Select the Transfer Plan: (Any one)

Fixed Amount Transfer Plan (FATP) for Rs. .... In words .....

Fixed Unit Transfer Plan (FUTP) for ..... Units (Mention the number of Units)

Dividend Transfer Plan (DTP)  Capital Appreciation Transfer Plan (CATP)

Transfer Frequency: Not applicable for DTP

Daily (Only from Monday to Friday\*)  Weekly (Only on Fridays)  Monthly  Quarterly

1st  7th  10th  20th  28th  
Days of the month

**Select any one**

**In case the day of STP is a non business day the request will be considered for the next business day.**

STP Period: (Not applicable for Dividend Transfer Plan)

Start Period: From         End Period:

OR

Number of Transfers / Installments .....

\* 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 www.tatamutualfund.com.

**SYSTEMATIC WITHDRAWAL PLANS (SWP)**

|                                |   |
|--------------------------------|---|
| Name of Scheme / Plan / Option | (Investor applying under Direct Plan must mention 'Direct' against the Scheme name) |
|--------------------------------|---|

Folio No. .... Name .....

Fixed Amount Rs. .... In words .....  Capital Appreciation

Frequency  Monthly  Quarterly  Half Yearly  Annually (Default)

Withdrawal Date (any date between 01st and 31st) ..... day in words ..... Default 25th

Withdrawal period From         to

**The Trustee, Tata Mutual Fund**

Having read & understood the contents of the Scheme Information Document of the Transferor and Transferee Scheme. I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme.

|  |   |   |
|--|---|---|
| Sole / 1st Unitholder Signature / Thumb Impression | 2nd Unitholder Signature / Thumb Impression | 3rd Unitholder Signature / Thumb Impression |
|--|---|---|