

TATA MUTUAL FUND SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai

Having read and understood the contents of the Offer Document and the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes and agree to abide by the terms and conditions of the Plan.

Folio No.:	
Broker Code : Prudent CAS Ltd 9992	Sub Broker Code : BHAVESH MODH 27030
Name : _____	
Email : _____	
Scheme	Option
<input type="checkbox"/> Fixed Amount Rs (in words)	<input type="checkbox"/> Capital Appreciaaion

Period of Enrolment

From : MM / YY To : MM / YY Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)

(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

First payout Date: _____ (that is the first payment date)

(in case the first payout date is not mentioned, the 1st day of the following month will be taken as the default date)

Last Payout Date: _____ (that is the last payment date)

(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

Signatures	_____	_____	_____
	Sole/First Applicant	Second Applicant	Third Applicant

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

N.B SWP should reach ISCs before 7 working days from the start of first SWP date.

TATA MUTUAL FUND

Date : _____

SYSTEMATIC TRANSFER PLAN (STP)

To,
The Trustee, Tata Mutual Fund, Mumbai

Having read and understood the contents of the Offer Document and the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes and agree to abide by the terms and conditions of the Plan.

Broker Code:		Sub Broker Code:	
Folio No. _____		Name: _____	
Transfer from (Scheme): _____		Option: _____	
Transfer to (Scheme): _____		Option: _____	
No of Units: _____ or Dividend: _____		or Capital Appreciation: _____	
Amount (Rs.): _____		Amount (in words): _____	
Transfer period from: _____ / _____		To : _____ / _____	
(mm) (yy)		(mm) (yy)	
Transfer Frequency	Weekly	Monthly	Quarterly
	Only on Fridays	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th	
		Days of the month	
Select any one			
In case of holiday the same will be considered for the next business day			
SIGNATURES	_____	_____	_____
	Sole/First Applicant	Second Applicant	Third Applicant

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

N.B STP should reach ISCs before 7 working days from the start of first STP date. In case Friday is a non-Business Day the same will be considered for Next Business Day.

* Refer Instruction - E. Kindly enclose copy of the proof of PAN. In case of a joint holding, PAN of all the joint holders should be mentioned in the application form

	PAN # (Refer Instruction - E)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - F)	
First Applicant / Guardian*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If the First Applicant is a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. **Refer Instruction - E