

## DISTRIBUTOR / BROKER INFORMATION

Distributor ARN Code	Sub Distributor ARN	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number (EUIIN)	RIA Code**
ARARN-64917 <sup>(here)</sup>	ARN-		E434563	

\*Please sign alongside in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

## 1. INVESTOR'S DETAILS

Folio Number  Pan

NAME Mr. / Ms. / M/s.  FIRST  MIDDLE  LAST

Scheme Name:

Plan:  Option:  Date:

## 2. ADDITIONAL PURCHASE REQUEST

I/We would like to purchase additional units in above scheme

(₹) (In figures):

(₹) (In words):

## 3. REDEMPTION REQUEST

I/We would like to redeem units from above scheme

(₹) (In figures):

(₹) (In words):

Or Units:  Or Entire Units  (Please tick)

Please credit redemption payment to my registered Bank account Number  Bank Name

Please note, if balance in portfolio is less than the redemption request then all units or entire balance shall be redeemed.

## 4. SWITCH REQUEST

I/We would like to switch from above scheme

(₹) (In figures):

(₹) (In words):


Number of units:  Tick to switch all units

to  (Scheme)

Plan:

OPTION  Growth  IDCW

IDCW  Reinvest  Payout

**SIGN HERE** 

Primary Holder / Guardian / POA  2nd Joint Holder  3rd Joint Holder



## ACKNOWLEDGMENT SLIP ( Please retain this slip)

To be filled in by the investor.

Received From Mr/Ms/M/s:

Folio/Account No:

ADDITIONAL PURCHASE REQUEST  REDEMPTION REQUEST  SWITCH REQUEST

APP No.:

Time Stamp & Date  
of receiving office



Application No:

Date:

## 1. BROKER'S INFORMATION (Mandatory)

Broker code ARN -  EUIN -  Empanelment Date

NAME<sup>A</sup> Mr. / Ms. / M/s.  FIRST  MIDDLE  LAST

## 2. CHANGE OF BANK MANDATE/MODE OF PAYMENT Mandatory to attach proof

Name of Bank  Bank Branch

Account No.  Account Type . Type (✓)  Savings  Current  NRO  NRE  FCNR

Branch City  PIN         IFSC Code  MICR Code

Document Attached \*  Cancelled Cheque

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

## 3. NEW CONTACT DETAILS

Mobile No.  Tel.:  Email ID:

Mobile No. provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Email ID provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

## 4. REGISTRATION/CHANGE/MODIFICATION OF NOMINATION (For Individuals / Sole Proprietors Only)

REGISTRATION  CHANGE/MODIFICATION

I do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death

Nominee Name

Relationship

Guardian Name (If Nominee is Minor)

Nominee's Date of Birth If Nominee is Minor

Address of Nominee's/Guardian's (if nominee is minor)

City/ Town  State  Country  Pin Code

Mobile No.  Tel.:  Email ID:

Mobile No. provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Email ID provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Note: The nominee of individual Distributor will receive trail brokerage/commission on business done before the demise of the Distributor holding ARN card. The nominee will not be entitled for any brokerage/commission on SIP (Systematic Investment Plan) installments post demise of Distributor. In case of any payment made between the period of actual date of demise and date of intimation of demise, the amount paid shall be recoverable from the nominee/ individual Distributor.

## 5. ARN RENEWAL

ARN Renewal Period         To

Enclosed (Please Tick)

## 6. SIGNATURE

I/We hereby declare that the information furnished herein is complete and correct in all respects and we shall forthwith communicate any change in the information furnished to the AMC. I/We undertake to abide by such guidelines, code of conduct and other circulars issued by SEBI and/or AMFI that may be applicable to me/us, and the terms and conditions stated in the empanelment form as amended from time to time. I/We are neither an employee of Union Asset Management nor a relative of any Director/Employee of the AMC/Sponsor or any of its associates.

SIGN HERE 

Date:

ARN No.:

Received From Mr/Ms/M/s:

Change in Bank Mandate  Contact Details  Nomination  ARN RENEWAL

Time Stamp & Date  
of receiving office