



**MF Utilities India Pvt. Ltd.**  
103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi  
Thane (West) - 400 610  
CIN : U74120MH2013PTC242939



Indiabulls Finance Centre Tower-1, 11th Floor, Senapati Bapat Marg,  
Elphinstone - West, Mumbai - 400 013.  
Tel: (022) 6189 1300; Fax: (022) 6189 1320

<b>APPLICATION NO:</b> <b>AE</b>
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<b>TIME-STAMP NUMBER:</b>
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### CAN Transaction Form - STP Registration

<b>GORN</b>	Distributor / MFU user to write the system generated reference number here
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**Please read all the instructions carefully before filling the form**  
**Please fill in ENGLISH and in BLOCK LETTERS with black ink**  
**Fields marked with (\*) are mandatory and if not filled, the form is liable for rejection**

**A. \* Please tick (✓) anyone. In the absence of indication of the option the form is liable to be rejected**

NEW REGISTRATION	<input type="checkbox"/>
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CANCELLATION	<input type="checkbox"/>
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**B. \* UNITHOLDER INFORMATION** (If you have a CAN, please fill in the details):-

Common Account Number (CAN)

Name of the First/Sole Holder

**C. Key Partner / Agent information** (Investors applying under DIRECT plan/s must mention "DIRECT" in ARN Column):-

ARN Code	ARN Name	Sub-Agent ARN Code	Internal code for Sub-Agent/RM/Branch	EUIN*
ARN-		ARN-		

\* EUIN Declaration (only where EUIN box is left blank) (Refer Instruction B2)

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.

Sign here	Sign here	Sign here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

**D. \* Scheme Details:-** Note : Minimum gap of 10 days is required from the date of submission and the first instalment.

<b>Tranche 1</b>	<b>AMC / Mutual Fund</b>	specify AMC / Mutual Fund name, source and target schemes should be of the same Mutual Fund and serviced by the same RTA	<b>Folio Number</b>	specify folio number	
	<b>Scheme Details</b>	<b>Source Scheme Details</b>		<b>Target Scheme Details</b>	
	<b>Scheme / Plan<sup>§</sup></b>	specify source scheme / plan		specify target scheme / plan	
		%- Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection		%- Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection	
	<b>Option</b> (please tick (✓))	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Others please specify	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Others please specify		
	<b>STP Option<sup>§</sup></b> (refer instruction C)	<input type="checkbox"/> Capital Appreciation/ Variable (please tick (✓)) <input type="checkbox"/> Fixed Amount @ ₹	@ - If less than the minimum defined by the scheme, will be processed as per business rules of the AMC		
	<b>Frequency<sup>§</sup></b> (please tick (✓) anyone) (refer instruction C)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly specify (as offered by the scheme) <input type="checkbox"/> Fortnightly specify (as offered by the scheme) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
<b>Date of Transfer<sup>§</sup></b> (only for Monthly / Quarterly frequency)	<input type="text"/> <input type="text"/> <input type="text"/>	Start Month & Year @ <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Month & Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ - If not offered by the scheme, will be processed as per business rules of the AMC	

<b>Tranche 2</b>	<b>AMC / Mutual Fund</b>	specify AMC / Mutual Fund name, source and target schemes should be of the same Mutual Fund and serviced by the same RTA	<b>Folio Number</b>	specify folio number	
	<b>Scheme Details</b>	<b>Source Scheme Details</b>		<b>Target Scheme Details</b>	
	<b>Scheme / Plan<sup>§</sup></b>	specify source scheme / plan		specify target scheme / plan	
		%- Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection		%- Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection	
	<b>Option</b> (please tick (✓))	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Others please specify	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Others please specify		
	<b>STP Option<sup>§</sup></b> (refer instruction C)	<input type="checkbox"/> Capital Appreciation/ Variable (please tick (✓)) <input type="checkbox"/> Fixed Amount @ ₹	@ - If less than the minimum defined by the scheme, will be processed as per business rules of the AMC		
	<b>Frequency<sup>§</sup></b> (please tick (✓) anyone) (refer instruction C)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly specify (as offered by the scheme) <input type="checkbox"/> Fortnightly specify (as offered by the scheme) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
<b>Date of Transfer<sup>§</sup></b> (only for Monthly / Quarterly frequency)	<input type="text"/> <input type="text"/> <input type="text"/>	Start Month & Year @ <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Month & Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ - If not offered by the scheme, will be processed as per business rules of the AMC	

**ACKNOWLEDGEMENT SLIP** (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

**MF UTILITIES INDIA PVT. LTD.,** Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India



Received from Mr. / Ms. M/s. \_\_\_\_\_ an application for STP as per details mentioned below:-

AMC / Fund	From Scheme / Plan / Option	To Scheme / Plan / Option	Amount (Rs.) / Capital Appreciation

