

**CHIEF GENERAL MANAGER**

**MUTUAL FUNDS DEPARTMENT**

MFD/CIR/ 09/247/02

July 23, 2002

All Mutual Funds registered with SEBI/

Unit Trust of India/

Association of Mutual Funds in India (AMFI)

Dear Sirs,

**New Scheme Report**

Please refer to SEBI circular letter No.IIMARP/10772/93 dated July 14, 1993 advising you to submit New Scheme Reports in the prescribed formats, viz. Form "A" and "B", within a stipulated time period.

It has now been decided to revise and simplify the format of New Scheme Report. A copy of the revised format is enclosed. In accordance with Regulations 58(1) and 77 of SEBI (Mutual Funds) Regulations, 1996, all mutual funds are advised to henceforth submit the new scheme reports to SEBI, complete in all respects, within 10 working days from the date of allotment in the revised format.

Yours faithfully,

**P.K.Nagpal**

Encl : as above

**NEW SCHEME REPORT**

**NAME OF THE MUTUAL FUND :**

**I SCHEME DETAILS**

1. Scheme Name :
2. Scheme Type ( ) : Open Ended/Close Ended
3. Date of Opening :
4. Date of Closing of Scheme/

Initial Subscription Period :

5. Maximum Subscription Amount

acceptable as per Offer Document :

6. Minimum Target Amount to be

Raised (Rs.) :

**II SUBSCRIPTION / ALLOTMENT DETAILS**

1. No. of applicants :

2. Subscription Received (Rs.) :

3. Allotment Date :

4. Initial Issue Expenses as a percentage

of initial net assets of the scheme

5. If initial issues expenses are in excess of

6% of the initial net assets of the scheme,

the excess expenses have been borne by

the AMC : Yes/No

6. Listing (Names of stock exchanges) :

### III DATE OF DESPATCH OF REFUND ORDERS

(If subscription received is less than minimum

target amount to be raised ). :

### IV UNIT HOLDING PATTERN

| Sr.No. | Unit holding pattern                | No. of Unitholders | No. of units held | Holding as % of net asset |
|--------|-------------------------------------|--------------------|-------------------|---------------------------|
| 1      | Individuals                         |                    |                   |                           |
| 2      | NRI/OCBs                            |                    |                   |                           |
| 3      | FIIIs                               |                    |                   |                           |
| 4.     | Corporates/<br>Institutions/ Others |                    |                   |                           |
|        | <b>TOTAL</b>                        |                    |                   |                           |

### V DISTRIBUTION SCHEDULE

If any unitholder is holding more than 25% of the net assets of the scheme, please give the following details. [Please confirm whether the number of such investors and total holdings by them in percentage terms have been communicated to all unitholders through allotment letters/ account statements.]

| Sr.No | Name of the unitholder | Classification<br>(Individual/NRI/<br>OCB/Corporate/FII/<br>Institutions/Others) | Address | No. of<br>units held | Holding<br>as % of<br>net asset |
|-------|------------------------|----------------------------------------------------------------------------------|---------|----------------------|---------------------------------|
| 1     |                        |                                                                                  |         |                      |                                 |
| 2     |                        |                                                                                  |         |                      |                                 |
|       |                        |                                                                                  |         |                      |                                 |
|       | <b>TOTAL</b>           |                                                                                  |         |                      |                                 |

## **VI GEOGRAPHICAL DISPERSION**

1. Please list statewise geographical dispersion of unitholders in the following format :

| Sr.No | Name of the State | No. of unitholders | Amount mobilised as % of total assets mobilised |
|-------|-------------------|--------------------|-------------------------------------------------|
| 1     |                   |                    |                                                 |
| 2     |                   |                    |                                                 |
|       |                   |                    |                                                 |
|       | <b>TOTAL</b>      |                    |                                                 |

2. Total number of cities from which subscriptions have been received :

## **VII DETAILS OF TOP TEN AGENTS/DISTRIBUTORS**

Please list names of top ten agents/distributors in the descending order of commission paid in the following format:

| Sr.No | Name of Agent/Distributors | Amount mobilised in Rs. Cr. | Commission paid (Rs) |
|-------|----------------------------|-----------------------------|----------------------|
| 1     |                            |                             |                      |
| 2     |                            |                             |                      |
|       |                            |                             |                      |
|       | <b>TOTAL</b>               |                             |                      |

Name and Signature of the Compliance Officer/Authorised Signatory

Date :