

TRANSACTION SLIP



Distributor Code	ARN-168764	SUB Broker ARN		EUIN	
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Folio Number :	
First Applicant/Guardian	
Second Applicant	
Third Applicant	

<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST	
Scheme:	
Plan:	<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest
Amount in Rs.	
Cheque/DD No.	Drawn on Bank & Branch:

<input type="checkbox"/> SWITCH REQUEST	
From (Schme)	
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest
To (Scheme)	
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest
Amount (Rs)	No. of Units

<input type="checkbox"/> REDEMPTION REQUEST	
Scheme	
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest
Amount (Rs)	No. of Units

Declaration:

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of Mutual Fund and agree to abide by terms and conditions, rules and regulation of the relevant scheme(s) /Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorised to undertake this transaction.

Signature(s)

Sole/First Unit Holder/Guardian/POA

Second Unit Holder

Third Unit Holder

Folio _____ Received from Mr./Ms. _____		For office use Signature of receiving authority.
Scheme: _____ Plan _____		
<input type="checkbox"/> Additional Purchase <input type="checkbox"/> Redemption <input type="checkbox"/> Switch	Amount: (Rs) _____ No. of Units _____	
Cheque/DD No: _____ Drawn on Bank & Branch.		
Date of Receipt: _____	Time of Receipt: _____	