## 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	*EU	IN	Internal Code	e for Sub-broker/ E	mployee			
ARN- (ARN	stamp here)	ARN-									
*Please sign below in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN 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 EUIN box is left blank) (Refer Instruction No. XIII) 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										oont /	
employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropri the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory						iateness, if any, provided by fees on this transaction.					
EXISTING UNIT HOLDER INFORMATION (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)											
Name of the	First Holder										
KIN KIN	PAN/PERN (mandatory)  Enclosed PAN/PERN Proof KYC Compliant  KYC Identification Number										
SYSTEMATIC TRANSFER PLAN (STP) (Please read overleaf instructions carefuly)											
FROM Scheme	Bandhan				<u>*</u>			Plan	Regular	Direct	
Option	Growth	IDCW	☐ IDCW-Payout		IDCW - Reinv	estment		DCW freq	uency		
TO Scheme	Bandhan							Plan	Regular	Direct	
Option	Growth	IDCW	☐ IDCW-Payout		IDCW - Reinv	estment		DCW freq	uency		
SYSTEMATIC TRANSFER PLAN - FIXED SYSTEMATIC TRANSFER PLAN - CAPITAL APPRECIATION											
Transfer Frequency (Please tick (✓) any one of the below frequencies)  □ Daily □ Weekly - Daywise (□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday) □ Weekly - Datewise (Transfer date will be 7th/14th/21th/22th of the month) □ Fortnighty (Transfer date will be 1th/16th of the month) □ Fortnighty (Transfer date will be 1th/16th of the month) □ Annual											
Monthly (Any day of the month except 29th, 30th & 31st) Any day of the month except 29th, 30th & 31st.											
Transfer Instalment ₹ in words											
STP Period Start D D M M Y Y End D D M M Y Y OR No. of Installments (Please select either Period or no. of installments)											
	EEP OPTION							Plan	Deculor	Direct	
FROM Scheme	Bandhan								Regular	Direct	
Option	☐ IDCW (Not available under Growth Option) ☐ IDCW-Payout					☐ IDCW - Reinvestment ☐ IDCW frequency					
TO Scheme	Bandhan		T					Plan	Regular	Direct	
Option	Growth	IDCW	☐ IDCW-Payout		DCW - Reinv	restment	I	DCW freq	uency		
DECLARA	TION & SIGNATUR	RES									
If 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 / PlOs / 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 / Secon Guardian / Authorised Signatory					nt Third Applicant			POA Holder			