

**COMMON APPLICATION FORM**

(To be filled in CAPITAL letters)

APP No.:

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code*
ARN-3280 (a)	ARN-	SWSA		

\*Please sign alongside in case the EUIIN is left blank/not provided. 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.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you 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 Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**2. INVESTOR'S FOLIO NUMBER**

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)

[Please tick (✓) any one]

- I am a First time investor across Mutual Funds  
OR  
 I am an existing investor in Mutual Funds

**3. UNITHOLDING OPTION -  DEMAT MODE  PHYSICAL MODE**

**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode.** Ref. Instruction No. XI.

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

<b>NSDL</b>	DP Name	DP ID	Beneficiary Account No.
<b>CDSL</b>	DP Name	Beneficiary Account No.	

Enclosures [Please tick (✓) any one box]:  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**4. GENERAL INFORMATION APPLICATION FOR  Zero Balance Folio  Investment ^MODE OF HOLDING : [Please tick(✓)]  Single  Joint (Default)  Any one or Survivor**

**5. FIRST APPLICANT DETAILS**

NAME<sup>\*</sup> Mr. Ms. M/s.

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN<sup>\*\*</sup> CKYC Id<sup>\*\*\*</sup>

Aadhaar No<sup>\*\*\*</sup> By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Name of Guardian if first applicant is minor / Contact Person for non individuals Mr. Ms.

<b>Guardian's Relationship With Minor</b>	<b>Date of Birth of 1st Applicant</b> (Mandatory in case of Minor. Mention as per Aadhaar card)	<b>Proof of Date of Birth and Guardian's Relationship with Minor</b>
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	DDMMYYYY	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____

**STATUS<sup>^</sup> :**  Resident Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust /Charities / NGOs  
 Society  FI/FII  NRI  Company/Body Corporate  Sole Proprietor  Defence Establishment  
 PIO  Bank  FPI<sup>\*\*\*</sup>  Government Body  Partnership Firm  Others \_\_\_\_\_  
(^as and when applicable)

**Are you involved / providing any of the mentioned services :**  Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 (Applicable only for Non Individuals)  Money Lending / Pawning  None of the above

**Note:** In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) \*\*In case First Applicant is Minor then details of Guardian will be required.

**^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X**

**6. SECOND APPLICANT DETAILS**

NAME<sup>\*</sup> Mr. Ms.

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN<sup>\*\*</sup> CKYC Id<sup>\*\*\*</sup> STATUS<sup>^</sup>:  Resident Individual  NRI

Aadhaar No<sup>\*\*\*</sup> By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

**RELIANCE MUTUAL FUND ACKNOWLEDGMENT SLIP ( Please retain this slip)** Application No.:

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s : \_\_\_\_\_

Scheme Name	Plan	Option	Payment Details	Time Stamp & Date of receiving office
			Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____	

### 7. THIRD APPLICANT DETAILS

NAME <sup>*</sup>	Mr. Ms.																					
(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)																						
PAN / PEKRN <sup>*</sup>											CKYC Id <sup>*</sup>											STATUS <sup>*</sup> : <input type="radio"/> Resident Individual <input type="radio"/> NRI
Aadhaar No <sup>***</sup>											By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.											

### 8. ADDITIONAL KYC DETAILS

OCCUPATION <sup>***</sup>	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS <sup>***</sup>	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH <sup>***</sup> in ₹	Date
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		D D M M Y Y Y Y

PEP DETAILS <sup>***</sup>	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Are you a Politically Exposed Person (PEP) <sup>***</sup>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP) <sup>***</sup>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

### 9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

# Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country <sup>1</sup> ***	Tax Payer Ref. ID No <sup>*</sup>	Identification Type	Country <sup>1</sup>	Tax Payer Ref. ID No <sup>*</sup>	Identification Type	Country <sup>1</sup>	Tax Payer Ref. ID No <sup>*</sup>	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. <sup>1</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth <sup>1</sup> **		Country of Birth		Country of Birth	
Country of Nationality <sup>1</sup> **		Country of Nationality		Country of Nationality	

### 10. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

Correspondence Address <sup>**</sup> (P.O. Box is not sufficient) <sup>**</sup> Please note that your address details will be updated as per your KYC records with CKYC / KRA						Overseas Address (Mandatory for NRI / FI Applicants)						
House / Flat No.						House / Flat No.						
Street Address						Street Address						
City/ Town					State	City/ Town					State	
Country					Pin Code	Country					Pin Code	
Tel. (Res.)	STD Code				Tel. (Off.)					Mobile No.	(Country Code)	
Email ID												

