

# Registration Form for Systematic Transfer Plan and IDCW Sweep Plan



DISTRIBUTOR / BROKER INFORMATION			TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee
67723 <small>ARN- (ARN stamp here)</small>	ARN-		

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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.

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No. XIII) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/ us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First / Sole Applicant /  
Guardian / Authorised Signatory

**EXISTING UNIT HOLDER INFORMATION** (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

MANDATORY	Name of the First Holder										
	Folio No.	<input type="text"/>	PAN/PERN (mandatory)	<input type="text"/>	Enclosed <input type="checkbox"/> PAN/PERN Proof	<input type="checkbox"/> KYC Compliant					
	KIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

**SYSTEMATIC TRANSFER PLAN (STP)** (Please read overleaf instructions carefully)

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

**SYSTEMATIC TRANSFER PLAN - FIXED**       **SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION**

<b>Transfer Frequency (Please tick (✓) any one of the below frequencies)</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly - Daywise (Transfer on every Monday of the month) <input type="checkbox"/> Weekly - Datewise (Transfer date will be 7 <sup>th</sup> /14 <sup>th</sup> /21 <sup>st</sup> /28 <sup>th</sup> of the month) <input type="checkbox"/> Fortnightly (Transfer date will be 1 <sup>st</sup> /16 <sup>th</sup> of the month) <input type="checkbox"/> Monthly (Any day of the month except 29 <sup>th</sup> , 30 <sup>th</sup> & 31 <sup>st</sup> )	<b>Transfer Frequency (Please tick (✓) any one of the below frequencies)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual Any day of the month except 29 <sup>th</sup> , 30 <sup>th</sup> & 31 <sup>st</sup> .
---	---

Transfer Instalment  in words

STP Period Start  End  OR No. of Installments  (Please select either Period or no. of instalments)

**IDCW SWEEP OPTION**

FROM Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> IDCW (Not available under Growth Option) <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		
TO Scheme	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW - Reinvestment <input type="checkbox"/> IDCW frequency _____		

**DECLARATION & SIGNATURES**

I/ We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder
---	------------------	-----------------	------------

