## SPECIAL PRODUCTS APPLICATION FORM (SWP/ STP)



Acknowledgement Stamp

Distributor ARN/ RIA			(Refer Instruction No. 1)	FU	R OFFICE USE ONLY
	Sub Agent ARN Code	EUIN No.	Bank Branch Code/ Sub Broker Code	Sales Code	Date/Time of Receip
JAVAHAR.K.P. ARN 10021		E035876			
I/We hereby confirm that th	ETTIN hox has been intentionally	left blank by me/us as this transa	ction is executed without any in	nteraction or advice by the	 employee/relationship manager/s
					person of the distributor/sub broke
		nd			
Sole/1 <sup>e</sup> applicant/Guardian/Authorised Signatory/POA		2 <sup>nd</sup> applicant/Authorised Signatory		3 <sup>rd</sup> applicant/Authorised Signatory	
Upfront commission shall be pai	d directly by the investor to the AN	1FI registered Distributors based	on the investors' assessment of	of various factors including	services rendered by the distributo
INFORMATION OF EXISTIN		Mandatory field*			
APPLICANT INFORMATION	I (Please refer Point No. 8)	(Please ✓)			
Name of Sole /First Applicant*	Mr Ms	M/s.	Date of Birth DD	M M Y Y Y Y	(*Mandatory for all investors)
F I R S T	V A M E	M I D D L E	N A M E		A S T N A M E
Documents Enclosed ^		· · · · · · · · · · · ·	PAN Proof	KYC~ PAN*	
Name of Guardian/Contact Per	son <sup>#</sup> Relationship with MINOR			Guardian's Date of Birth	
F I R S T	N A M E	M I D D L E	N A M E		A S T N A M E
Documents Enclosed ^ "Please mention the contact persor	in case of Non-individual		PAN Proof	KYC~ PAN*	
Mode of Holding Singl	e Joint Anyone or S	Survivor <sup>1</sup> ( <sup>1</sup> Default)			
SYSTEMATIC WITHDRAWA	I PLAN (SWP)				
FROM SCHEME*:		DI ANA			
		PLAN*:		OPTION*:	
		PLAN*:		OPTION*:	
SUB OPTIONS*:			IDCW FREQUENCY*:		
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SUB OPTIONS*:         Withdrawal Option (Please ✓)         Fixed Withdrawal Frequency (Please)		PPRECIATION WITHDRAWAL	Y ANNUALLY		To         D         D         M         Y         Y         Y
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(To be filled in by the First applicar	nt/Auth	orized Signatory)
Received from Name & address :		
		SWP/ STP

□ For ₹