SAMCO MUTUAL FUND
HEXASHIELD TESTED INVESTMENTS

Registered Office : 1003, A Wing, Naman Midtown,
10th Floor, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013
Tel : +91 6357222000 | **Toll Free No.** : 1800 103 4757
Website: www.samcomf.com | **Email**: mfassist@samcomf.com

TRANSACTION SLIP

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. Distributor / Broker Information

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	EUIN	RIA Code*
ARN-64917	ARN-		E434563	

Please sign alongside in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN 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.
*I/We, have invested in the scheme(s) of Samco Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Samco Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

Sign Here | First / Sole Applicant / Guardian Authorised Signatory | Second Applican Authorised Signatory | Third Applican Authorised Signatory

2. Investor Details

Folio No. _____ **First / Sole Applicant** _____

LEI Number _____ **Valid Upto** D D M M Y Y Y Y

Note: LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.

3. Additional Purchase

Payment Mode ☐ One Time Mandate ☐ Cheque ☐ DD ☐ Transfer ☐ RTGS / NEFT

Cheque/DD/ No. _____ **Date** D D M M Y Y Y Y **Bank Name** _____

Bank A/c No. _____ **Bank Branch** _____

Gross Amount _____ ₹ (in words) _____

DD Charge _____ **Net Amount** _____

Scheme _____ **Plan** _____ **Option** _____

Demat account details of First / Sole Applicant ☐ NSDL ☐ CDSL

Beneficiary A/c No. _____

Depository Participant Name _____ **Depository Participant ID** _____

4. Redemption

☐ **Full Redemption** **OR** **No. of Units** _____ **OR** ₹ (in figures) _____

₹ (in words) _____

Scheme _____ **Plan** _____ **Option** _____

***Bank Account No.** _____ **Bank Name** _____

(*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)
Note: In case Change of bank details request has been submitted in last 10 days, we may HOLD the redemption payout for 7 calendar days. The payout will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption payout will be made on the next working day.

5. Switch

☐ **Full Switch** **OR** **No. of Units** _____ **OR** ₹ (in figures) _____

₹ (in words) _____

From Scheme _____ **Plan** _____ **Option** _____

To Scheme _____ **Plan** _____ **Option** _____

6. Signature

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant

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ACKNOWLEDGEMENT SLIP

(To be filled by the investor)

Folio No. _____

Name _____

Received Request for ☐ Additional Purchase ☐ Redemption ☐ Switch

Stamp & Signature