

## STP APPLICATION FORM

### SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM (Read Instructions Overleaf)

Broker Code :

Name of Sole/First Applicant (Leave space between first/middle/last name)  Salutation  Mr.  Mrs.  M/s.

STP Date  1<sup>st</sup>  7<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup> Folio/Account Number (for existing investor)

Application Number

Enrolment From :  To

Transfer From :

Scheme Name  Plan

Amount  OR Capital Appreciation

Frequency :  DAILY  WEEKLY  MONTHLY  QUATERLY  HALF YEARLY

Transfer To:

Folio/Account Number (for existing investor)  Scheme Name

Plan

SIGNATURE Sole/first Applicant  Second Applicant  Third Applicant

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