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

Equity & Sector Specific CAF / 05th Oct 2017 / Ver 2.7

**Add convenience to your life with our value added service**

Simply send **\*\*SMS to 966 400 1111** to avail below facilities

Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

\*\*SMS charges apply

**Investor Desk. A RMF Virtual Branch Experience.**

For more details : Visit : [www.reliancemutual.com](http://www.reliancemutual.com)

You can also follow us on

**11. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)**

Bank Name

Account No.  A/c. Type (✓)  SB  Current  NRO  NRE  FCNR

Branch Address  Branch City  For Credit via NEFT

PIN  IFSC Code  MICR Code  9 Digit

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

**12. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTBM facility is available to investors who have Invest Easy facility registered with RMF.**

Scheme

(Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

(Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest) Option  Growth^^  Dividend Payout  Dividend Reinvestment Dividend Frequency

Method of Payment  Cheque  DD  Funds Transfer  OTBM Facility (One Time Bank Mandate)  RTGS / NEFT  Cash<sup>5</sup> (Refer Instruction No. XV)

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount- (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		DDMMYYYY			

(<sup>1</sup> Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. <sup>5</sup>Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment:  House  Children's education  Children's Marriage  Car  Retirement  Others

**13. NOMINATION - I wish to Nominate  Yes  No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature is mandatory if you do not wish to nominate**

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

**14. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)**

Applicant POA Name	POA Name	PAN
First Applicant POA Name	Mr./Ms./M/s	PAN
Second Applicant POA Name	Mr./Ms./M/s	PAN
Third Applicant POA Name	Mr./Ms./M/s	PAN

**15. SIP ENROLLMENT DETAILS** Opted for SIP:  Yes  No (Incase you have opted for SIP it is mandatory to submit OTBM + SIP Enrolment Form)

**16. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

**17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS  Yes  No (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)**

**18. DECLARATION AND SIGNATURE**

I/We would like to invest in Reliance  subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

I confirm that I am resident of India.  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

<b>SIGN HERE</b>	<input type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APP No.

## SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

### 1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARARN-3280 (e)	ARN-		SWSA	

\*Please sign below in case the EUIIN is left blank/not provided. 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.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you 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 Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Uprfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

### 2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO.

### APPLICANT DETAILS

Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC

### 4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 26)

(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

### 5. STP DETAILS (Refer Instruction No.6)

<input type="checkbox"/> <b>Fixed Transfer STP (Refer Instruction No. 7 &amp; 9)</b> STP Frequency (Please ✓ any one)					<input type="checkbox"/> <b>Capital Appreciation STP (Refer Inst No. 8 &amp; 9)</b> STP Frequency (Please ✓ any one)		
<input type="checkbox"/> Daily (Minimum One Month)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	OR	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> of every month	1 <sup>st</sup> & 15 <sup>th</sup> of every month	* of every month	* of the starting month of every Quarter		1 <sup>st</sup> of every Month	1 <sup>st</sup> of the starting month of every Quarter
Amount of Transfer per Instalment ₹ <input type="text"/>							

**Enrolment Period** (Please ✓ any one)

**REGULAR** From:     To:

**PERPETUAL (Default)** From:     To:

**Only for Daily STP Enrolment Period**

From:       To:

### 6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme 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 for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

I confirm that I am resident of India.

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

Place:

Date:

### SIGNATURE

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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### Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO.

APP No.:

Received from \_\_\_\_\_ STP application

Amount of Transfer per Instalment ₹ \_\_\_\_\_

From Scheme / Plan / Option \_\_\_\_\_

to Scheme / Plan / Option \_\_\_\_\_

Mode & Frequency of STP \_\_\_\_\_

Stamp of receiving branch

& Signature

Corporate Office Address: Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

**SYSTEMATIC WITHDRAWAL PLAN (SWP) APPLICATION FORM**

Use this form if you wish to withdraw your investment systematically.

Please read the instructions carefully, before filling up the application

**1. DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN <b>ARN - 3280</b>	Sub Broker / Sub Agent ARN Code <b>ARN-</b>	*Employee Unique Identification Number	Sub Broker / Sub Agent Code <b>SWSA</b>	RIA Code**
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\*Please sign below 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 your Mutual Fund under Direct Plan. I/We hereby give you 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 Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

**2. EXISTING UNIT HOLDER INFORMATION**

FOLIO NO.

