

# Common Transaction Form



Broker Code: ARN-0007

SubBroker Code:

To: \_\_\_\_\_ Mutual Fund

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.

## Personal Details

Folio No. \_\_\_\_\_

Unit holder's Name \_\_\_\_\_

## Additional Purchase

I/we would like to purchase additional Units as per the following details:

Scheme Name : \_\_\_\_\_

Option : \_\_\_\_\_

Cheque / DD No. : \_\_\_\_\_ Cheque/DD Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank & Branch Name : \_\_\_\_\_

Amount : \_\_\_\_\_

## Redemption

Please redeem my/our Units or Amount as per the following details:

Scheme Name : \_\_\_\_\_

Option : \_\_\_\_\_

Amount : \_\_\_\_\_ (or) Units \_\_\_\_\_

## Switch

I/we would like to switch Units as per the following Details:

### Switch From

Scheme Name : \_\_\_\_\_

Option : \_\_\_\_\_

Amount : \_\_\_\_\_

### Switch To

Scheme Name: \_\_\_\_\_

Option \_\_\_\_\_

(or) Units \_\_\_\_\_

**Change / Updation**       **Correspondence Address**       **PAN No.**       **Email ID**

Address : \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

E-Mail ID : \_\_\_\_\_

PAN No. : \_\_\_\_\_ (PAN Card Photocopy Attached)

## Change of Bank Mandate

Name of the Bank : \_\_\_\_\_

Branch Address : \_\_\_\_\_

A/c No : \_\_\_\_\_ MICR NO: \_\_\_\_\_

A/c Type : \_\_\_\_\_ IFSC/RTGS Code: \_\_\_\_\_

## Disclaimer

I/We would like to invest in \_\_\_\_\_ Mutual Fund subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/Debit card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said terms & conditions including those excluding/limiting the \_\_\_\_\_ liability. The ARN holder 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 hereby declare that above information is given by the undersigned and particulars given by me/us are correct and complete. Applicable for NRI Investors: I confirm that, I am resident of India. I/We confirm that, I am / We are Non Resident of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through Normal Banking Channels or from Funds in my/our Non resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved Banking Channels or from Funds in my/our NRE/FCNR account.

## Signature

\_\_\_\_\_  
Sole/Ist Unit holder

\_\_\_\_\_  
2<sup>nd</sup> Unit holder

\_\_\_\_\_  
3<sup>rd</sup> Unit holder