

COMMON TRANSACTION FORM



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA / PMRN Code#	Sub Broker / Sub Agent ARN Code	*EUN	Internal Code for Sub-broker/ Employee	
ARN-64917 ^e	ARN-	E434563		

#By mentioning RIA / PMRN code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Bandhan Mutual Fund.
*Please sign below in case the EUN is left blank/not provided. I/We hereby confirm that the EUN 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 broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
Mandatory	KYC compliance status (Please ✓) <input type="checkbox"/> 1st Applicant <input type="checkbox"/> 2nd Applicant <input type="checkbox"/> 3rd Applicant	Folio No.	
	Name of the Sole/ First Unit Holder		

1 ADDITIONAL PURCHASE (Cheque/DD to be drawn in favour of "Name of the Scheme"). In case you do not mention Plan and/or Option units will be allotted under default option as per respective scheme information documents.

Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please fill section 3) <input type="checkbox"/> IDCW frequency		
PAYMENT MODE (Please ✓):	<input type="checkbox"/> Cheque / DD <input type="checkbox"/> OTM (One Time Bank Mandate) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> UPI*		
Bank A/c No		A/c. Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Cheque / DD / UTR No. / UMRN / UPI Ref. No.		Date	D D M M Y Y Amount (figures ₹)
Drawn on Bank		Drawn on Branch & City	
Payment Type (Please ✓)	<input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach Third Party Payment Declaration Form)		
Virtual Payment Address (VPA) / UPI ID			@UPI
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.)			
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)	

2 SWITCH REQUEST (Please refer to the SID of the scheme you are switching from and to)

FROM Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <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
TO Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please fill section 3) <input type="checkbox"/> IDCW frequency		

3 IDCW SWEEP OPTION

Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW frequency		

4 REDEMPTION

Scheme Name	Bandhan	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <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 ₹)			
<input type="checkbox"/> I/we request you to credit my redemption proceeds to the below mentioned Bank A/c (Note: This bank a/c should be one of the multiple bank a/cs already registered)			
Bank A/c No		Bank Name	

DECLARATION AND SIGNATURES (Please refer instructions overleaf, before submitting the form.)

I/We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund www.bandhanmutual.com and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. I/We hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year. 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 NRIs / PIOs / FPIs only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. I/We hereby provide my/our consent to Bandhan AMC Limited for (i) collecting, storing and usage of personal information for the purposes of processing my/our application and providing the services to which I/we have subscribed and for the purposes of meeting legal and regulatory requirements; (ii) receiving updates on promotional material and transaction related communication via mail, telecall, SMS, etc.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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For All online/channel/exchange investors, physical requests cannot be processed in absence of specimen signature. Registration of specimen signature is mandatory for such investors, before submission of any physical requests.

ACKNOWLEDGEMENT SLIP

Received, subject to realisation, verification and conditions

From		Time Stamping
Folio No.	<input type="checkbox"/> ADDITIONAL PURCHASE <input type="checkbox"/> REDEMPTION <input type="checkbox"/> SWITCH	

NON - FINANCIAL TRANSACTION FORM

ARN-64917 E434563



****IMPORTANT INFORMATION:**

(i) This form is applicable only for existing unit holders holding units in physical mode. (ii) Please refer overleaf for instructions to fill the form and on documentation requirement. (iii) Please tick the section applicable and strike-off other unused section to prevent misuse. (iv) Please fill-in information in legible **ENGLISH CAPITAL LETTERS**.

UNIT HOLDER INFORMATION (Mandatory)

Folio No	PAN/PEKRN	KYC ID (KIN)
Name		

1 CHANGE OF BANK MANDATE / MODE OF PAYMENT (Mandatory to fill BOTH Old and New bank details and submit with their respective proof)**

OLD BANK DETAILS	NEW BANK DETAILS
Account No.	Account No.
Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)
Bank Name	Bank Name
Branch Name Branch City	Branch Name Branch City
IFSC Code	IFSC Code
MICR Code	MICR Code
Old Bank Proof Specify document enclosed	New Bank Proof Specify document enclosed

****NOTE:** This instruction for change in bank mandate will modify/supersede the existing default mandate registered under mentioned folio number. Please fill-up multiple bank mandate registration form to change any other secondary bank details recorded.

2 NEW CONTACT DETAILS

Tel. No.	Office	Residence	Mobile No.
Mobile No belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA			
Email ID			
Email id belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA			
All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please <input checked="" type="checkbox"/> here) <input type="checkbox"/>			

3 CONSOLIDATION OF FOLIOS

Source Folio: I / We wish to consolidate all my / our investments under specified folios into one folio.
Folios to be consolidated are:

Target folio** (Mandatory)

NOTE:

- Target folio has to be one of the source folios.
- After consolidation, the unit holder(s) agree that the details in the target folio will be applicable, even if the details were different in source folio(s).
- All Joint holders should sign, even in case of 'Anyone or Survivor'.
- In case there is no nominee in the target folio, please fill section 8.

4 PAN AND KYC UPDATION

Sole / First Applicant / Guardian	PAN NUMBER	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN
Second Applicant	PAN NUMBER	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN
Third Applicant	PAN NUMBER	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN

5 REVALIDATION OF IDCW / REDEMPTION CHEQUE

Cheque No.	Cheque Date	DDMMYYYY	Cheque Amount
<input type="checkbox"/> I request to reissue the said warrant after necessary revalidation without change in bank Mandate. <input type="checkbox"/> I request you to update the above new bank details and make payment in new bank through NEFT/RTGS.			

****NOTE:** Section 1(COB) should be mandatorily filled to facilitate NEFT/RTGS

6 CHANGE IN MODE OF HOLDING (All Unit holder signature are required, even if current MOH is "Anyone or Survivor")**

"Joint" To "Anyone or Survivor" "Anyone or Survivor" To "Joint"

7 CHANGE OF IDCW OPTION

SCHEME NAME		OPTION	
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest <input type="checkbox"/> Reinvest To Payout
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest <input type="checkbox"/> Reinvest To Payout
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest <input type="checkbox"/> Reinvest To Payout

NON - FINANCIAL TRANSACTION FORM [Acknowledgement copy (To be filled by investor)]

Folio No	Date	DDMMYYYY
Received from Mr./Ms./Mrs.		
<input type="checkbox"/> Change of Bank	<input type="checkbox"/> Update of Contact Details	<input type="checkbox"/> Revalidation of IDCW / Redemption Cheque
<input type="checkbox"/> Update PAN /KYC	<input type="checkbox"/> Consolidation of Folios	<input type="checkbox"/> Change of IDCW Option <input type="checkbox"/> Nomination

stamp & signature

