

SENFIN FUNDS - SYSTEMATIC INVESTMENT PLAN

Please complete this form using CAPITAL letters ticking the appropriate boxes and one application for the one fund



This form can be used by individuals to make regular predefined

- Investments into a fund of your choice
- Redemptions
- Switches between funds

Important Information

Before you sign this form: you should read the fund's explanatory memorandums, terms and conditions for each fund in which you want to invest. The fund's Key Investor Information Document can be obtained from the Senfin website (<http://senfinassetmanagement.com/>) or requested via email at sfam.info@senfin.com

For Office Use Only

Agent Code

.....

Agent Name

PERSONAL INFORMATION

1. Name/Company:
2. NIC /Company Registration Number

SYSTEMATIC INVESTMENT PLAN

Please select the fund

- | | | | |
|---|---|---|---|
| Senfin Growth Fund <input type="checkbox"/> | Senfin Money Market Fund <input type="checkbox"/> | Senfin Shariah Balanced Fund <input type="checkbox"/> | Senfin Shariah Income Fund <input type="checkbox"/> |
| Senfin Dividend Fund <input type="checkbox"/> | Senfin Dynamic Income Fund <input type="checkbox"/> | Senfin Insurance Sector Fund <input type="checkbox"/> | Senfin Financial Services Fund <input type="checkbox"/> |
| Senfin Consumer Staples Fund <input type="checkbox"/> | | | |

Mode of Payment	Bank Transfer <input type="checkbox"/>	By post <input type="checkbox"/>	Cash Deposit <input type="checkbox"/>	Cheque <input type="checkbox"/>													
Frequency of Investment	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>														
Investment Amount Words																	
Amount In Figures																	
Start month	D	D	M	M	Y	Y	Y	Y	Ending Month	D	D	M	M	Y	Y	Y	Y
Bank Account Details																	
Name of the Bank				Name of the account holder													
Address of the bank																	

SYSTEMATIC WITHDRAWAL PLAN

Mode of Payment	Bank Transfer <input type="checkbox"/>	By post a Cheque <input type="checkbox"/>	Frequency: Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>												
Withdrawal Amount LKR																	
Withdrawal Amount Words																	
Start month	D	D	M	M	Y	Y	Y	Y	Ending Month	D	D	M	M	Y	Y	Y	Y
Name of the Bank				Name of the account holder													
Address of the bank																	
Bank account number				Reference Number													

SYSTEMATIC UNIT SWITCHES PLAN

Name of the Fund	Switch from (Please Tick)	Switch To (Please Tick)	Rupee Amount in words	Units	Date from	Date to
Senfin Growth Fund						
Senfin Money market Fund						
Senfin Shariah Balanced Fund						
Senfin Shariah Income Fund						
Senfin Dividend Fund						
Senfin Dynamic Income Fund						
Senfin Insurance Sector Fund						
Senfin Financial Services Fund						
Senfin Consumer Staples Fund						

General Guidelines/ Terms and conditions

1. New investors who wish to enroll for SIP should fill the form in addition to the Common **FUND** Application Form. Please complete all details in the Common Application Form. Details of SIP should be provided on this form. Existing investors need to fill up only this form.
2. The investor has the right to discontinue SIP at any time he/she so desires by sending a written request at least 15 working days in advance of the immediate next due date to any of the officers of Senfin Asset Management or its Authorized Collection Centers. On receipt of such request the SIP will be terminated and in case of SIP balance post-dated cheques will be returned to the investor.
3. Dividends will re-invest in the same fund
4. Minimum balance would be LKR 1,000 to apply SIP
5. All post-dated cheques must be issued favoring the individual scheme. / Fund name (six (6) Postdated cheques can be accepted)
6. If SWP date and frequency is not mentioned by investor default date & frequency would be considered as 10th of every month and monthly respectively
7. You can choose to discontinue any of these facilities by giving 15 days prior notice in writing to our Registrar and it will terminate automatically if all the Units are liquidated, or withdrawn from the account or the holdings fall below the SWP amount

DECLARATION AND SIGNATURE

I /We have read the current Explanatory Memorandum for the Senfin Units Trust Fund that units are being switched to and I/we are aware of and agree to the Fund's Investor requirements.

Customer / Authorized Signature (1) Authorized Signature (2)

Date:.....

Company Seal.....

Senfin Asset Management (Pvt) Ltd

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