

TRANSACTION SLIP



ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN:64917				E-029678	

DECLARATION for "execution-only" transaction (only where EUN box is left blank)

I/We hereby confirm that the EUN 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 inappropriateness, if any, provided by the employee / relationship manager/sales person of the above distributor and the distributor has not charged any advisory fees on this transaction.

Signature (s)

(All Holder to sign in case mode of holding is joint)

_____ **First Account Holder**

_____ **Second Account Holder**

_____ **Third Account Holder**

Folio : _____ Scheme : _____ Plan : _____

Name of First Holder : _____ 2nd Holder : _____ 3rd Holder : _____

ADDITIONAL PURCHASE REQUEST Amount (in Rs) _____ (in words) _____

Bank / Branch _____ Cheque/DD No. _____ Date _____

Bank Account Type Savings Current NRE NRO FCNR

SWITCH REQUEST (INTER AND INTRA SCHEME) All Units No. of Units _____ Amount (in Rs) _____

From Scheme _____ Plan _____

To Scheme _____ Plan _____

REDEMPTION All Units No. of Units _____ Amount (in Rs) _____

Amount (in words) _____ from the above mentioned folio and scheme/plan.

Note: "Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor".

I/We have read and understood the terms and content of the scheme Information Documents including addenda and lost structure(s) of the respective scheme(s) statement of Additional Information of ESCORTS MUTUAL FUND. For Cases where IFSC/MICR Code of Investors' Bank Accounts is provided, the redemption amount will be credited electronically to such bank account.

Signature (s)

(All Holder to sign in case mode of holding is joint)

_____ **First Account Holder**

_____ **Second Account Holder**

_____ **Third Account Holder**

(To be filled by Unit holder)

ACKNOWLEDGEMENT

[TIMESTAMP (FOR OFFICE USE ONLY)]

Folio No. : _____ Sole/First Unit Holder: _____



Scheme: _____ Plan _____

ADDITIONAL PURCHASE REQUEST (in Rs.) _____ Cheque No. _____ Date: _____

SWITCH All Units No of units _____ Amount (in Rs.) _____

To Scheme _____ Plan _____

REDEMPTION All Units No of units _____ Amount (in Rs.) _____

helpline Number: 011- 43587415/43587420 email id: help@escortsmutual .com Website : www.escortsmutual.com