



# MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi  
Thane (West) - 400 610  
CIN : U74120MH2013PTC242939

APPLICATION NO:  
AF

TIME-STAMP NUMBER:

## CAN Transaction Form - SWP Registration

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

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

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

NEW REGISTRATION

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:- Note : Minimum gap of 10 days is required from the date of submission and the first instalment.

Scheme 1	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number														
	Scheme / Plan%	specify scheme / plan				% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection															
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others	please specify															
	SWP Option <sup>s</sup>	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Withdrawal Date <sup>s</sup>	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC									
	Frequency <sup>s</sup> (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 <sup>o</sup>	M	M	/	Y	Y	Y	Y	End Month & Year	M	M	/	Y	Y	Y	Y

Scheme 2	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number														
	Scheme / Plan%	specify scheme / plan				% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection															
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others	please specify															
	SWP Option <sup>s</sup>	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Withdrawal Date <sup>s</sup>	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC									
	Frequency <sup>s</sup> (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 <sup>o</sup>	M	M	/	Y	Y	Y	Y	End Month & Year	M	M	/	Y	Y	Y	Y

Scheme 3	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number														
	Scheme / Plan%	specify scheme / plan				% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection															
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others	please specify															
	SWP Option <sup>s</sup>	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Withdrawal Date <sup>s</sup>	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC									
	Frequency <sup>s</sup> (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 <sup>o</sup>	M	M	/	Y	Y	Y	Y	End Month & Year	M	M	/	Y	Y	Y	Y

Scheme 4	AMC / Mutual Fund	specify AMC / Mutual Fund name				Folio Number	specify folio number														
	Scheme / Plan%	specify scheme / plan				% - Please write the appropriate scheme and plan name. If incorrect, transaction is liable for rejection															
	Option (please tick (✓))	Growth <input type="checkbox"/>	Dividend Payout <input type="checkbox"/>	Dividend Reinvestment <input type="checkbox"/>	Others	please specify															
	SWP Option <sup>s</sup>	Capital Appreciation/Variable (please tick (✓)) <input type="checkbox"/>	(OR)	Fixed Amount ₹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Withdrawal Date <sup>s</sup>	D	D	\$ - If not offered by the scheme, will be processed as per business rules of the AMC									
	Frequency <sup>s</sup> (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 <sup>o</sup>	M	M	/	Y	Y	Y	Y	End Month & Year	M	M	/	Y	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) - 400 610, 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

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