

AMC Name : \_\_\_\_\_  
 Folio No. : \_\_\_\_\_  
 Investor Name : \_\_\_\_\_

	PAN	KYC Updation
Primary Holder		<input type="checkbox"/>
2nd Holder		<input type="checkbox"/>

**S Babu Arunachalam**  
**ARN-10520**  
**EUIIN-E036140**

**SCHEME / OPTION :**

Nature of Transactions : (Please tick & fill up relevant details) I/we would like to

**ADDITIONAL PURCHASE**

Rs..... (In words).....  
 Cheque /DD No..... Dated.....Drawn on.....  
 .....Branch.....

**SWITCHOVER**

Switch Rs.....Or.....units  
 from the above Scheme to .....  
 ..... (Scheme / Option)

**REDEMPTION / WITHDRAWAL**

Redeem  All Units OR No. Units \_\_\_\_\_ OR Rs. (In Figures) \_\_\_\_\_

**UPDATION / CHANGE OF BANK PARTICULARS**

Bank Name & Branch \_\_\_\_\_ Pin \_\_\_\_\_  
 Bank Account No. \_\_\_\_\_ MICR No. \_\_\_\_\_  
 Bank Account Type ( Please ✓ ) Savings  Current  NRE  NRO  IFS Code \_\_\_\_\_

**UPDATION OF CONTACT DETAILS**

Tel./Mb.: \_\_\_\_\_ Email : \_\_\_\_\_  
 I/We wish to receive all communication including Annual Report by e-mail instead of physical document ( Please ✓ )

**SIP CANCELLATION REQUEST**

SIP Amount (Rs.): \_\_\_\_\_ Frequency: \_\_\_\_\_ Cycle Date: \_\_\_\_\_  
 A/c No.: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Note: Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder. I/We have read and understood the terms and contents of the Scheme Information Documents including addenda and load structure(s) of the respective Scheme(s) and Statement of Additional Information of Mutual Fund. I/We hereby apply to the Trustee of Mutual Fund for allotment of Units of the Scheme(s) of Mutual Fund, as indicated and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have understood the details of the Scheme(s) and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by Mutual Fund / Asset Management Company Limited / its distributor for this investment. I/We am/are authorised to undertake this transaction.

**SIGNATURE(S)** ➤ \_\_\_\_\_  
 First Account Holder

➤ \_\_\_\_\_  
 Second Account Holder

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