

Flex FATP

☐ FUTP ☐ CATP ☐ DTP for Amount (₹) ____

TATA MUTUAL FUND



Subject to verification.

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

1. ADVISOR DETAILS									Refer I	nstruction 2	
ARN / RIA ^ Code Sub-Broker		ARN Code Sub-Broker / Bank Branch Code			EUIN Code						
ARN-111310							E-	156	922		
Internal Code										ansaction without an ded by the employee rize you to share with	
Sole / 1st A Thum	Signature / 3rd Applicant Signature / Thumb Impression										
2. INVESTOR DETAI	LS				Folio No	0.					
1st Holder Name						PAN					
C-KYC		Mobile No.	Mobile No.			Mobile belongs to \square Self \square Paren \square Spouse \square Child					
2 nd Holder Name		'				PAN					
С-КҮС		Mobile No.	Mobile	belon	gs to	Self Spous	Parent e Child				
3 rd Holder Name		'		'		PAN					
С-КҮС		of Birth	Mobile No.	Mobile No.			gs to	Self Spous	Parent		
3. PURPOSE OF FORM	1 (tick any one)								-		
Fresh Registration	. (cick ally olle)	Cancell	ation								
4. SYSTEMATIC TRAN	ISEED DETAILS	_ cancen	uuvii								
Flex STP Refer Instruction 5					Flex STP is available for Monthly and Quarterly frequencies; Flex STP is not available from "Daily / Weekly" IDCW plans of the source schemes; Flex STP is available only in "Growth" option of the target scheme.						
Scheme Details											
Source Scheme / Plan	/ Option										
Target Scheme / Plan	/ Option										
Target Scheme Sub O	ption	Div. Payout Option: (select any one) Div. Reinvest Div. Payout									
Transfer Plan Details	(Select any one) Flex STP is	applicable only under Fixe	ed Amount Transfer P	lan.						
Fixed Amount Transfer Plan (FATP) /1st Installment for Flex STP	ransfer Plan (FATP) 1st Installment for				Amount in Words						
Fixed Units Transfer Plan (FUTP)	Number of Unit	S		Units in Words							
Capital Appreciatio	n Transfer Plan ((CATP)	☐ IDCW Transfer Plan (DTP)								
Transfer Frequency (Select any one -	Not Applicab	le for IDCW Transfer Plan)								
Daily	Only from Mond	dav to Fridav [In case any day is a non-bu	siness dav for anv one	of the schem	ies (eit	her ST	P fror	n or STP to	o scheme) the	
Weekly			□ Wednesday (Default,		Fullian .		day o	f STP	is a non h	ousiness day	
Monthly		Days	of the Month (Select any o	ne)	the r	eques	t will	be co	nsidered	for the next	
Quarterly	1 st 7	th 10th	20 th 28 th				bı	ısine	ss day.		
Enrolment Period (No	ot Applicable for	IDCW Transfe	er Plan)								
Start Date	. Y Y Y Y	End Date	' M M / Y Y Y Y	OR Number of	Installments	/ Tra	nsfers				
	- a.a										
5. DECLARATION AND I/We have read, understood the Scheme(s) of Tata Mutua validity and authorization of to him /them for the difference.		comply with the te ated in this applic The ARN holder (s of various Mutua	erms and conditions of the scheme ation form. I/We will indemnify the AMFI registered Distributor) has di I Funds from amongst which the Sc	related documents including Fund, AMC, Trustee, RTA ar sclosed to me / us all the con theme is being recommended	the key informa nd other intermed nmissions (in the d to me/us.	tion Mer liates in form of	norandu case of trail cor	m and any dis nmissic	apply for allo putes regard on or any oth Date	otment of Units o ing the eligibility er mode), payable	
1 st Applicant Signature / Thumb Impression			2 nd Applicant Signature / Thumb Impression			3 rd Applicant Signature / Thumb Impression					
			Acknowledge							>	
MOTUAL FUND Received from Mr./Ms./M/s	5		Acknowledge	·		Sr. No				STP reque	

_____ / Units ____