



TATA MUTUAL FUND
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001
SYSTEMATIC TRANSFER PLAN FORM



1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code
Internal Code		OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUN 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 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.	
Sole / 1st Applicant Signature / Thumb Impression		2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 nd Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 rd Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. PURPOSE OF FORM (tick any one)

<input type="checkbox"/> Fresh Registration	<input type="checkbox"/> Cancellation
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4. SYSTEMATIC TRANSFER DETAILS

Scheme Details

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one)

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP)	Amount in Rs.	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)		
<input type="checkbox"/> Dividend Transfer Plan (DTP)		

Transfer Frequency (Select any one - Not Applicable for Dividend Transfer Plan)

<input type="checkbox"/> Daily	Only from Monday to Friday [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 .]	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	In case the day of STP is a non business day the request will be considered for the next business day.
<input type="checkbox"/> Monthly	Days of the Month (Select any one)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> 28 th	

Enrolment Period (Not Applicable for Dividend Transfer Plan)

Start Date	End Date	Number of Installments / Transfers
<input type="text"/>	<input type="text"/> OR	

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. 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 is being recommended to me/us. Date _____		
1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

Acknowledgement Slip

Sr. No.:



Received from Mr./Ms./M/s. _____ Folio No. _____ STP request
from Scheme _____ to Schemes _____
for ☐ FATP ☐ FUTP ☐ CATP ☐ DTP for Amount (₹) / Units _____ Subject to verification.