

APP No.:

**SYSTEMATIC TRANSFER PLAN/DIVIDEND TRANSFER PLAN – ENROLMENT FORM**

Please read the instructions carefully, before filling up the application

(Please read the instructions before filling up the form) Use this form if you wish to withdraw your investment systematically.

1. DISTRIBUTOR / BROKER INFORMATION	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code
Prudent CAS Ltd 9992	947 BHAVESH MODH 27030

FOR OFFICE USE ONLY	
Date and Time of Receipt	Bank / Register Serial No.

The Trustee, Reliance Mutual Fund,

I/We have read and understood the contents of the offer document & the instructions printed overleaf for the Systematic withdrawal Plan (RWP), I / We hereby apply for the same and agree to abide by the terms, conditions rules & regulations of the plan.

2. EXISTING UNIT HOLDER INFORMATION FOLIO NO. \_\_\_\_\_

3. PARTICULARS OF APPLICANT	
Name of First / Sole applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	
Name of Guardian <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (in case of First / Sole Applicant is a Minor) / Contact Person - Designation (in case of non-individual Investors)	
Name of Second Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Name of Third Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	

**SYSTEMATIC TRANSFER PLAN (STP)**

Name of 'Transferor' Scheme/Plan/Option \_\_\_\_\_

Name of 'Transferee' Scheme/Plan/Option \_\_\_\_\_

(Please ✓ any one only)

Fixed Transfer STP			
STP Frequency			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> of every month	1 <sup>st</sup> & 15 <sup>th</sup> of every month	_____ of every month	_____ of the starting month of every Quarter
Amount of Transfer per Instalment Rs. _____			

Capital Appreciation STP	
STP Frequency	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
1 <sup>st</sup> of every Month	1 <sup>st</sup> of the starting month of every Quarter
Amount of Transfer per Instalment Rs. _____	

**Enrolment Period**

From : \_\_\_\_\_ Month \_\_\_\_\_ Year To : \_\_\_\_\_ Month \_\_\_\_\_ Year

**DIVIDEND TRANSFER PLAN (DTP)**

I/We would like to transfer Dividend from: Scheme Name _____ DIVIDEND PLAN - Option _____ Folio No. of 'Transferor' Scheme _____	I/We would like to transfer Dividend to: Scheme Name _____ Plan/Option _____ Existing Folio No., if any in this scheme _____
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First/Sole Unit holder / Guardian

Second Unit holder

Third Unit holder

**Acknowledgement Receipt of STP/DTP Application Form (To be filled in by the Unit holder)**

Received from \_\_\_\_\_ STP/DTP application

Amount of Transfer per Instalment Rs. \_\_\_\_\_

From Scheme / Plan / Option \_\_\_\_\_

to Scheme / Plan / Option \_\_\_\_\_

Stamp of receiving branch
& Signature