



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi
Thane (West) - 400 610
CIN : U74120MH2013PTC242939

CAN Transaction Form (CTF) - PURCHASE

APPLICATION NO:

AA

TIME-STAMP NUMBER:

Please read all the instructions carefully before filling the form

Please fill in ENGLISH and in BLOCK LETTERS with black ink.

Investors transacting, using CAN opened prior to November 1, 2015, should attach the Additional KYC, FATCA & CRS form, if not submitted earlier.

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

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Distributor / MFU user to write the system generated reference number here

A. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):-

If you have submitted a CAN Regn Form (CRF), please mention the primary holder PAN/PEKRN or the CRF No below:

Common Account Number (CAN)		OR	PAN/PEKRN	please specify	CRF No.	please specify
Name of the First/Sole Holder						

B. Key Partner / Agent Information (Investors applying under Direct Plan/s must mention "DIRECT" in ARN column and / or the SEBI RIA Code):-

ARN Code	SEBI RIA Code*	ARN / RIA Name	Sub-Agent ARN Code	Sub Agent/RM/Branch	EUIN [^]
ARN-	INA		ARN-		
<input type="checkbox"/> ^ - EUIN declaration (only where EUIN box is left blank) (refer instructions C2) : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor / sub-broker or not withstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub-broker					
<input type="checkbox"/> # - RIA declaration (only where RIA code is provided) : I/We hereby give you my / our consent to share / provide the transaction data feed / portfolio holdings / NAV etc. in respect of my / our investments under Direct Plans of all schemes managed by you to the SEBI Registered Investment Advisor whose code is mentioned herein					
sign here		sign here		sign here	
Sole/First Applicant / Guardian / POA Holder		Second Applicant		Third Applicant	

Transaction charges for Applications through Distributors only (Refer Instruction D and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First Time investor across Mutual Funds. (Charges as prescribed by SEBI, if any, deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an Existing investor in Mutual Funds. (Charges as prescribed by SEBI, if any, deductible as Transaction Charge and payable to the Distributor)
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In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

C. * Payment Details:- (Please refer the Instructions "E4" for "PAYEE NAME")

Payment Mode (please tick (✓))

Cheque	Demand Draft	Pay Order	Bankers Cheque	NEFT	RTGS	Transfer Letter	PayEezz	IMPS
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Please tick (✓) and enclose any one of the relevant documents as indicated as per the Mode of Payment

<input type="checkbox"/>	Instruction to the Bank from Unitholder to debit the Account for NEFT/RTGS/Transfer Instruction
<input type="checkbox"/>	Declaration/Acknowledgement from Bank/Copy of Passbook/Bank Statement for DD/PO/BC

Payment Type (please tick (✓))

<input type="checkbox"/>	Non-Third Party Payment	<input type="checkbox"/>	Third Party Payment (please attach 'Third Party Declaration Form')
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Payment Reference Number (Instrument # for Cheque/DD/PO/BC; UTR # for RTGS/NEFT; Ref # for Trf Instruction; PRN for PayEezz)

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Please ensure that the investment cheque or supporting proof submitted contains the Sole/First/Primary holder's name.

Payment Date (Instrument Date for Cheque, Demand Draft, Payorder, Banker's Cheque; Payment execution date for RTGS, NEFT, Transfer Instruction, PayEezz, IMPS)

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Payment Amount in figures (Amount of Cheque/DD/PO/BC/NEFT/RTGS/Transfer Instruction/PayEezz/IMPS)

(i)	₹																		
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Bank Charges in figures (only in case of DD / PO / BC)

(ii)	₹																		
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Total Amount (i) + (ii) In figures (iii)

(iii)	₹																		
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In words

Payment from Bank Account No.

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A/c Type (please tick (✓))

Savings	Current	Cash Credit	O/D	NRE	NRO	FCNR	NRSR	others, please specify
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Drawn on Bank

specify Bank name	Branch	specify branch name
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D. * Scheme Details:-

Scheme 1	AMC / Mutual Fund	specify AMC / Mutual Fund name			Folio Number ^f	if available
	Scheme / Plan ^g	specify scheme / plan				
	Option (please tick (✓))	Growth	Dividend Payout	Dividend Reinvestment	Others	please specify
	Investment Amount	₹				In words : Rupees _____

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

Scheme 2	AMC / Mutual Fund	specify AMC / Mutual Fund name			Folio Number ^f	if available
	Scheme / Plan ^g	specify scheme / plan				
	Option (please tick (✓))	Growth	Dividend Payout	Dividend Reinvestment	Others	please specify
	Investment Amount	₹				In words : Rupees _____

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

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.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 610, India

AA

Received from Mr. / Ms. M/s. _____ an application for purchase as per details mentioned below:-

POINT OF SERVICE STAMP & SIGNATURE

AMC / Fund	Scheme	Plan	Option	Amount (Rs.)

POINT OF SERVICE STAMP & SIGNATURE

Scheme 3	AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number [#]	if available	
	Scheme / Plan [%]	specify scheme / plan			
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify
	Investment Amount	₹	In words : Rupees _____		

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

Scheme 4	AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number [#]	if available	
	Scheme / Plan [%]	specify scheme / plan			
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify
	Investment Amount	₹	In words : Rupees _____		

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

Scheme 5	AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number [#]	if available	
	Scheme / Plan [%]	specify scheme / plan			
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others <input type="checkbox"/> please specify
	Investment Amount	₹	In words : Rupees _____		

- if not mentioned, will be processed under last transacted folio; % - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection

E. Depository A/c Details:-

Please credit the units into below mentioned Depository Account already registered under the above CAN (please tick (✓))	
National Securities Depository Limited (NSDL) <input type="checkbox"/>	Central Depository Services Limited (CDSL) <input type="checkbox"/>
specify Depository Participant name	
DP ID	Bene. A/c
I N	

F. * Declaration and Signature(s):-

I/We hereby confirm and declare as under:-

- I/We have read and understood the contents of the respective Scheme Information Document(s), Statement of Additional Information(s), Key Information Memorandum(s), Instructions and Addenda issued by the respective Mutual Funds, including level of risk depicted by colour code boxes and descriptions thereof (Product Labelling), the sections on "Prevention of Money Laundering and Know Your Customers" for all the schemes chosen for investments (both Continuous and Initial Offering) through this Transaction Form, and hereby apply to the Trustee/s of the respective Mutual Funds for Units of the relevant Scheme/s and agree to abide by the terms and conditions, rules and regulations of the Scheme.
- I/We am/are eligible Investor(s) as per the respective Scheme related documents and am/are authorised to make this investment as per the Constitutive documents / authorization(s). The amount invested in the respective Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- I/We will indemnify MFU, Mutual Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- I/We hereby declare that I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment.
- 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/s is/are being recommended to me/us.
- I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.
- Where the EUIN box is left blank being an execution only transaction, I/We confirm that the transaction is not withstanding the advice of in-appropriateness, if any, provided by the distributor's employee/relationship manager/sales person and the distributor has not charged any fees on this transaction.

Date :

D	D	/	M	M	M	/	Y	Y	Y	Y
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Place : _____

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

Common Transaction Form (CTF)

O	Form for multiple transactions	No need to fill and submit separate transaction forms for transactions in different schemes/Mutual Funds. Burden of handling multiple documents reduced
N	Time-stamp for multiple transactions	One time-stamp applied uniformly for all transactions in the form. Burden of submitting transactions at different offices / locations reduced
E	Payment Instrument for multiple investments	No need to issue separate payment instruments for different schemes/Mutual Funds. Burden of handling multiple payment instruments reduced