**3. APPLICANT INFORMATION**

Name of First / Sole applicant

Name of Guardian

Name of Second Applicant

Name of Third Applicant

**4. PARTICULARS FOR REGULAR WITHDRAWAL (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_ Amount \_\_\_\_\_  
 Frequency  Monthly  Quarterly  Half Yearly  Yearly (Min. ₹ 500/- & in multiples of ₹ 100/- thereafter)  
 SWP Date (Please tick any one):  1  8  15  22 Enrolment Period From  To

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INSTRUCTIONS FOR SWP**

- All SWP applications will be processed on the 1st/8th/15th/22nd of every month or 1st/8th/15th/22nd of every first month of every quarter. If such day happens to be a holiday, it will be processed on next working day.
- For all the eligible schemes, the minimum withdrawal amount is ₹ 500/- and in multiples of ₹ 100/- thereafter.
- The Unit holder is required to define the frequency and amount of withdrawals. SWP forms received without this information will be treated incomplete and request for SWP will be rejected.
- The Unit holder needs to specify the start date and the end date in the SWP form. In cases where the start date and end date has not been specified, the SWP will commence from the first transaction date of the subsequent month in which such request is received and will continue till the balance in the account becomes nil.
- The amount withdrawn under the SWP will be considered as a redemption and shall be converted into units and will be deducted from the unit balance of the Unit holder.
- The redemption proceeds will be paid by cheque/demand draft in favour of the registered first named Unit holder with the bank account number specified in the application form. The redemption cheque will be posted within normal service standards to the investors. No post-dated cheques will be issued against SWP transactions.
- A Unit holder who has opted for SWP under a specified account can also redeem or switch his units to any other eligible scheme or any other plans of the same scheme provided he has sufficient balance in his account on the date of such request. SWP will automatically cease in case the balance becomes nil subsequent to such redemption / switch transaction or falls below the required amount specified by the investor for SWP.
- The Unit holder can put in additional subscriptions, in accordance with conditions specified in the Statement of Additional Information (SAI) and Scheme Information Document (SID) for additional subscriptions in the account anytime during the existence of the concerned account. Such additional subscriptions in no way alter the functioning of the SWP option, unless subsequent request to the contrary is received from the unit holder in writing.
- Any changes in the amount, frequency or period of SWP should be communicated to the Registrar's office at least 14 days in advance.
- Investors who have made investments in ELSS schemes should note that SWP is not available to them during the stipulated lock in period.
- SWP request in any other form beside the specified format will be treated as invalid and is liable to be rejected.
- The SWP form duly completed may be submitted at the nearest Investor Service Centre or mailed to the Registrar : M/s Karvy Computershare Pvt. Ltd., Karvy Selenium, Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032.
- Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

- Communication for the Investors :**  
In accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/IMRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the RNAM/RMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number. Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:  
 1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.  
 2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.  
 3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months i.e. September/ March).  
 4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.  
 5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode.  
 The word "transaction" shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withdrawal plan, and systematic transfer plan and bonus transactions.  
 CAS shall not be received by the Unit holders for the folios) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folios) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by RNAM/RMF for each calendar month on or before 10th of the immediately succeeding month.  
 In case of a specific request received from the Unit holders, RNAM / RMF will provide the account statement to the investors within 5 Business Days from the receipt of such request.

Scenario	Broker Code mentioned by the investor	Plan mentioned by the investor	Default Plan to be captured
1	Not mentioned	Not mentioned	Direct Plan
2	Not mentioned	Direct Plan	Direct Plan
3	Not mentioned	Regular Plan	Direct Plan
4	Mentioned	Direct Plan	Direct Plan
5	Direct	Not mentioned	Direct Plan
6	Direct	Regular Plan	Direct Plan
7	Mentioned	Regular Plan	Regular Plan
8	Mentioned	Not mentioned	Regular Plan

Received from Mr./Mrs./Ms. \_\_\_\_\_ an application for SWP in

Scheme \_\_\_\_\_ in Folio/Account No: \_\_\_\_\_

for amount \_\_\_\_\_ and Frequency \_\_\_\_\_.

**Time Stamp & Date of receiving office**

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.

Corporate Office Address: Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

**SYSTEMATIC WITHDRAWAL PLAN (SWP) APPLICATION FORM**

Use this form if you wish to withdraw your investment systematically.

Please read the instructions carefully, before filling up the application

**1. DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN <b>ARN - 3280</b>	Sub Broker / Sub Agent ARN Code <b>ARN-</b>	*Employee Unique Identification Number	Sub Broker / Sub Agent Code <b>SWSA</b>	RIA Code**
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\*Please sign below 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 your Mutual Fund under Direct Plan. I/We hereby give you 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 Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

**2. EXISTING UNIT HOLDER INFORMATION**

FOLIO NO.

