MF Utilities India Pvt. Ltd.

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

CAN Transaction Form (CTF) - SIP Registration

APPLICATION NO: AD

TIME-STAMP NUMBER:

Please read all the instructions carefully before filling the form
Please fill this form as well as the Pay*Eezz* Form (if Pay*Eezz* not registered already) and attach the same to the Application
Please fill in ENGLISH and in BLOCK LETTERS with black ink
Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

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

A. * Please tick (✓) anyone. In the absence of indication of the option the form is liable to be rejected

NEW REGISTRATION ☐ | CANCELLATION ☐

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

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

PAN / PEKRN: please specify | CRF No.: please specify

Name of the First/Sole Holder

C. Key Partner / Agent information (Investors applying under DIRECT plan/s must mention "DIRECT" in ARN Column):-

ARN Code	ARN Name	Sub-Agent ARN Code	Internal code for Sub-Agent/RM/Branch	EUIN^
ARN-		ARN-		

^ EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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)

☐ 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)

☐ 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)

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts 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.

D. * Payment Details for current dated 1st instalment:- (Please refer the instructions "E5" for PAYEE NAME) (please note that the 1st and the subsequent instalments should be of the same amount)

Payment Mode (please tick (✓)): Cheque ☐ | Demand Draft ☐ | Pay Order ☐ | Bankers Cheque ☐ | NEFT ☐ | RTGS ☐ | Transfer Letter ☐ | Pay*Eezz*$ ☐ | IMPS ☐

Please tick (✓) and enclose any one of the relevant documents as indicated as per the Mode of Payment
☐ Instruction to the Bank from Unitholder to debit the Account for NEFT/RTGS/Transfer Instruction
☐ Declaration/Acknowledgement from Bank/Copy of Passbook/Bank Statement for DD/PO/BC

Payment Type (please tick (✓)): ☐ Non-Third Party Payment | ☐ Third Party Payment (please attach 'Third Party Declaration Form')

Mandatory Enclosure, if 1st instalment is not by cheque (please tick (✓) as applicable): ☐ Blank Cancelled Cheque | ☐ Copy of Cheque

Payment Reference Number (Instrument # for Cheque/DD/PO/BC; UTR # for RTGS/NEFT; Ref # for Trf Instruction; PRN for Pay*Eezz*)

$ - In case of payments using Pay*Eezz*, the subsequent installments also will be debited using the same PRN

Payment Date (Instrument Date for Cheque, Demand Draft, Payorder, Banker's Cheque; Payment execution date for RTGS, NEFT, Transfer Instruction, Pay*Eezz*, IMPS) D D / M M M / Y Y Y Y

Payment Amount in figures (Amount of Cheque/DD/PO/BC/NEFT/RTGS/Transfer Instruction/Pay*Eezz*/IMPS) (i) ₹

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

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

In words

Payment from Bank Account No. | MICR Code | IFSC

A/c Type please (✓): Savings ☐ | Current ☐ | Cash Credit ☐ | O/D ☐ | NRE ☐ | NRO ☐ | FCNR ☐ | NRSR ☐ | others, please specify

Drawn on Bank: specify Bank name | Branch: specify branch name

E. * Scheme Details:- Note : Minimum gap of 30 days is required for the subsequent instalment to start if the Pay*Eezz* is registered now. Similarly, minimum 15 days gap is required if an already registered Pay*Eezz* is used.

Tranche 1

AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number# if available	# - If not mentioned, will be processed under last transacted folio
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
Frequency (please tick (✓) anyone) (refer instruction G)	Daily ☐	Weekly ☐ specify (as offered by the scheme)	Fortnightly ☐ specify (as offered by the scheme)
	Monthly ☐	Quarterly ☐ / Half-Yearly ☐ / Yearly ☐	Instalment Date$ D D — $ - If not offered by the scheme, will be considered for the subsequent date offered by the scheme
Enrolment Period	Start Month & Year@ M M / Y Y Y Y	End Month & Year^ M M / Y Y Y Y	Amount per instalment ₹
	@ - Please refer the note against Scheme details in "Section E" in the form	^ - Leave blank for perpetual	

