



Groww
MUTUAL FUND

TRANSACTION SLIP

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUN)	RIA Code**
ARN-(ARN stamp here)	ARN-			

*Please sign alongside in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1. INVESTOR'S DETAILS (Refer Instruction No.5,6 & 13)

FOLIO NO.									
Name of First applicant <i>Mr./Ms./M/s</i>		PAN No / PEKRN.		M A N D A T O R Y				<input type="checkbox"/> KYC	
Name of Guardian (In case of Minor) <i>Mr./Ms.</i>		PAN No / PEKRN.		M A N D A T O R Y				<input type="checkbox"/> KYC	
Name of Second Applicant <i>Mr./Ms.</i>		PAN No / PEKRN.		M A N D A T O R Y				<input type="checkbox"/> KYC	
Name of Third Applicant <i>Mr./Ms.</i>		PAN No / PEKRN.		M A N D A T O R Y				<input type="checkbox"/> KYC	

2. UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.														
(NSDL)	DP ID No.	I	N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(CDSL)	Target ID No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(NSDL) National Securities Depository Limited (CDSL) Central Depository Securities Limited			
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)														

3. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode :	<input type="checkbox"/> OTBM Facility (One Time Bank Mandate)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> RTGS / NEFT
LEI No.	<input type="text"/>	Valid Upto:	<input type="text"/>	
Note : LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. Groww Mutual Fund LEI number <input type="text"/>				
Cheque/RTGS/NEFT No.	<input type="text"/>		Payment Date/Instrument Date	<input type="text"/>

Net Amount ₹ _____ **Bank Name:** _____ **Branch:** _____ **City:** _____

Scheme _____ **Plan** _____ **Option** _____

4. Redemption (Refer Instruction No.4.3 & 4.4)

☐ **Partial Redemption**
☐ **Full Redemption**

Amount: ₹ _____ or Units: _____ **OR**

Scheme _____ **Plan** _____ **Option** _____

Note : LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.

[illegible]

*Bank Account No:_____ Bank Name:_____

(*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

Note: In case Change of bank details request has been submitted in last 10 days, we may HOLD the redemption payout for 7 calendar days as cooling period. The payout will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption payout will be made on the next working day.



Received From Mr/Ms/M/s : _____

[illegible]

☐ ADDITIONAL PURCHASE REQUEST ☐ REDEMPTION REQUEST ☐ SWITCH REQUEST

ACKNOWLEDGMENT SLIP (Please retain this slip)

To be filled in by the investor.

APP No.:

Time Stamp & Date
of receiving office

5. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

☐ Partial Switch

☐ Full Switch

Amount: ₹ _____ or Units: _____ OR

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of NIMF

6. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)

Mobile No / Tel No.

Mobile No. provided pertains to ☐ Self ☐ spouse ☐ Dependent children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of a minor

7. DECLARATION AND SIGNATURE

I/We would like to invest in Groww _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We declare that 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 / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Groww Asset Management Limited (GAMC) liability. I understand that the Groww Mutual Fund may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree Groww Mutual Fund can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

☐ I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of Groww Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND/ DNDC , as the case may be.

SIGN HERE

First / Sole Applicant / Guardian /
Authorised Signatory

Second Applicant /
Authorised Signatory

Third Applicant /
Authorised Signatory