

## TRANSACTION SLIP Strike off sections that are not applicable

Investment Advisor's Name & Code			Sub-Broker's Name & Code			EUIN (Mandatory)			/)	FOLIO NO.	DATE	
										DD / MM / YYYY		
"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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."												
SIGNATURE(S)	Sole/First Holder			Second Holder					Third Holder			
	Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by											
theo	listributor.										. <u>.</u> ,	
NAME OF SOLE/ FIRST HOLDER :												
NAME OF SECOND HOLDER :												
NAME OF THIRD HOLDER :												
PA	PAN Sole / Fir			rst Holder			Seco	ond Holde	er	Third Holder		
M	OBILE NO.									This mobile no. will r	not get updated in the folio.	
APPLICANT'S OTHER DETAILS (Mandatory)												
A)	A) Place of Birth B) Country of Tax Residency other than India											
	:) Occupation Details [Please tick 🗹 ] 🗖 Service 🔹 Private Sector 📮 Public Sector 📮 Government Services 📮 Student 📮 Business											
	Agriculture Proprietorship Professional Retired Housewife Others (please specify)											
	) Gross Annual Income (Rs.) [Please tick 🗹 ] 🔲 <1 Lac 🛄 1 - 5 Lacs 🛄 5 - 10 Lacs 🛄 10 - 25 Lacs 🛄 >25 Lacs 🛄 <1 Crore 🛄 >1 Crore											
	E) Net worth (Mandatory for Non-individual) Rsas on DD / MM / YYYYY (Not older than 1 year)											
	F) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole-time Directors) I am PEP I am Related to PEP Not Applicable											
	PURCHASE										Refer Checklist I	
						Optic	on (Please			.,	R O Reinvestment	
	Dividend Frequency											
											d Wedding Retirement	
	Investment Mode 🔲 Cheque / DD / Pay order 🛛 RTGS/NEFT/Fund Transfer/ Online Transfer											
	Investment : Rs.    Chq./ DD No.    datedDD / MM /O       drawn on    Name of Bank    Branch     City       (Please mention your folio on the face of your investment cheque)										DD / MM / YYYY	
	We hereby confi	rm having initiate	d the Trans	sfer/RTGS fo	or transfe	er of Rs.			_from ou	r account no		
	with Bank to your account no										with	
Bank.									Refer Checklist II			
REDEMPTION Scheme Plan Option (Please								Please 🖌 )				
	Scheme Amount (Rs.)	No. Of Units All Units (↓) All Units Free from Exit Load (↓) Dividend I ♀ ○ Paye										
		OR	OR	0	R	into free f		000 (• )	Grow		nus	
	SWITCH										Refer Checklist III	
	From: Scheme				Plan		Option (I	Please 🗸 )	🗖 Divide	end 🕼 🔿 Payout	OR O Reinvestment	
			Dividend Frequency									
	To: Scheme				Plan				Grow		OR O Reinvestment	
	Amount (Rs.)	No. Of Units	OR All U	Jnits ( 🗸 )	All Ur	nits Free f	rom Exit L	oad ( 🗸 )	Dividend	Frequency		
For investors who have REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY in the above folio         The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:         Name of Bank										nus		
Branch Bank City												
	Important Note: If t bank account detail the "Default" bank	account registered	o, prescribec a new bank et Managem	rescribed supporting documents have to be submitted. If new bank account, the redemption will be processed into Management Company Ltd. will not be liable for any loss <i>i</i> th us for the aforesaid folio.								
Declaration: I/We have read and understood the contents of the Statement of Additional Information/ Scheme Information Document/ offer Document(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in executing this transaction.												
RE(S)							-					
SIGNATURE(S)		Sole/First Holder				Second	Holder			Third Ho	der	
IGN	- 4			(To be signed by	y All Unith	olders if m	odr of opera	ation is <b>'Joi</b> i	nť)			

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Important Alert: In case there is any change to 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.