

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

**CAN Transaction Form - SWP Registration** 

TIME-STAMP NUMBER:

APPLICATION NO:

Please read all the instructions carefully before filling the form Please fill in ENGLISH and in BLOCK LETTERS with black ink

Received from Mr. / Ms. M/s.

AMC / Fund

Scheme

GORN

Distributor / MFU user to write the system

POINT OF SERVICE STAMP & SIGNATURE

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection  A * Please tick (\sqrt{)} anyone. In the absence of indication of the option the form is liable to be rejected.													_								
A.	A. * Please tick (✓) anyone. In the absence of indication of the option the form is liable to be rejected  NEW REGISTRATION CANCELLATION									N											
B. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):-														_							
	Common	Account Number (CAN)																			
Name of the First/Sole Holder																					
C.	* Scher	ne / Withdrawal De	ndrawal Details:- Note: Minimum gap of 10 days is required from the date of submission and the first instalment.																		
		AMC / Mutual Fund		specify Al	AMC / Mutual Fund name Folio					Numbe	er	specify folio number									
	Scheme 1	Scheme / Plan%	specify scheme / plan									% - Please write the appropriate scheme and plan incorrect, transaction is liable for rejection					lan name. If				
		Option (please tick (√))	Growth	Growth Dividend Payout					Dividend Reinvestment					Others please specify							
		SWP Option <sup>\$</sup>	Capital Appreciation/ Variable (please tick (✓))	(OR)	Fixed Amount ₹					Withdra	awal Da	ate \$	D			by the sche r business ru					
		Frequency <sup>\$</sup> (please tick ( ( ) anyone) (refer instruction B)	Monthly	terly	Half-Yearly		Annual	Start Month & Year®		M / Y	Y Y	Y Y	Y Mor & Ye	nth, M	M /	Y Y	Y Y				
		,	@ - Please refer the note above against "Section C"									ction C	- Leave blank for perpecual								
		AMC / Mutual Fund	specify AMC / Mutual Fund name Folio N								Numbe	er	0/ Di			number		_			
	Scheme 2	Scheme / Plan%		specify scheme / plan									% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection								
		Option (please tick (✓))	Growth	Divide	end Payout		Dividend	Reinvest	ment			Othe	ers			se specify		]			
	Ň	SWP Option <sup>\$</sup>	Capital Appreciation/ Variable (please tick (✓))	(OR)	Fixed Amount ₹			$\perp$		Withdra	awal Da	ate \$	D	proces		by the sche r business ru		чc			
		Frequency <sup>S</sup> (please tick (✓) anyone) (refer instruction B)	Monthly	terly	Half-Yearly		Annual	Start Month & Year® @ - Please		M / Y	Y against "See	Y ction C"	Y Mor & Ye	nth, M	M /	Y Y	Y Y				
		AMC / Mutual Fund	specify AMC / Mutual Fund name Folio							Numbe	er	specify folio number									
	Scheme 3	Scheme / Plan%	specify scheme / plan										write the ap ransaction i		scheme and prejection	lan name. If					
		Option (please tick (✓))	Growth	Growth Dividend Payout Dividend Reinvestment Others							pleas	se specify	,	]							
		SWP Option <sup>\$</sup>	Capital Appreciation/ Variable (please tick (✓))	(OR) Fixed Amount ₹ Withdrawal Date \$ D D \$-If not offered processed as per									ИC								
		Frequency <sup>\$</sup> (please tick (✓) anyone) (refer instruction B)	Monthly	terly	Half-Yearly		Annual	Start Month & Year <sup>®</sup> @ - Please		M / Y	Y against "See	Y ction C"	Y Mor & Ye	nth, M	/- Le	Y Y	Y Y				
		AMC / Mutual Fund		ınd na	Folio Nu					er	specify folio number										
	Scheme 4	Scheme / Plan%	specify scheme / plan										% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection								
		Option (please tick (✓))	Growth Dividend Payout Dividend Reinvestment Others please specify									,	]								
		SWP Option <sup>\$</sup>	Capital Appreciation/ Variable (please tick (✓))	(OR)	Fixed Amount ₹					Withdra	awal Da	ate \$	D			by the sche r business ru		иc			
		Frequency <sup>\$</sup> (please tick (<) anyone) (refer instruction B)	Monthly	terly	Half-Yearly		Annual	Start Month & Year <sup>®</sup> @ - Please		M / Y	Y ngainst "See	Y ction C"	Y Mor & Ye	nth, M	M /	Y Y	Y Y				
D.	Declara	ation and Signature	(s):-					<u> </u>										=			
I/We have read and understood the terms and conditions related to submission of this SWP Registration request and shall not hold MFU or the AMCs/Mutual Funds or its/their RTAs for not being able to proc my request due to incomplete information provided by me.												le to proce	ss								
Date: D D / M M M / Y Y Y Place:																					
Sign Here					Sign Here						Sign Here										
	Sole/First Applicant / Guardian / POA Holder				Second Applicant							Third Applicant									
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.																					
		IES INDIA PVT. LTD.											. 51 22 395	£ 0303.	AF						

an application for SWP as per details mentioned below:

Option

Amount (Rs.) / Capital Appreciation