Tranche 2

AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number# if available	# - If not mentioned, will be processed under last transacted folio
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
Frequency (please tick (✓) anyone) (refer instruction G)	Daily ☐	Weekly ☐ specify (as offered by the scheme)	Fortnightly ☐ specify (as offered by the scheme)
	Monthly ☐	Quarterly ☐ / Half-Yearly ☐ / Yearly ☐	Instalment Date$ D D — $ - If not offered by the scheme, will be considered for the subsequent date offered by the scheme
Enrolment Period	Start Month & Year@ M M / Y Y Y Y	End Month & Year^ M M / Y Y Y Y	Amount per instalment ₹
	@ - Please refer the note against Scheme details in "Section E" in the form	^ - Leave blank for perpetual	

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

AD

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

POINT OF SERVICE STAMP & SIGNATURE

AMC / Fund	Scheme	Plan	Option	Amount (Rs.)

Tranche 3

AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number# if available	# - if not mentioned, will be processed under last transacted folio
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	
Frequency (please tick (✓) anyone) (refer instruction G)	Daily ☐ Weekly ☐ specify (as offered by the scheme) Fortnightly ☐ specify (as offered by the scheme)		
	Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☐ Instalment Date$ D D	$ - If not offered by the scheme, will be considered for the subsequent date offered by the scheme	
Enrolment Period	Start Month & Year@ M M / Y Y Y Y — End Month & Year^ M M / Y Y Y Y	Amount per instalment ₹	
	@ - Please refer the note against Scheme details in "Section E" in the form	^ - Leave blank for perpetual	

Tranche 4

AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number# if available	# - if not mentioned, will be processed under last transacted folio
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	
Frequency (please tick (✓) anyone) (refer instruction G)	Daily ☐ Weekly ☐ specify (as offered by the scheme) Fortnightly ☐ specify (as offered by the scheme)		
	Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☐ Instalment Date$ D D	$ - If not offered by the scheme, will be considered for the subsequent date offered by the scheme	
Enrolment Period	Start Month & Year@ M M / Y Y Y Y — End Month & Year^ M M / Y Y Y Y	Amount per instalment ₹	
	@ - Please refer the note against Scheme details in "Section E" in the form	^ - Leave blank for perpetual	

Tranche 5

AMC / Mutual Fund	specify AMC / Mutual Fund name	Folio Number# if available	# - if not mentioned, will be processed under last transacted folio
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	
Frequency (please tick (✓) anyone) (refer instruction G)	Daily ☐ Weekly ☐ specify (as offered by the scheme) Fortnightly ☐ specify (as offered by the scheme)		
	Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☐ Instalment Date$ D D	$ - If not offered by the scheme, will be considered for the subsequent date offered by the scheme	
Enrolment Period	Start Month & Year@ M M / Y Y Y Y — End Month & Year^ M M / Y Y Y Y	Amount per instalment ₹	
	@ - Please refer the note against Scheme details in "Section E" in the form	^ - Leave blank for perpetual	

F. Demat Account Details:

Depository Name	Please credit the units into below mentioned Demat Account (please tick (✓))	
	National Securities Depository Limited (NSDL) ☐	Central Depository Services Limited (CDSL) ☐
Depo Participant Name	specify Depository Participant name	specify Depository Participant name
	DP ID I N — Bene. A/c	Bene. A/c

G. * Declaration and Signature(s):-

I / We hereby confirm and declare as under:-

(1) 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.

(2) 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.

(3) 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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 Place : _____

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

Common Mandate Registration (Pay*Eezz*)

SINGLE	**Mandate for multiple SIP Registrations**	One common mandate can be registered for multiple SIPs registered under one CTF irrespective of dates, frequencies and amount.
	Mandate for Lump sum investments	One common mandate can be registered under the CAN and used as a debit instruction as and when the investor chooses to invest in lump sum
	Mandate for multiple payment modes	One common mandate registered can be used for triggering debit instructions for transactions initiated physically or through distributor or online