SYSTEMATIC TRANSFER PLAN (STP)



Folio No											EUIN	E326136	5								
Broker Code ARN-10					I-1671	74					Sul	o-Bro	ker Coc	le							
"I/We hereby confirm that the EUIN 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 said 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". Upfront commission shall be paid directly by the investor to the AMFI - registered distributors based on the investors' assessment of various factors including services rendered by the distributor.																					
Na	ame	of Fire	st/Sole	Appli	ican	nt (Ple	ase ι	ise C	CAP	ITAL	Lett	ers)									
Contact No Office							Residence								Mob	Mobile					
Email - ID																					
Transferring From Scheme												Option	Option								
Transferring To Scheme												Option									
Fi	xed /	Amoui	nt																		
Enrolment Period							art (n	nm/y	ууу))		d (mm/yy	(mm/yyyy)								
Fr	eque	ency			Dai	ly			Neel	kly		M	onthly	onthly Quarterly							
STP Date (Monthly / Quarterly Option) (<) only one 1st 5th 25th																					
SI	STP Date (Weekly Option)											☐ 7th ☐ 14th ☐ 21st ☐ 28th									
e	r(c)																				
Signature	of Initholder(s)																				
sign	itho																				
	_	5	F	nolder			Seco			nd Unitholder				Third Unitholder							
	I/We hav	ve read and	l understood	the conte	ents of t	the Schem	Scheme Information Document (SID)/ Stater					of Addit	ional Info	rmation (SAI) /	Key Information	y Information Document (KIM) and Addendum(s) thereto of the					
	scheme	for investm	ent from our o	own funds	s on my	y/our perso	nal behalf	and are	not ber	neficiaries	of any f	und obt	ained in c	contravention of	e. I/We hereby of Prevention of M	oney Launde	ering Act or	any guidel	ines issued from		
	above a	nd agree to	abide by the	terms an	d cond	litions, rules	and reg	ulations of	of the S	cheme. I/	We have	e not ree	ceived an	d will not receiv	rustee of Sahar e nor will be ind	uced by any	rebate or g	jifts, directl	y or indirectly, ir		
	act, rule	s, regulatio	ns or any stat	ute or leg	gislatior	n or any oth	er applic	able laws	s or any	notificati	ons, dire	ections i	ssued by	any governmen	nd is not held on tal or statutory a	authority fror	n time to tir	me.			
I/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 Cleara 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 wou 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 det 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 alor												e would no nt debited	t hold the Asse by ECS / Direc								
request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / SID / SAI.												the commis	sions (in th	e form of	trail commissio						
	distributi has ade	ion cost or quately exp	any other cos plained the ap	st), payab opropriate	le to hi eness c	im for the c	lifferent c me to me	ompeting / us & l	g Scher /We are	nes of va e fully co	rious Mu nvinced	utual Fu that the	nds from re is no r	amongst which nis-selling to m	the Scheme is e/us & that I/We	being recom are fully re	mended to sponsible f	o me/us. □ for making	The ARN holde this investment		
	Upfront	commissio	n, if any will b	e paid to	the Al	MFI registe	red and e	empanell	ed (with	n Sahara	Mutual	⊦und) A	KN Holde	er, directly by th	ie Investor.	Da	te /	/			
		Nama								- <u> </u>											
ent	Name				Folio									Time Stamp/ Seal							
Acknowledgement	Scheme Name						Period												- `		
led	STP Amount			-	Pe					rioa											
NO	From (mm/yyyy)			+	Daily Wee			ly Monthly				Quarterly			-						
ckn	(Monthly / Quarterly Option)					·	Weekly Monthly							y	-						
٩		nuny/	Quarte			<i>יו</i>	ļ	ist [0	u I		_ 25th			_						

• www.saharamutual.com

(Weekly Option)

28th • saharamutual@saharamutual.com • sms MUTUAL to 59090

21st

7th

14th