TRANSACTION SLIP



NOTE:

- Transaction slip needs to be submitted along with relevant additional KYC, FATCA & UBO forms (Form IA or IB), as applicable.
 Additional KYC & FATCA details to be submitted for every PAN, only once, unless there is a change in any of the details submitted.

Distributor Code ARN-			Sub-Distributor Code ARN-				Internal Code for Sub-broker/ Employee						EUIN No.		
I/We hereby confirm the "execution-only" transa manager/ sales persor appropriateness, if any, distributor and the distr	at the EUIN bootion without a of the aboverovided by the butor has not	x has been any interac ve distribu ne employe charged ar	intention tion or a tor or n ee/relation	nally lef dvice b notwith onship r	ft blank by by the emp astanding manager/s	me/ us as the sloyee/relating the advice sales persorns action.	onship of in-	Fir	st Holder		Second Hol	der		Third Holder	
Folio No.											Dated	D	D M	M Y Y Y	
Mobile No.					Email ID)									
ADDITIONA	L PURC	HASE	REQL	JEST	<u>T</u>										
Scheme															
Plan							Opti	on							
Dividend Frequence	у										Divi	dend S	Sweep	(Please fill section	
I/We would like to	purchase	units of	the ab	ove r	mention	ed scher	ne.								
Rs. (in figures)				Rs.	. (in words	s)									
Payment Option	S														
Cheque/DD		/NEFT	Пт	Γransf	fer [Others	5					Date	ed D	D M M Y	
Instrument No.			В	ank 8	& Branch	n Name									
SWITCH															
From Scheme										Plan					
Option							Divid	end Fr	equency						
		:							equeries						
I/We would like to Amount Rs.	SWITCH UIII		above	OF		Jnits							OR	☐ Entire Un	
To Scheme															
Plan							Opti	on							
Dividend Frequence	zv										Divi	dend 9	Sween	(Please fill section	
DIVIDEND SV		TION												(1.10000 1.111 00001.01	
To Scheme	VEEL OI	11011							Plan						
Option							Divid	end Fr	equency						
REDEMPTION									0440.103						
Scheme	•								Plan						
Option							Divid	end Fr	equency						
I/We would like to	redeem III	nits of t	ne aho	ve m	entione	d scheme									
☐ Amount Rs.				OF		Jnits							OR	☐ Entire Ur	
► Applicable wh	ere multip	le bank	manda	_ ates ŀ	have be	en regist	ered in	the fol	io.						
Please credit the re to be mentioned if													details	are not requi	
Bank Name							unt No.								
X Sole / First /	POA Holder	· / Guardi	an		X	Secon	d Accour	nt Holde	er		X Th	ird Ac	count l	Holder	
IDFC MUTU						CME	NIT OI				- -	-	-		

Scheme Name To Scheme (for switches) Amount/ Units Instrument no./ dated/ bank name

Stamp & Signature