

TRANSACTION FORM



Please read the Terms and Condition, KIM, SID, SAI and any addendum issued for the respective schemes

1. DISTRIBUTOR INFORMATION*					
Broker Code/ ARN / RIA** / PMRN** Code	Sub Broker /Agent's ARN Code	Bank Branch Code	Internal Code for Sub - Agent / Employee	EUIN*	ISC Date Timestamp Reference No.
ARN-64917				E434563	

** By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Bajaj Finserv Mutual Fund. (Please if applicable)
*In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)						
Folio No.:					PAN	
Name of Unit Holder:	First Name	Middle Name	Last Name			

2. ADDITIONAL PURCHASE					
KYC compliance status: Please (<input checked="" type="checkbox"/>)					
<input type="checkbox"/> 1st Applicant		<input type="checkbox"/> 2nd Applicant		<input type="checkbox"/> 3rd Applicant	
Scheme	Please Specify	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default)	<input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment (Default)	<input type="checkbox"/> IDCW frequency*
*IDCW frequency is applicable to Bajaj Finserv Liquid Fund, Bajaj Finserv Overnight Fund and Bajaj Finserv Money Market Fund.					
Payment Type: Please (<input checked="" type="checkbox"/>)					
<input type="checkbox"/> Non-Third Party Payment		<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')			
Core Banking A/c No.:			A/c. Type Please (<input checked="" type="checkbox"/>)		
			<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others	Pls Specify	
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (₹)	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)	

TRANSACTION CHARGES : In case, the additional purchase amount is ₹ 10,000 or above and distributor has opted to receive transaction charges, ₹ 100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

2A. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details.					
National Securities Depository Limited (NSDL)			Central Depository Services (India) Limited (CDSL)		
DP Name:			DP Name:		
DP ID	I	N	Benef. A/C No.	16 Digit A/C No.	
Enclosures: Please (<input checked="" type="checkbox"/>)					
<input type="checkbox"/> Client Masters List (CML)		<input type="checkbox"/> Transaction cum Holding Statement		<input type="checkbox"/> Delivery Instruction Slip (DIS)	

3. REDEMPTION - I WISH TO REDEEM UNITS / AMOUNT AS UNDER:					
Scheme	Please Specify	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> IDCW Frequency*
*IDCW frequency is applicable to Bajaj Finserv Liquid Fund, Bajaj Finserv Overnight Fund and Bajaj Finserv Money Market Fund.					
Amount (in figures) (₹):		Or Units (in figures):		<input type="checkbox"/> Or All Units	
Amount (in words) (₹):					

Direct Credit to other than Default Bank Account: I / We request you to directly credit the proceeds to my (Bank Name) for this transaction, which is one of the multiple bank already registered under the folio.

4. SWITCH REQUEST - I WISH TO SWITCH UNITS / AMOUNT AS UNDER:					
From Scheme	Please Specify	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> IDCW frequency*
Amount (in figures) (₹):		Or Units (in figures):		<input type="checkbox"/> Or All Units	
Amount (in words) (₹):					
To Scheme		<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default)	<input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment (Default)	<input type="checkbox"/> IDCW frequency*

* IDCW frequency is applicable to Bajaj Finserv Liquid Fund, Bajaj Finserv Overnight Fund and Bajaj Finserv Money Market Fund.

5. DECLARATION AND SIGNATURES		
I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Bajaj Finserv Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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. For investors investing in Direct Plan : I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product / scheme / plan.		
<input type="checkbox"/> I/We hereby confirm that the EUIN 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 of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Authorised Signatory/PoA	Signature of 3rd Applicant/Authorised Signatory/PoA

ACKNOWLEDGEMENT SLIP						
Folio No.:	<input type="checkbox"/> Additional Purchase <input type="checkbox"/> Redemption <input type="checkbox"/> Switch				Date:	D D M M Y Y Y Y
Scheme:	Amount (₹) :		or Units:			
From Scheme (in case of switch):			To Scheme:			