

ARN - 83784	SUB-BROKER ARN CODE	E069303	SUB-BROKER CODE (As allotted by ARN holder)	MUTUAL FUND COMMON TRANSACTION SLIP (FOR EXISTING UNITHOLDERS ONLY)
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Declaration for "execution-only" transaction (only where EUIN box is left blank) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.				
Signature of Sole/First Holder		Signature of Second Holder		Signature of Third Holder

FOLIO NO. (Mandatory):	TAX STATUS:	MODE OF HOLDING:
Account Holder	Name	PAN No.
1st Holder (Mandatory)		
2nd Holder		
3rd Holder		

* PAN & KYC are mandatory for all applicants including NRIs.

Additional Purchase Request *(Cheque/DD to be drawn in favour of "Name of the Scheme"). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.*

Scheme Name	PLAN:	OPTION:
Cheque / DD No.	Drawn on Bank Name & Branch	
Cheque / DD Date	Amount of cheque/ DD in figures (Rs.)	DD charges, if any Rs. (in figures)
Bank A/c No.	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please specify)

We hereby confirm having initiated the Transfer / RTGS for transfer of INR _____ from our account no. _____ with _____ (Bank) to your account no. _____ with _____ (Bank).

Documents attached to avoid Third Party Payment Rejection where applicable:
 Bank Certificate - for DD Third Party Declaration
For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.
 In case, the additional purchase amount is `10,000 or above and distributor has opted to receive transaction charges, `100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

<input type="checkbox"/> Switch Request <input type="checkbox"/> STP Request / Cancellation	(Please refer to the SID of the scheme you are switching from and to)	I wish to Switch Rs.	Or All Free units from Exit load:	Units:
From (Scheme)	Plan:	To (Scheme)	Plan:	Option:

STP Installment Amount:	No of Installment:	Installment Frequency	STP Dates:
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S.W.P. Request	<input type="radio"/> New Registration <input type="radio"/> Cancellation I / We wish to opt for the Systematic Withdrawal Plan from the _____ Plan/Fund _____ Option _____ for Rs. _____ (In Words) per Month/ Quarter.		Redemption Request	
	Start Date: M M Y Y Y Y Y Y		<input type="checkbox"/> Please Redeem Rs. _____ or Units/ Free Units From Exit Load	
	End Date: M M Y Y Y Y Y Y		Scheme	
			Plan	

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.

BANK NAME	BRANCH / CITY:	A/C NO:	ACCOUNT TYPE:	IFS CODE:	MICR CODE:
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Contact details of First /Sole applicant	
Mobile Number	and/or Land Line Number
E-mail Address	

As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/freeze the folios opened between 1st July 2014 to 31st August 2015 where FATCA self certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.

YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 is being recommended to me/us. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

Signature(s)

_____ First Holder _____ Second Holder _____ Third Holder

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

(BROKER CODE: ARN-83784) Folio No. _____ Purchase Redeem Switch Date: _____
 Scheme: _____ Amount Rs. _____ or Units _____
 From Scheme (in case of switch) _____ To Scheme _____