

# SYSTEMATIC TRANSFER PLAN (STP) & SYSTEMATIC WITHDRAWAL (SWP)

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

## DISTRIBUTOR / BROKER INFORMATION

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code*
ARN-118251	ARN-			

\*Please sign alongside 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 not with standing the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

New Registration  Cancellation

## 1. NEW / EXISTING UNIT HOLDER INFORMATION

Folio/Application No.	PAN / PEKRN
Name of the Sole/1st Applicant: Mr. / Ms. / M/s. FIRST MIDDLE LAST	

## 2. SCHEME DETAILS (Please ✓) Choice of Scheme / Option / Facility

Scheme	Plan
Option	Plan

## 3. SYSTEMATIC TRANSFER PLAN (STP) DETAILS 7 calendar days to register STP

To Scheme	Plan	Option
Period: From <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	To <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	OR No of Installments
Amount Per Installment:	Amount (in words)	

## 4. SYSTEMATIC TRANSFER PLAN (STP) FREQUENCY DETAILS (Please ✓)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly (Please mention any day between Monday to Friday)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days		<input type="checkbox"/> 2nd OR <input type="checkbox"/> 8th OR <input type="checkbox"/> 15th OR <input type="checkbox"/> 23rd	

## 5. SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS 7 calendar days to register SWP

Period: From <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	To <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	OR No of Installments
Amount Per Installment:	Amount (in words)	

## 6. SYSTEMATIC WITHDRAWAL PLAN (SWP) FREQUENCY DETAILS (Please ✓)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 2nd OR <input type="checkbox"/> 8th OR <input type="checkbox"/> 15th OR <input type="checkbox"/> 23rd
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## 7. CONTACT DETAILS

Tel. (Res.)	STD Code	Tel. (Off.)	Mobile No.
Mobile No.		Mobile No. provided pertains to	
FIRST HOLDER		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
SECOND HOLDER		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
THIRD HOLDER		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor
Email ID		Email ID provided pertains to	

## 8. DECLARATION AND SIGNATURE

I/ We have read & understood the terms and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the scheme(s), I/We hereby apply to the Trustees of Groww Mutual Fund for units of scheme(s) of Groww Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme(s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time. For NRIs/FIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR/NRNR account/NRO/NRSR Account. (Including amount of transactions made in future)

**SIGN  
HERE**

First / Sole Applicant / Guardian /  
Authorised Signatory

Second Applicant /  
Authorised Signatory

Third Applicant /  
Authorised Signatory