COMMON TRANSACTION SLIP

RR INVESTORS CODE : ARN 0032

Use this form for
- Additional Purchase
- Switch
- Redemption

Date_____

Associate ARN Code : _____ EUIN : _____

☐ [If EUIN left blank intentionally please tick (✓) here]	I/We hereby confirm that the EUIN 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

_____ (First Holder's Signature)

_____ (Second Holder's Signature)

_____ (Third Holder's Signature)

Folio/Account No_____ Fund Name_____, Scheme Name _____, Option_____

Name Of Holders : _____ Pan _____

Please Use the appropriate transaction request. Use only one form per transaction.

A ADDITIONAL PURCHASE

Bank Options ☐ Cheque / DD ☐ RTGS / NEFT ☐ Transfer Instrument No. UTR No (in case of RTGS / NEFT)

Bank Name _____ Branch _____

₹ (in figures) _____ ₹ (in words) _____

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

☐ NSDL ☐ CDSL

Depository Participant Name

Depository Participant (DP) ID

Beneficiary Account Number

B REDEMPTION

☐ All units OR ☐ No. of Units

OR ₹ (in figures) _____ ₹ (in words) _____

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

C SWITCH (From scheme as mentioned above)

☐ All units OR ☐ No. of Units

OR ₹ (in figures) _____ ₹ (in words) _____

To (Scheme Name)

Plan _____ Option _____

Dividend Frequency

D SIGNATURE

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly of indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant

Acknolegment(To be given by the fund house only)

Distributor Code : ARN 0032 Associate ARN Code : _____ EUIN : _____

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIN 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	☐ [If left blank intentionally please tick (✓) here]

Received from Mr/Ms/M/s _____ Folio No_____

Date : _____

Scheme : _____ Option_____ for

Additional Purchase for amount(in Fig)_____ (in words)_____

Bank_____ Brabch_____

Switch/☐ Redumption amount(Rs)_____/(Units_____

Change Of Address ☐ Change of Bank Account

Service Centre Signature & Stamp

Investor's Signature _____