

Transaction Form



Time Stamp

Distributor/Broker Code ARN- (ARN stamp here) SGSSL - 54854	Sub-Broker ARN Sub-Broker Code	Relationship Manager's Name Mobile EUIIN E 0 2 6 6 5 1	Branch Code
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If Employee Unique Identification Number (EUIIN) details are not provided, the investor(s) agrees that: I/We hereby confirm that the EUIINs 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.

Signature/s (To be signed by All Applicants) (See note 7)

X (Sole/First Applicant)

X (Second Applicant)

X (Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.

Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

PERSONAL DETAILS (See note 1)

First Unit Holder	First Name	Middle Name	Last Name	Folio No.
PAN	First Unit Holder	Second Unit Holder	Third Unit Holder	

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

PURCHASE (See note 2)

Scheme	Option (✓) <input type="checkbox"/> Growth^ <input type="checkbox"/> Bonus (available in select schemes only)	
Dividend Frequency	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest	
Investment Amount (Rs.) A	DD Charges, if applicable (Rs.) B	Net Amount (Cheque/DD) (Rs.) A minus B
Mode of Payment (✓)	Payment made by (✓) (Please refer notes on 3rd party payments overleaf)	
<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT	<input type="checkbox"/> First/Second/Third Unit Holder <input type="checkbox"/> Guardian <input type="checkbox"/> Others	
Cheque No.	Dated D D M M Y Y Y Y	Drawn on Bank
Branch		City
NRI Investor, please specify account type (✓)	Reason for your SIP (✓)	
<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Retirement	

REDEMPTION (See note 3)

Scheme	Dividend Frequency		
Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Amount (Rs.)	No. of Units	All Units (✓) <input type="checkbox"/>

If you have changed your bank and have not informed us of the change, your money will be credited to the bank account registered with us

SWITCH (See note 4)

From Scheme	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	
To Scheme	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	
Amount (Rs.)	No. of Units	All Units (✓) <input type="checkbox"/>

SYSTEMATIC WITHDRAWAL PLAN (SWP) (See note 5)

Scheme	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency
Withdrawal Preference <input type="checkbox"/> Amount* <input type="checkbox"/> Capital Appreciation	Withdrawal Instalment x No. of Instalments	Total Withdrawal
Withdrawal From (First Instalment) M M Y Y Y Y	To (Last Instalment) M M Y Y Y Y	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th
		Withdrawal Frequency (✓) <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly

SYSTEMATIC TRANSFER PLAN (STP) (See note 6)

From Scheme	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency
To Scheme	Option (✓) <input type="checkbox"/> Growth* <input type="checkbox"/> Bonus^ <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Dividend Frequency
Transfer Preference (✓) <input type="checkbox"/> Amount* <input type="checkbox"/> Capital Appreciation	Transfer Instalment Rs. x No. of Instalments	Total Transfer Rs.
Minimum Rs. 500		Transfer Period From (First Instalment) M M Y Y Y Y To (Last Instalment) M M Y Y Y Y
Transfer Frequency (Please choose from the options mentioned here) (✓) <input type="checkbox"/> Weekly <input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Date <input type="checkbox"/> 1st <input type="checkbox"/> 15th* <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th

YOUR SIGNATURE/S (To be signed by all joint holders)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.

Date D D | M M | Y Y Y Y

X (Sole/First Unit Holder)

X (Second Unit Holder)

X (Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from	Name of the Sole/First Unitholder	Folio No.
Scheme	Option	Amount
<input type="checkbox"/> Purchase <input type="checkbox"/> Redemption <input type="checkbox"/> Switch <input type="checkbox"/> SWP <input type="checkbox"/> STP	Cheque No. Dated D D M M Y Y Y Y	Drawn on Bank
<input type="checkbox"/> Amount <input type="checkbox"/> Units	<input type="checkbox"/> All Units	Scheme Name
Instalment Amount	No. of Instalments	Frequency (Please ✓) <input type="checkbox"/> Monthly^ <input type="checkbox"/> Quarterly
Instalment Amount	No. of Instalments	to Scheme Name
Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		

For Office Use Only

Acknowledgement
Stamp & Date