

COMMON TRANSACTION FORM

	Sub Broker / S	ub Agent ARN Code		ee Unique Number (EUIN)	ISC Date T	ime Stamp Reference No.	
"Upfront commission shall be paid directly by the inve	estor to the AMFI registered	Distributors based on the investors'	assessment of various fact	tors including the service re	dered by the distribu	tor".	
EUIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM. If the EUIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship							
manager/sales person of the above distributor/sub br	,		,		,	, , ,	
Signature of 1 st Applicant / Gual Authorised Signatory /PoA/Ka	rdian / arta	Signature of 2 nd Ap Authorised Si	plicant / Guardian / gnatory /PoA		Signature of 3 rd Authorised	Applicant / Guardian / d Signatory /PoA	
TRANSACTION CHARGES - Refer Ins						tion of Rs. 10,000 and more	
Please Specify Allotment Preference-Units in Physical Mode (Default Option) – Please (🗸) OR Units in Demat Mode* Please (🗸) U *Please provide details in below section. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)						pption)	
National Securities Depositary Limited (NSDL) DP Name -			Central Depository Services (India) Limited (CDSL) DP Name -				
DP ID- I N	Benef. A/C No		16 Digit A/C No				
	lient Masters List (CI	ML) Trans	saction cum Holding	Statement	O De	livery Instruction Slip (DIS)	
1. Investor Details (All KYC data / crediantal will be taken as updated under the folio)							
Folio No. Sole First Applicant							
Scheme	Scheme Plan / Option						
Dividend - Payout O Reinvestment Please Specify Scheme / Plan	(frequency please	e ✓) Daily ○ Weekly	O Monthly O	Quarterly (
I/We wish to apply Units for Rs. (figure	es)						
2. Additional Purchase							
Rs. (words)							
Cheque / DD Number		Date					
Drawn on							
Branch		City					
Please (/) Source of Funds:- *A/c T	Type S/R NPE		☐ Others (Pleas	e specify)	Bank A/c	No :	
*Kindly provide photocopy of the paym							
Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6e)							
EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian) Mandatory Information (Please ✓): The detail of the cheque provided above pertains to my/our own bank account in my/our name □ Yes □ No*							
*If No, my relationship with the bank a 3. Redemption	account holder is	(Please specif	y)	(Application Form w	ithout this Infor	mation may be rejected)	
·	(Figure 2)			Units			
I/We wish to Redemption Units for Rs. (figures) Or Units							
Rs. (words)							
, , ,	. (ngures)		Or	OTING			
Rs. (words) To Scheme/Plan/Option 4. Switch Request	. (ngures)		Or	o into			
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