**3. APPLICANT INFORMATION**

Name of First / Sole applicant

Name of Guardian

Name of Second Applicant

Name of Third Applicant

**4. PARTICULARS FOR REGULAR WITHDRAWAL (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_ Amount \_\_\_\_\_  
 Frequency  Monthly  Quarterly  Half Yearly  Yearly (Min. ₹ 500/- & in multiples of ₹ 100/- thereafter)  
 SWP Date (Please tick any one):  1  8  15  22 Enrolment Period From  To

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INSTRUCTIONS FOR SWP**

- All SWP applications will be processed on the 1st/8th/15th/22nd of every month or 1st/8th/15th/22nd of every first month of every quarter. If such day happens to be a holiday, it will be processed on next working day.
- For all the eligible schemes, the minimum withdrawal amount is ₹ 500/- and in multiples of ₹ 100/- thereafter.
- The Unit holder is required to define the frequency and amount of withdrawals. SWP forms received without this information will be treated incomplete and request for SWP will be rejected.
- The Unit holder needs to specify the start date and the end date in the SWP form. In cases where the start date and end date has not been specified, the SWP will commence from the first transaction date of the subsequent month in which such request is received and will continue till the balance in the account becomes nil.
- The amount withdrawn under the SWP will be considered as a redemption and shall be converted into units and will be deducted from the unit balance of the Unit holder.
- The redemption proceeds will be paid by cheque/demand draft in favour of the registered first named Unit holder with the bank account number specified in the application form. The redemption cheque will be posted within normal service standards to the investors. No post-dated cheques will be issued against SWP transactions.
- A Unit holder who has opted for SWP under a specified account can also redeem or switch his units to any other eligible scheme or any other plans of the same scheme provided he has sufficient balance in his account on the date of such request. SWP will automatically cease in case the balance becomes nil subsequent to such redemption / switch transaction or falls below the required amount specified by the investor for SWP.
- The Unit holder can put in additional subscriptions, in accordance with conditions specified in the Statement of Additional Information (SAI) and Scheme Information Document (SID) for additional subscriptions in the account anytime during the existence of the concerned account. Such additional subscriptions in no way alter the functioning of the SWP option, unless subsequent request to the contrary is received from the unit holder in writing.
- Any changes in the amount, frequency or period of SWP should be communicated to the Registrar's office at least 14 days in advance.
- Investors who have made investments in ELSS schemes should note that SWP is not available to them during the stipulated lock in period.
- SWP request in any other form beside the specified format will be treated as invalid and is liable to be rejected.
- The SWP form duly completed may be submitted at the nearest Investor Service Centre or mailed to the Registrar : M/s Karvy Computershare Pvt. Ltd., Karvy Selenium, Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032.
- Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

- Communication for the Investors :**  
In accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/IMRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the RNAM/RMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number. Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:  
 1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.  
 2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.  
 3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months i.e. September/ March).  
 4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.  
 5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode.  
 The word "transaction" shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withdrawal plan, and systematic transfer plan and bonus transactions.  
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Scenario	Broker Code mentioned by the investor	Plan mentioned by the investor	Default Plan to be captured
1	Not mentioned	Not mentioned	Direct Plan
2	Not mentioned	Direct Plan	Direct Plan
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5	Direct	Not mentioned	Direct Plan
6	Direct	Regular Plan	Direct Plan
7	Mentioned	Regular Plan	Regular Plan
8	Mentioned	Not mentioned	Regular Plan

Received from Mr./Mrs./Ms. \_\_\_\_\_ an application for SWP in

Scheme \_\_\_\_\_ in Folio/Account No: \_\_\_\_\_

for amount \_\_\_\_\_ and Frequency \_\_\_\_\_.

**Time Stamp & Date of receiving office**

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.

Switch Transaction Form

Date: \_\_\_\_\_

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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 in-appropriateness, 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".  
 If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither 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 for the different competing Schemes of various Mutual Funds from amongst which this 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 the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges 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.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: \_\_\_\_\_

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

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I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

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I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

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If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

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If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither 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 for the different competing Schemes of various Mutual Funds from amongst which this 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 the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)



**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

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I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
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Signature (1st Holder)

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**Switch Transaction Form**

Date: \_\_\_\_\_

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**Folio No:**

**PAN (1st Holder):**

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I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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 in-appropriateness, 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".  
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither 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 for the different competing Schemes of various Mutual Funds from amongst which this 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 the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges 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.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Redemption Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

<b>Redemption Request:</b> I /We wish to redeem Rs. _____ Or _____ Units From Scheme:
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**Caution:**Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

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Signature (2nd Holder)

Signature (3rd Holder)

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