SYSTEMATIC TRANSFER PLAN (STP)



															F2:	15826				
Folio No												Εl	JIN		13020					
Brok	er Coo	le	1308	Sub-Broker Code																
or advi	ce by the	onfirm that t e employee/ employee/re	relationsl	nip mai	nager/s	sales	person	of th	ne abov	e said	d distr	ibutor (or no	twithst	anding the	advice of	in-app	oropriat	eness, it	f any,
Upfront c	ommission	shall be paid dir	ectly by the	investor t	to the AN	MFI - reg	gistered o	distribut	ors base	d on the	investo	rs' assess	sment	of various	factors inclu	ding services re	endered	by the di	stributor.	
Nam	e of Fi	rst/Sole	Applic	ant (Plea	se u	ise C	ΆΡ	ITAL	Lett	ers)									
Contact No Office					Resi				dence						Мо	Mobile				
Emai	I - ID															'				
Transferring From Scheme						-									Option					
Transferring To Scheme						 										n				
Fixed	Amo	unt													-	'				
Enrolment Period						Start (mm/yyyy) End										(mm/yyyy)				
Frequency																	arterl	y		
STP Date (Monthly / Quarterly Option) (<) only one 1st 5th							25th	า			
STP	Date (7th 14th							ŀth	21st28th									
4)	(S)																			
Signature of	Jnitholder(s)																			
gna of	pd																			
Š	Ħ H	(II W						Cook								Third Unitholder				
				t Unitholder				Second Unitholder						Third Unitholder						
respe scher time t above makir	ective schen ne for inves to time and a and agree ng this inve	and understood ne(s) and agree tment from our of subsequent ame to abide by the stment. I/We fur-	to abide by town funds or endments the terms and of ther declare	the terms n my/our ereto incli conditions that the	s, conditi persona uding the s, rules a amount	ions, rule al behalf e sectior and regu invested	es and re and are n on "Pre lations o d by me/l	egulation not benote the control of the Sound the Sound the Sound the Sound the control of the c	ns of the eficiaries of Mone cheme. I/ e Schem	scheme of any f y Laund We have e is deri	e(s) as ap rund obto ering", I/ e not rec ved thro	oplicable fained in co We hereb ceived and ugh legition	from tir contrave by apply d will n imate s	ne to time ention of F y to the Tr ot receive ources ar	e. I/We hereby Prevention of custee of Sah e nor will be in not is not held	/ declare that I / Money Launder ara Mutual Fund nduced by any r or designed for	We are ring Act d for united to the contract of the contract of the pure contract of the pure contract of the contract of the pure contract of the contract of	making the or any guits of the Sor gifts, directors of contractors of contractors or contractors of contractors	nis investmo idelines iss Scheme as rectly or ind	ent of the sued from indicated lirectly, in
I/We is de Mana	act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit Clearance. If is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/We would not Management Company responsible in any manner. I/We hereby authorize Sahara Mutual Fund and their authorised service providers, to get my/our above bank account debited be Debit towards the collection of monthly payments on due STP dates as opted by me/us. In the event of any changes in the bank particulars, I/We will submit a fresh mandate along with												not hold ted by ECS	the Asset 3 / Direct						
reque	est for the e	arlier mandate	well in adva	nce. I/We	e have re	ead and	agreed	to the t	erms an	d condit	ions me	ntioned in	n KIM /	SID / SA	l.					
The details of the bank account provided above pertain to my / our bank account in my / our name. The ARN holder has disclosed to me/us all the commissions (in the form of trail comm distribution cost or any other cost), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. The ARN has adequately explained the appropriateness of the scheme to me / us & I/We are fully convinced that there is no mis-selling to me/us & that I/We are fully responsible for making this invest													RN holder							
		ion, if any will b														Date		/ /	9	
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		P Amount				Period					\vdash	I			-					
≽ Fr		m (mm/yyyy)					, _	7	<u> </u>		Occupator !			4						
ַבָּ רַיַּ		equency Daily				Veek		=-	onthl	y <u> </u>	Quarterly				-					
· —	Monthly / Quarterly Option) Weekly Option)					1st 5						25th			-					
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