POINT OF SERVICE STAMP & SIGNATURE

Tranche 3	AMC / Mutual Fund	specify AMC / Mutual Fund name, source and target schemes should be of the same Mutual Fund and serviced by the same RTA				Folio Number	specify folio number			
	Scheme Details	Source Scheme Details				Target Scheme Details				
	Scheme / Plan <sup>5</sup>	specify source scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				specify target scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	
	STP Option <sup>5</sup> (refer instruction C)	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	Fixed Amount <sup>@</sup> ₹			<sup>@</sup> - If less than the minimum defined by the scheme, will be processed as per business rules of the AMC				
	Frequency <sup>5</sup> (please tick (✓) anyone) (refer instruction C)	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/> specify (as offered by the scheme)	Fortnightly <input type="checkbox"/> specify (as offered by the scheme)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>				
	Date of Transfer <sup>5</sup> (only for Monthly / Quarterly frequency)	D D	Start Month & Year <sup>Ⓞ</sup> M M / Y Y Y Y Y	End Month & Year M M / Y Y Y Y Y	\$ - If not offered by the scheme, will be processed as per business rules of the AMC <small>Ⓞ - Please refer the note against Scheme details in "Section D" in the form      ^ - Leave blank for perpetual</small>					

Tranche 4	AMC / Mutual Fund	specify AMC / Mutual Fund name, source and target schemes should be of the same Mutual Fund and serviced by the same RTA				Folio Number	specify folio number			
	Scheme Details	Source Scheme Details				Target Scheme Details				
	Scheme / Plan <sup>5</sup>	specify source scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				specify target scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	
	STP Option <sup>5</sup> (refer instruction C)	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	Fixed Amount <sup>@</sup> ₹			<sup>@</sup> - If less than the minimum defined by the scheme, will be processed as per business rules of the AMC				
	Frequency <sup>5</sup> (please tick (✓) anyone) (refer instruction C)	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/> specify (as offered by the scheme)	Fortnightly <input type="checkbox"/> specify (as offered by the scheme)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>				
	Date of Transfer <sup>5</sup> (only for Monthly / Quarterly frequency)	D D	Start Month & Year <sup>Ⓞ</sup> M M / Y Y Y Y Y	End Month & Year M M / Y Y Y Y Y	\$ - If not offered by the scheme, will be processed as per business rules of the AMC <small>Ⓞ - Please refer the note against Scheme details in "Section D" in the form      ^ - Leave blank for perpetual</small>					

Tranche 5	AMC / Mutual Fund	specify AMC / Mutual Fund name, source and target schemes should be of the same Mutual Fund and serviced by the same RTA				Folio Number	specify folio number			
	Scheme Details	Source Scheme Details				Target Scheme Details				
	Scheme / Plan <sup>5</sup>	specify source scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				specify target scheme / plan <small>% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection</small>				
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify	
	STP Option <sup>5</sup> (refer instruction C)	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	Fixed Amount <sup>@</sup> ₹			<sup>@</sup> - If less than the minimum defined by the scheme, will be processed as per business rules of the AMC				
	Frequency <sup>5</sup> (please tick (✓) anyone) (refer instruction C)	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/> specify (as offered by the scheme)	Fortnightly <input type="checkbox"/> specify (as offered by the scheme)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>				
	Date of Transfer <sup>5</sup> (only for Monthly / Quarterly frequency)	D D	Start Month & Year <sup>Ⓞ</sup> M M / Y Y Y Y Y	End Month & Year M M / Y Y Y Y Y	\$ - If not offered by the scheme, will be processed as per business rules of the AMC <small>Ⓞ - Please refer the note against Scheme details in "Section D" in the form      ^ - Leave blank for perpetual</small>					

**F. \* Declaration and Signature(s):-**

I/We hereby confirm and declare as under:-

- I/We have read and understood the contents of the respective Scheme Information Document(s), Statement of Additional Information(s), Key Information Memorandum(s), Instructions and Addenda issued by the respective Mutual Funds, including level of risk depicted by colour code boxes and descriptions thereof (Product Labelling), the sections on "Prevention of Money Laundering and Know Your Customers" for all the schemes chosen for investments (both Continuous and Initial Offering) through this Transaction Form, and hereby apply to the Trustee/s of the respective Mutual Funds for Units of the relevant Scheme/s and agree to abide by the terms and conditions, rules and regulations of the Scheme.
- I/We am/are eligible Investor(s) as per the respective Scheme related documents and am/are authorised to make this investment as per the Constitutive documents / authorization(s). The amount invested in the respective Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- I/We will indemnify MFU, Mutual Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- I/We hereby declare that I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment.
- 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/s is/are being recommended to me/us.
- I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.
- Where the EUIN box is left blank being an execution only transaction, I/We confirm that the transaction is not withstanding the advice of in-appropriateness, if any, provided by the distributor's employee/relationship manager/sales person and the distributor has not charged any fees on this transaction.

Date : 

D	D	/	M	M	M	/	Y	Y	Y	Y
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Place : \_\_\_\_\_

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

**Common Transaction Form (CTF)**

<b>O N E</b>	<b>Form for multiple transactions</b>	No need to fill and submit separate transaction forms for transactions in different schemes/Mutual Funds. Burden of handling multiple documents reduced
	<b>Time-stamp for multiple transactions</b>	One time-stamp applied uniformly for all transactions in the form. Burden of submitting transactions at different offices / locations reduced
	<b>Payment Instrument for multiple investments</b>	No need to issue separate payment instruments for different schemes/Mutual Funds. Burden of handling multiple payment instruments reduced