

Common Transaction Form

(For existing unit holders only)

Broker ARN	Sub Broker/Branch Code	Sub-Broker ARN	EUIIN	Date ____/____/____
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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 in-appropriateness, 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.

➔ 1st Holder	2nd Holder	3rd Holder	
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Unit Holder Information

Folio : _____ Mode of Holding : _____
 Scheme : _____
 First Unitholder _____ Second Unitholder _____ Third Unitholder _____

Name _____

PAN No _____

Additional Purchase Request

I/We wish to purchase additional units in the scheme as per details given below :
 Amount(Rs.) in Figure : _____ Rs. in Words : _____
 Drawn On : _____ Cheque/DD No : _____ Date : _____ Branch : _____

Redemption Request

Please Redeem Amount (Rs.) in Figure : _____ Rs. in Words : _____
 Or Units : _____ All Units

Switch/Transfer Request

Please refer to the offer document of the scheme you are switching from and to.
 I Wish to Switch Rs.: _____ Or Units: _____
 To Scheme : _____ Option: Growth Div Payout Div Reinvest

STP Request

From Scheme : _____ To Scheme : _____ Option: Growth Div Payout Div Reinvest
 From Date: _____ To Date: _____
 Fixed Transfer: Frequency : _____ Date : _____ Amount (Rs.) : _____ No of Installments : _____
 Capital Appreciation STP: Frequency : _____ Date : _____

- Kindly STOP the SIP / SWP of Rs. _____ dated _____ of each month with IMMEDIATE effect.
- Kindly STOP the STP to _____ with IMMEDIATE effect.
- Kindly change the broker/ARN to _____
- Please update the PAN / KYC in your records:
- Please update my Mobile No _____ and Email ID _____

Declaration And Signatures

I/We have read and understood the contents of the offer Document(s) & Addenda of the scheme(s) issued till date. I/We hereby apply to the trustees of the AMC & agree to abide by the terms, conditions, rules & regulations of the scheme. I/We have understood the details of the scheme and I /we have not received nor been induced by any rebate of gifts, directly or indirectly in making this investment. I/We confirm that I am/we are Non-residents of Indian Nationality/origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account. I/We confirm that the details provided by me/us are true & correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) of Mutual Fund is derived through legitimate source & is not headed or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other application laws or any notifications, directions issued by any govt./statutory authority from time to time. Any other detail regarding source of funds can be provided when asked for by the AMC. 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 the distributor. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode) & the same is in the range of 0.05% to 1.50% 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 confirm that I/We have not been charged any fees for this transaction & only the execution of the transaction has been carried out by the distributor. I/We here by confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

All Applicants must sign in case of joint holding.

➔ 1st Unit Holder	2nd Unit Holder	3rd Unit Holder	
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Acknowledgement

(For Office Use Only)

Folio : _____ ARN : _____ EUIIN : _____

Applicant Name: _____

Scheme : _____

Bank : _____ Cheque No _____ Amount : _____

- Option :
- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Add Pur | <input type="checkbox"/> STP | <input type="checkbox"/> Change of Broker/ARN |
| <input type="checkbox"/> Redemption | <input type="checkbox"/> STOP of SIP/SWP | <input type="checkbox"/> Update PAN/KYC |
| <input type="checkbox"/> Switch | <input type="checkbox"/> STOP of STP | <input type="checkbox"/> Contact Update |