

# Transaction Form

Time Stamp

<b>Distributor/Broker Code</b>  ARN- <b>83671</b> (Stamp here)	<b>Sub-Broker ARN</b>  Sub-Broker Code	<b>Relationship Manager's</b> Name _____ Mobile _____ EUIIN <b>E 1 0 0 5 0 0</b>	<b>Branch Code</b>
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If Employee Unique Identification Number (EUIIN) details are not provided, the investor(s) agrees that: I/We hereby confirm that the EUIINs 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 inappropriateness, 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/s (To be signed by All Applicants) (See note 7)

(Sole/First Applicant)

(Second Applicant)

(Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

## PERSONAL DETAILS (See note 1)

First Unit Holder First Name Middle Name Last Name Folio No.

PAN \_\_\_\_\_  
First Unit Holder Second Unit Holder Third Unit Holder

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

## PURCHASE (See note 2)

Scheme \_\_\_\_\_ Option  Growth^  Bonus (available in select schemes only)

Dividend Frequency \_\_\_\_\_  Dividend Payout  Dividend Reinvest

Investment Amount (Rs.) A DD Charges, if applicable (Rs.) B Net Amount (Cheque/DD) (Rs.) A minus B

Mode of Payment  Cheque  DD  Fund Transfer  RTGS  NEFT

Payment made by  (Please refer notes on 3rd party payments overleaf)

First/Second/Third Unit Holder  Guardian  Others

Cheque No. \_\_\_\_\_ Dated D D | M M | Y Y Y Y Drawn on Bank

Branch \_\_\_\_\_ City \_\_\_\_\_

NRI Investor, please specify account type  NRE  NRO  FCNR  Others (please specify)

Reason for your SIP  Children's Education  Children's Marriage  House  Car  Retirement

## REDEMPTION (See note 3)

Scheme \_\_\_\_\_ Dividend Frequency \_\_\_\_\_

Option  Growth\*  Bonus^  Dividend Payout  Dividend Reinvestment Amount (Rs.) No. of Units All Units

If you have changed your bank and have not informed us of the change, your money will be credited to the bank account registered with us

## SWITCH (See note 4)

From Scheme \_\_\_\_\_ Option  Growth  Bonus^  Dividend Payout  Dividend Reinvestment

To Scheme \_\_\_\_\_ Option  Growth\*  Bonus^  Dividend Payout  Dividend Reinvestment

Amount (Rs.) No. of Units All Units

## SYSTEMATIC WITHDRAWAL PLAN (SWP) (See note 5)

Scheme \_\_\_\_\_

Option  Growth  Bonus^  Dividend Payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Withdrawal Preference  Amount\*  Capital Appreciation Withdrawal Instalment x No. of Instalments Total Withdrawal

Withdrawal From (First Instalment) To (Last Instalment) Withdrawal Date Withdrawal Frequency  Monthly\*  Quarterly

M M | Y Y Y Y

M M | Y Y Y Y

1st  5th  10th\*  15th  25th

Monthly\*  Quarterly

## SYSTEMATIC TRANSFER PLAN (STP) (See note 6)

From Scheme \_\_\_\_\_ Option  Growth  Bonus^  Dividend Payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

To Scheme \_\_\_\_\_ Option  Growth\*  Bonus^  Dividend Payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Transfer Preference  Amount\*  Capital Appreciation Transfer Instalment Rs. x No. of Instalments Total Transfer Rs. Transfer Period From (First Instalment) To (Last Instalment)

Minimum Rs. 500 M M | Y Y Y Y M M | Y Y Y Y

Transfer Frequency (Please choose from the options mentioned here)  Weekly  Mon\*  Tue  Wed  Thu  Fri  Fortnightly Date  1st  15th\*

Monthly\*  Quarterly Date  1st  5th  10th\*  15th  25th

## YOUR SIGNATURE/S (To be signed by all joint holders)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us. Date D D | M M | Y Y Y Y

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from \_\_\_\_\_ Name of the Sole/First Unitholder Folio No. \_\_\_\_\_

Scheme \_\_\_\_\_ Option \_\_\_\_\_ Amount \_\_\_\_\_

Purchase  Cheque No. \_\_\_\_\_ Dated D D | M M | Y Y Y Y Drawn on Bank

Redemption  Amount \_\_\_\_\_  Units \_\_\_\_\_  All Units

Switch  Amount \_\_\_\_\_  Units \_\_\_\_\_  All Units to \_\_\_\_\_ Scheme Name

SWP Instalment Amount \_\_\_\_\_ No. of Instalments \_\_\_\_\_ Frequency (Please  Monthly^  Quarterly

STP Instalment Amount \_\_\_\_\_ No. of Instalments \_\_\_\_\_ to \_\_\_\_\_ Scheme Name

Frequency (Please  Daily  Weekly  Fortnightly  Monthly  Quarterly

For Office Use Only

Acknowledgement  
Stamp & Date