Annexure -A

Request for Change in Mutual Fund Distributor (MFD)

_____ Mutual Fund Date:

Folio No *(Mandatory)*	**Scheme Name** *(Required if change request is for specific schemes)*

Old ARN code	Old ARN Name	New ARN code	New ARN Name	New Sub-ARN code	New EUIN code
		ARN-307640	KS FINOLEG SERVICES PVT LTD		

All fields are mandatory, **except New** ***Sub-ARN Code, which may be filled in, only if applicable,***

Declaration by Investor

I/We are having investments with ---------- Mutual Fund vide folio/s mentioned above, want to change the MFD ARN code in my folios as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed can't be revoked and a fresh request needs to be raised for reversal of such changes.

Investor Details	**1st holder**	**2nd holder**	**3rd holder**
Name			
Signature **(To be signed as per Mode of Holding)**			

Declaration by MFD (new ARN / EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN- 307640
(Mandatory)

ARN Name: KS Finoleg Services Pvt. Ltd.
(Mandatory)

Sub-Distributor's ARN ____
(If applicable)

Sub-Distributor's name: _____

EUIN No.: E._____
(Mandatory)

EUIN Name: _____
(Mandatory)

Date: _____

Signature of **ARN/** EUIN Holder: _____
(Mandatory)

Place: _____

(Name, Designation, Employee code of new distributor (if non individual)