

ARN-307640	SUB-BROKER ARN CODE	EUIN	SUB-BROKER CODE (As allotted by ARN holder)
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.			
Declaration for "execution-only" transaction (only where EUIN box is left blank) 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 inappropriateness, 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 Sole/First Holder		Signature of Second Holder	
		Signature of Third Holder	

KS Finoleg Services Pvt. Ltd.
MUTUAL FUND
COMMON TRANSACTION
SLIP
 (FOR EXISTING UNITHOLDERS ONLY)
 Desk No: 033 4814 7570

FOLIO NO. (Mandatory):		TAX STATUS:	MODE OF HOLDING:	
Account Holder	Name	PAN No.	Aadhaar No	KYC Status
1st Holder (Mandatory)				
2nd Holder				
3rd Holder				

* PAN & KYC are mandatory for all applicants including NRIs.

Additional Purchase Request		(Cheque/DD to be drawn in favor 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		PLAN:		OPTION:	
Cheque / DD No.		Drawn on Bank Name & Branch			
Cheque / DD Date		Amount of cheque/DD in figures (Rs.)		DD charges, if any Rs. (in figures)	
Bank A/c No.		Account Type		<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR (Please specify)	
We hereby confirm having initiated the Transfer / RTGS for transfer of INR _____ from our account no. _____ with _____ (Bank) to your account no. _____ with _____ (Bank).					
Documents attached to avoid Third Party Payment Rejection where applicable: <input type="checkbox"/> Bank Certificate - for DD <input type="checkbox"/> Third Party Declaration For third party investment/pre-funded instrument, please fill in a separate declaration form as available with AMC.			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.		

<input type="checkbox"/> Switch Request <input type="checkbox"/> STP Request / Cancellation		(Please refer to the SID of the scheme you are switching from and to)		I wish to Switch Rs. _____ <input type="checkbox"/> All Free units <input type="checkbox"/> Units: from Exit loads: _____	
From (Scheme)		Plan:	Option:	To (Scheme)	
STP Installment Amount:		No of Installment:		Installment Frequency	
				STP Dates:	

S.W.P Request	<input type="radio"/> New Registration <input type="radio"/> Cancellation		Redemption Request			
	I / We wish to opt for the Systematic Withdrawal Plan from the _____ Plan/Fund _____				<input type="checkbox"/> Rs. _____ Or _____ Units/ Free Units From <input type="checkbox"/> Exit Load	
	Option: _____ Rs. _____ Per Month/ Quarter.				Scheme	
	Start Date		M M Y Y Y Y		Plan	
	End Date		M M Y Y Y Y		Option	

If you have registered for multiple bank account facility in the above folio please specify the bank details in which you wish to receive the redemption proceeds. The bank account should be one of the registered bank account in the folio else the payout will be released to the default bank account registered for the folio.						
BANK NAME	BRANCH / CITY:		A/C NO:	ACCOUNT TYPE:	IFS CODE:	MICR CODE:

Contact details of First /Sole applicant	
Mobile Number	and/or Land Line Number
E-mail Address	

As per the press release dated April 11, 2017 issued by Ministry of Finance, the AMC has blocked/freeze the folios opened between 1st July 2014 to 31st August 2015 where FATCA self-certification is not provided. The AMC shall not process any transaction which is initiated by the Investor in such folio(s) unless FATCA self-certification is provided by the Investor and due diligence is completed by the AMC.

YOUR CONFIRMATION/DECLARATION: I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.		
Signature(s)	First Holder	Second Holder

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

Folio No.; Investor Name	<input type="checkbox"/> Purchase <input type="checkbox"/> Redeem <input type="checkbox"/> Switch.	Date:
Scheme..... Amount Rs. or Units		
From Scheme (in case of switch) To Scheme		