TRANSACTION SLIP

MUTUAL FUND

(For Physical Transaction Only)

DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY				
Name & ARN of Distributor / RIA Co	de* Employee Unique Identification No. (EUIN)^	Sub-Broker ARN Code No.	Internal Sub-Broker Code (as alloted by Distributor)					Time and Number as per ne Stamping Machine		
ARN -	E									
Declaration: "I/We hereby confi rson of the above distributor/sub	nandatory for all transactions (Purchase m that the EUIN box has been intention broker or notwithstanding the advice o you my/our consent to share/provide t gistered investment adviser/RIA.	nally left blank by me/ of in-appropriateness,	/us as this tra if any, provi	nsaction is executed w ded by the employee/r	ithout any elationshi	r interaction or advice by p manager/sales person o	the employee, of the distribut	or/sub broker."		
SIGNATURE (s)	SOLE / FIRST APPLICANT aid directly by the investor to the AMFI re	egistered Distributor b		COND APPLICANT	various fac	tors including the service	THIRD APP			
AME OF SOLE /1ST APPLICANT	Mr. Ms. M/s.									
I No. (Legal Entity Identifier) of	Non-Individual Investor (Mandatory	/):					V	alid Upto /	/202_	
	Individual please attach FATCA, CRS & U tion amount 50 Crs and above for Non In		Proof of Dat	e of Birth of Minor	Birth Cetif	īcate Passport 0	hers	(Please	specify	
We would like to apply for A	DITIONAL PURCHASE (fill section-A)	REDEMPTION (fill s	ection-B)	SWITCH (fill section-						
	Scheme			Plan		Option		Amount		
Total			In words					In figures		
yment Options	Cheque / DD RTGS / NEF				Trai	nsfer		One Time Mandate		
nk Name			Instr	ument No.	FR No (in ca	ase of RTGS / NEFT) / OTM	ref no. in case o	of One time Mandate		
in figures)			₹(in	words)						
MAT ACCOUNT DETAILS OF FIRS	T / SOLE APPLICANT	CDSL								
epository Participant Name				Depositor	y Participa	ant (DP) ID				
eneficiary Account Number										
	our KYC information please update the sa	me by using the presci	ribed 'KYC Ch	ange Request Form' and	l submit th	e same at the Point of Ser	vice of any KYC	Registration Agency.		
B. REDEMPTION						All units	OR No. c	of Units		
R ₹ (in figures)		₹ (ir	n words)							
heme			Plai	1		Option				
	o is less than this redemption request, all	units or entire balance	e shall be red							
Bank account No.:	which you wish to receive the redempti	on proceeds. Kindly n	ote that this	Bank Name:	e one of th	e registered bank accoun	in the folio els	se by default the rede	emptio	
	ault bank account. Also this can not be tre									
С. SWITCH			_			All units	OR No. c	of Units		
R ₹ (in figures)		₹ (in	n words)							
rom Scheme			Plai	۱ 		Option				
Scheme			Plai	1		Option				
SIGNATURE (s)			, 					LICANT		
	SOLE / FIRST APPLICANT ontents of the SID / SAI of the Scheme(s).		d nor have b					ment. The money inv		
e schemes is through legitimate so ctors including the service rendered	rces and is not in contravention of any p by the distributor.	revailing laws. Upfront	commission	shall be paid directly by	me/us to t	he AMFI registered distrib	utor based on r	my/our assessment of	variou	
	OWLEDGEMENT SLIP (To b	e filled by the i	nvestor)					ion Center's Stamp Pipt Date and Time	8	
MUTUAL FUND										
olio No.		Received a reque	oct for	ADDITIONAL PURCHASI		DEMPTION SWITCH				

Name