



MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi

Thane (West) - 400 607

CIN : U74120MH2013PTC242939

APPLICATION NO:

TIME-STAMP NUMBER:

CAN Transaction Form - SWP Registration

Please read all the instructions carefully before filling the form

Please fill in ENGLISH and in BLOCK LETTERS with black ink

Fields marked with (*) are mandatory and if not filled, the form is liable for rejection

GORN

Distributor / MFU user to write the system generated reference number here

A. * Please tick (✓) anyone. In the absence of indication of the option the form is liable to be rejected

NEW REGISTRATION

CHANGE IN WITHDRAWAL AMOUNT

CANCELLATION

B. * UNITHOLDER INFORMATION (If you have a CAN, please fill in the details):-

Common Account Number (CAN)

Name of the First/Sole Holder

C. * Scheme / Withdrawal Details:-

Scheme 1	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number													
	Scheme / Plan	specify scheme / plan																		
	Option	specify scheme option				Dividend Option please tick (✓)	Payout <input type="checkbox"/>	Reinvestment <input type="checkbox"/>												
	SWP Option ^s	Capital Appreciation (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	Withdrawal Date ^s	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC											
	Frequency ^s (please tick (✓) anyone) (refer instruction B)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-Yearly <input type="checkbox"/>	Annual <input type="checkbox"/>	Start Month & Year	M	M	/	Y	Y	Y	Y	End Month & Year [^]	M	M	/	Y	Y	Y

Scheme 2	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number													
	Scheme / Plan	specify scheme / plan																		
	Option	specify scheme option				Dividend Option please tick (✓)	Payout <input type="checkbox"/>	Reinvestment <input type="checkbox"/>												
	SWP Option ^s	Capital Appreciation (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	Withdrawal Date ^s	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC											
	Frequency ^s (please tick (✓) anyone) (refer instruction B)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-Yearly <input type="checkbox"/>	Annual <input type="checkbox"/>	Start Month & Year	M	M	/	Y	Y	Y	Y	End Month & Year [^]	M	M	/	Y	Y	Y

Scheme 3	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number													
	Scheme / Plan	specify scheme / plan																		
	Option	specify scheme option				Dividend Option please tick (✓)	Payout <input type="checkbox"/>	Reinvestment <input type="checkbox"/>												
	SWP Option ^s	Capital Appreciation (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	Withdrawal Date ^s	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC											
	Frequency ^s (please tick (✓) anyone) (refer instruction B)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-Yearly <input type="checkbox"/>	Annual <input type="checkbox"/>	Start Month & Year	M	M	/	Y	Y	Y	Y	End Month & Year [^]	M	M	/	Y	Y	Y

Scheme 4	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number													
	Scheme / Plan	specify scheme / plan																		
	Option	specify scheme option				Dividend Option please tick (✓)	Payout <input type="checkbox"/>	Reinvestment <input type="checkbox"/>												
	SWP Option ^s	Capital Appreciation (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	Withdrawal Date ^s	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC											
	Frequency ^s (please tick (✓) anyone) (refer instruction B)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-Yearly <input type="checkbox"/>	Annual <input type="checkbox"/>	Start Month & Year	M	M	/	Y	Y	Y	Y	End Month & Year [^]	M	M	/	Y	Y	Y

D. Declaration and Signature(s):-

I/We have read and understood the terms and conditions related to submission of this SWP Registration request and shall not hold MFU or the AMCs/Mutual Funds or its/their RTAs for not being able to process my request due to incomplete information provided by me.

Date :

Place : _____

Sign Here	Sign Here	Sign Here
Sole/First Applicant / Guardian / POA Holder	Second Applicant	Third Applicant

ACKNOWLEDGEMENT SLIP (to be filled in by the investor). For any queries please contact the nearest MFU "Point of Service" or call us at 1800-266-1415 (Toll Free) or +91 22 3952 6363.

MF UTILITIES INDIA PVT. LTD., Address: 103-105, 1st Floor, Orion Business Park, Ghodbunder Road, Kapurbawdi, Thane (West) - 400 607, India

Received from Mr. / Ms. M/s. _____ an application for SWP as per details mentioned below:-

AMC / Fund	Scheme	Plan	Option	Amount (Rs.) / Capital Appreciation

POINT OF SERVICE STAMP & SIGNATURE
