Abakkus Mutual Fund
Believe in the Basics

SYSTEMATIC TRANSFER PLAN (STP)

Toll Free Number : 18002671849 | Email : mf.investor.support@abakkusinvest.com | Website : www.abakkusmf.com

Application No.

Please read the instructions and refer to SID, KIM and Addendums issued for the respective schemes and SAI of Abakkus Mutual Fund.

1. DISTRIBUTOR INFORMATION* (Please refer instruction no. 1)

Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp & Reference No.

☐ **By mentioning RIA/PMRN code, I/We authorize you to share with the Investment Adviser / Portfolio Manager the details of my/our transaction in the scheme (s) of Abakkus Mutual Fund. (Please if ✓ applicable)
*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. APPLICANT DETAILS

Folio No.

Sole / 1st Unitholder. (as in PAN Card / KYC records)

Guardian's Name (as case of minor) First Name Middle Name Last Name

1st Holder PAN 1st Applicant

2nd Holder PAN 2nd Applicant

3rd Holder PAN 3rd Applicant

3. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 4 working days before the 1st due date for transfer).

From Scheme | Plan ☐ Direct ☐ Regular

Option (tick ✓) ☐ Growth ☐ IDCW Reinvestment ☐ IDCW Payout | IDCW Frequency

To Scheme | Plan ☐ Direct ☐ Regular

Option (tick ✓) ☐ Growth ☐ IDCW Reinvestment ☐ IDCW Payout | IDCW Frequency

☐ Systematic Transfer Plan (STP)

Transfer Frequency (Please tick (✓) any one of the below frequencies)

☐ Weekly* (Every Wednesday) ☐ Fortnightly (Every Alternate Wednesday)

☐ Monthly ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

Transfer Instalment ₹ | No. of Instalments | **OR** Transfer Period From D D M M Y Y Y Y (First Instalment) D D M M Y Y Y Y (Last Instalment)

I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of Abakkus Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addendum there to, issued from time to time and the instructions. I/We, hereby apply to the Trustee of Abakkus Mutual Fund for allotment of units of the Scheme(s) of Abakkus Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Abakkus Mutual Fund, I/We hereby authorise the AMC/Abakkus Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree to notify Abakkus immediately in the event the information in the self-certification changes. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors: I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. Applicable to NRIS: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/ FCNR Account (s). FATCA and CRS Declaration: I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees ('the Authorised Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

You/ Sole Applicant /Guardian	Second Applicant	Third Applicant	Power of Attorney Holder

STP ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No. | Investor Name

From Scheme | To Scheme

Amount | Frequency

Stamp & Signature