

TRANSACTION SLIP (For existing Unitholders only)



ARN# -	Broker Code	Sub-Broker Code
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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.

FOLIO NO.: _____ TAX STATUS: _____ MODE OF HOLDING: _____

1st Holder		
2nd Holder	PAN*	KYC Status [^]
3rd Holder	Name of the Unitholder(s)	

In case of direct application, please write as 'DIRECT' against broker code. * PAN is mandatory for all applicants including NRIs. ^ KYC Compliance is mandatory for the investment of Rs.50,000 and above.

Additional Purchase Request

Scheme Name			Option:
Cheque / DD No.		Drawn on Bank Name & Branch	
Cheque / DD Date	D	D	Amount of cheque/DD in figures (Rs.)
	M	M	
	Y	Y	
	Y	Y	DD charges, if any. Rs. (in figures)

Switch Request (Please refer to the SID of the scheme you are switching from and to)

I wish to switch		Units
From (Scheme)	Rs.	or
(Option)		
To (Scheme)		
(Option)		

YOUR CONFIRMATION/DECLARATION
 I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s). 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.

Signature(s)		
First Holder	Second Holder	Third Holder

Folio No. Purchase Redeem Switch Change of Address Bank Details Date:

Scheme Amount Rs. or Units

From Scheme (in case of switch) To Scheme

Folio No.:

Name:

Date:



<input type="checkbox"/> Redemption Request	
Please Redeem Rs.	Units
or	
Scheme	
Option	

Change of Address COA for KYC compliant folios needs to be carried out with CVL and not directly with AMC/Registrar

City	State
Country	PIN
Tel (O/R)	STD/ISD Code
Mobile	
E-mail	

Change of Bank Mandate Please provide a cancelled cheque copy issued by your bank. (Mandatory)

Bank Account No.									
Bank Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO					

Bank Name	
Bank Address	
Bank City	
MICR Code (9 digits)	
IFSC Code (11 digits)	

a) The above change is permanent for the folio(plan)s until further instructions

b) The above change is only for the Redemption instruction mentioned above

Important: If not ticked, Option (a) will be deemed as default instruction.

Communication: As a part of the Go Green initiative, Account Statement/Annual Report/other statutory information will be sent only by email to the abovementioned email ID.

Please tick (✓) if you wish to receive Account Statement/Annual Report/other statutory information via physical documents instead of email.

YOUR CONFIRMATION/DECLARATION

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s). The APN 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.

Signature(s)

_____ First Holder _____ Second Holder _____ Third Holder