

# TRANSACTION SLIP



**TRUST  
MUTUAL  
FUND**  
CLEAR • CREDIBLE • CONSISTENT

## 1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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## 2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FACTA & CRS declaration form if not submitted earlier or in case of change in status)(Refer section 2 under instructions)

Folio No.  Legal Entity Identification (LEI) Code

Name of First/Sole Applicant  PAN / PEKRN

<sup>§</sup> LEI is applicable for non-individual investor including HUF, not applicable to individuals, minor & NRI investor

Note : In case the rst applicant is Non Individual please attach FATCA, CRS & UBO Self Certi cation Form. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.

## 3. ADDITIONAL PURCHASE REQUEST

Scheme Name: **TRUSTMF** Plan: (Please ✓) ☐ Regular ☐ Direct

Option: ☐ Growth ☐ Dividend Payout# ☐ Dividend Re-Investment\* Dividend Frequency:

Mode of Payment: ☐ Cheque ☐ Demand Draft ☐ RTGS/NEFT ☐ Transfer ☐ One Time mandate ☐ Others

Cheque/DD/UTR/UMR No.:  Cheque Date:

Account No.:  Account Type: ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (Please specify)

Bank & Branch Name:  Amount:

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT ☐ NSDL ☐ CDSL

Depository Participant Name  Depository Participant (DP) ID

Beneficiary Account Number

Note: 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.

## 4. REDEMPTION REQUEST

<input type="checkbox"/> Partial Redemption	OR	<input type="checkbox"/> Full Redemption
Amount ₹ <input type="text"/> or Units <input type="text"/>		
Amount (in words) <input type="text"/>		
Scheme <b>TRUSTMF</b>	Plan <input type="text"/>	Option <input type="text"/>

Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

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.

Bank Name:

Account No.:

## 5. SWITCH

<input type="checkbox"/> Partial Switch	OR	<input type="checkbox"/> Full Switch
Amount ₹ <input type="text"/> or Units <input type="text"/>		
From Scheme <b>TRUSTMF</b>	Plan <input type="text"/>	Option <input type="text"/>
To Scheme <b>TRUSTMF</b>	Plan <input type="text"/>	Option <input type="text"/>

## 6. DECLARATION AND SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of TRUST Mutual Fund. I/We hereby apply to the Trustees of TRUST Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The Distributor 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 declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold TRUST Asset Management Private Limited (Investment Manager to TRUST Mutual Fund), their appointed service providers or representatives responsible. I/We hereby declare that the amount being invested by me/us in the Scheme of TRUST Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.

**I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT**

Date	SIGNATURES(S) In case of Joint Holders, all unit holders must sign this form.		
<input type="text"/>	Sole/First Unit Holder/Guardian	Second Unit Holder	Third Unit Holder



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

Folio No.  ☐ Additional Purchase ☐ Redemption ☐ Switch ☐ SWP ☐ STP

Received from Mr. / Ms.  Date :

Stamp & Signature