

Common Transaction Slip



Folio/Account No.: _____

Fund Name : _____

For existing unit / account holder(s) of the respective scheme(s) of the relevant mutual fund.

IndiaNivesh Securities Ltd ARN 58314

Sub Broker ARN No. _____

EUIIN **119333**

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. "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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." To be signed by all unit holders if the mode of operation is joint. Use only one Form per transaction.

Sole/First Unit Holder/Guardian/POA Holder

Second Unit Holder/Guardian/POA Holder

Third Unit Holder/Guardian/POA Holder

Name of Sole/ First Unit Holder

Name of Second Unit Holder

Name of Third Unit Holder

Additional Purchase Request

I/we wish to make an (additional) purchase of (figures) Rs. _____ (in words) Rupees _____
_____ in scheme name _____ plan _____
option _____ I am / We are enclosing the Cheque/DD No. _____ dated _____
drawn on _____ Bank, Branch _____ A/c type _____

w.e.f January 1, 2011 all investors need to be KYC compliant to invest in Mutual Funds. Please attach copy of Pan card and KYC letter with additional purchase request.

Switch Request

I/we wish to switch Rs. _____ or _____ units from my/our account
from scheme name _____ plan _____ option _____
to scheme name _____ plan _____ option _____

Redemption Request

I/we wish to redeem Rs. _____ or _____ units from my/our account
in scheme name _____ plan _____ option _____

I understand that if my balance is inadequate to meet the request, available units will be redeemed out. Redemption proceeds will be credited to your existing registered Bank Account only. Please refer T & C overleaf for more details.

Non-Financial Transaction

Change of Address : Where I am First Unit Holder. If you are KYC compliant, change of address request has to be submitted at POS of CVL using "KYC details change"

New Address: _____

City _____ Pin _____

Office Tel. _____ Res. Tel. _____ Mobile No. _____ Email Id _____

Change/ Record of Bank Mandate

Bank Name _____ Branch _____ Branch Address _____
City _____ A/c No. _____

A/c Type : Current / Savings / NRE / NRO / Others (please specify) _____ MICR Code _____ IFSC Code _____

Please provide a cancelled cheque or photocopy of the cheque of the bank account you wish to register. For registration of multiple bank accounts, please use the separate Multiple Bank Account Registration Form. Refer T & C overleaf for more details.

Declaration: I / We have read and understood the contents of the Statement of Additional Information and Scheme Information Document and addendums issued to the scheme(s) in which I am / We are making the above transaction and I / We agree to abide by the terms, conditions, rules, regulations and take note of the risk factors of the respective scheme(s) as on the date of this transaction. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making the above transaction.

I / We hereby declare that I am / We are authorized to make the above transaction and the amount invested by me / us in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued any statutory or regulatory or government authority from time to time.

For NRI's (delete / strike off if not applicable): I / We confirm that the I am / We are Non-Resident(s) of Indian Nationality / Origin and that the funds for additional purchases are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR account. I / We are not a resident / incorporated body under the laws of United States of America or Canada.

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 confirm and believe that this transaction is appropriate for me/us as per my/our investment objective. I/We agree to the terms and conditions overleaf.

Signature of the Holders (Mandatory)

Sole/First Unit Holder/Guardian/POA Holder

Second Unit Holder/Guardian/POA Holder

Third Unit Holder/Guardian/POA Holder

To be signed by all unit holders if the mode of operation is joint

Acknowledgment (To be given by the fund house only)

Broker Code: ARN 58314

Sub - broker Code: _____

EUIIN _____

IndiaNivesh Securities Ltd.

Received from Mr. /Mrs. /Ms. _____ Folio/Account No. _____

Date: _____ Scheme _____ Option _____ for

☐ Additional Purchase for amount (Rs. in figures). _____ Rs. (in words) _____

Cheque No. & Date _____ Bank _____ Branch _____

☐ Switch / ☐ Redemption: Amount (Rs.) _____ / Units ☐ Change of Address _____ ☐ Change of Bank Account