

SYSTEMATIC TRANSFER PLAN (STP)



Folio No										EUIN		
Broker Code					Sub-Broker Code							
<p>"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 said distributor or notwithstanding the advice of inappropriateness, 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".</p> <p>Upfront commission shall be paid directly by the investor to the AMFI - registered distributors based on the investors' assessment of various factors including services rendered by the distributor.</p>												
Name of First/Sole Applicant (Please use CAPITAL Letters)												
Contact No			Office			Residence			Mobile			
Email - ID												
Transferring From Scheme								Option				
Transferring To Scheme								Option				
Fixed Amount												
Enrolment Period				Start (mm/yyyy)				End (mm/yyyy)				
Frequency				<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		
STP Date (Monthly / Quarterly Option) (✓) only one					<input type="checkbox"/> 1st		<input type="checkbox"/> 5th		<input type="checkbox"/> 25th			
STP Date (Weekly Option)					<input type="checkbox"/> 7th		<input type="checkbox"/> 14th		<input type="checkbox"/> 21st		<input type="checkbox"/> 28th	
Signature of Unitholder(s)												
	First Unitholder				Second Unitholder				Third Unitholder			

- I/We have read and understood the contents of the Scheme Information Document (SID)/ Statement of Additional Information (SAI) / Key Information Document (KIM) and Addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as applicable from time to time. I/We hereby declare that I/We are making this investment of the scheme for investment from our own funds on my/our personal behalf and are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any guidelines issued from time to time and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of Sahara Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.
- I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/We would not hold the Asset Management Company responsible in any manner. I/We hereby authorize Sahara Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS / Direct Debit towards the collection of monthly payments on due STP dates as opted by me/us. In the event of any changes in the bank particulars, I/We will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / SID / SAI.
- The details of the bank account provided above pertain to my / our bank account in my / our name. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission distribution cost or any other cost), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. The ARN holder has adequately explained the appropriateness of the scheme to me / us & I/We are fully convinced that there is no mis-selling to me/us & that I/We are fully responsible for making this investment. Upfront commission, if any will be paid to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly by the investor. Date / /

Acknowledgement	Name		Folio		Time Stamp/ Seal		
	Scheme Name						
	STP Amount		Period				
	From (mm/yyyy)						
	Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
	(Monthly / Quarterly Option)		<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 25th				
	(Weekly Option)		<input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th				