## **SYSTEMATIC TRANSFER PLAN (STP)**



## THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

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Distributor ARN Sub-Distributor ARN		Internal Sub-Broker / Sol ID		Employee Code		EUIN	RIA CODE^	Serial	No., Date & Time Stamp
ARN 81619	9 ARN					E 067413			
Upfront commission shall be paid dire	ectly by the investor to the AMFI registe	red distributor based on the inve	stor's assessme	nt of various factors i	cluding the s	ervice rendered by the dis	tributor.		
^I/We, have invested in the scheme	(s) of Axis Mutual Fund under Direct Pla	an. I/We hereby give my/our con	sent to share/pro	ovide the transactions	data feed/ p	ortfolio holdings/ NAV etc	. in respect of my/our invo	estments un	der Direct Plan of all schemes of Axis
	d SEBI Registered Investment Adviser:								
"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."				le Applicant / ardian		ond Applicant Third Applica		nt Power of Attorney Holde	
	GES FOR APPLICATIONS at time investor across Mutual I			BUTORS/AGEI t I am an existing					
	n) amount is ₹ 10,000/- or more and y amount and paid to the distributor. L				- (for first ti	me mutual fund investor	) or ₹ 100/- (for investor	other than	first time mutual fund investor) wi

1 Applicant Deta	ils									Foli	o No.							
Sole / 1st Unitholder (as in PAN Card / KYC records)																		
Guardian's Name (as case of minor)			First N	ame			M	ddle Nam	ne						Las	t Nam	е	
1st Holder PAN		1st Applicant		2nd Holder PAN		2nd Aj	plicant			3rd H	older PA	N		3	'd App	lican	t	

## 2 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 working days before the 1st due date for transfer).

From Scheme <sup>#</sup>						
Option (tick $\checkmark$ )	Growth	Dividend Reinvestment	Dividend Payout	Bonus	Dividend Frequency	
Plan	Direct	Regular				
To Scheme						
Option (tick ✓)	Growth	Dividend Reinvestment	Dividend Payout		Dividend Frequency	
Plan	Direct	Regular				
(Please tick ✓ anv	one) Ref Instruction	5				

Systematic Transfer Plan (STP) (Ref. Instruction 5)	<b>Capital Appreciation Systematic Transfer Plan (CapSTP)</b> (Ref Instruction 6)							
Transfer Frequency (Please tick (✓) any one of the below frequencies) Daily Weekly* (Monday To Friday) Day of transfer	Transfer Frequency (Please tick (~) any one of the below frequencies)         Weekly (Monday To Friday) * Day of transfer         Monthly \$ (Please tick (~) any one)							
Fortnightly (Every Alternate Wednesday)     Monthly \$     Attraction Cast Cast Cast Cast Cast Cast Cast Cast	Quarterly \$     1st     7th     10th     15th     25th							
Cuarterly \$ 1st 7th 10th 15th 25th								
No. of Instalments OR Transfer Period From 0	M M Y Y Instalment) (Last Instalment)							

\*Ref. Instruction 11. \$ Ref Instruction 12.

Please refer to the Scheme Information Documents of respective schemes for STP availability. STP out available and registered under Axis Long Term Fund, only For the Units which are Free of 3 years lock-in.

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / we hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) & I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account.

I/ We confirm that details provided by me / us are true and correct.

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