

TRANSACTION FORM

Please read the instructions overleaf and complete the relevant section in BLOCK CAPITALS. Please strike out any sections not required.



Distributor / Broker Code		Sub-Broker Code		Date	
ARN- 3852				DD MM YY	

UNIT HOLDER DETAILS (MANDATORY) (See note 1 overleaf)

First / Sole Unit Holder	First Name	Middle Name	Last Name
Existing Folio No.	PAN	Please mention PAN details or enclose Form 60	Please mention PAN details or enclose Form 60
	First / Sole Unit Holder	2nd Unit Holder	3rd Unit Holder

PURCHASE REQUEST (See note 2 overleaf)

Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
Investment Amount	Rs. A	DD Charges (if applicable)	Rs. B	Net Amount (Cheque / DD Amount)	Rs.	A minus B		
Mode of Payment	Cheque/Demand Draft/	Instrument No.	dated		DD MM YY			
Drawn on	Bank	Branch	City					
Type of Bank Account (Please <input checked="" type="checkbox"/>)	Resident <input type="checkbox"/> Current <input type="checkbox"/> Savings NRI : Non Repatriation basis <input type="checkbox"/> NRE* <input type="checkbox"/> NRO <input type="checkbox"/> FCNR* <input type="checkbox"/> Foreign Inward Remittance* NRI : Repatriation basis <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Foreign Inward Remittance* FI <input type="checkbox"/> Non Resident Rupee Account <input type="checkbox"/> Foreign Inward Remittance	* DECLARATION: I / We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account.						

REDEMPTION REQUEST (See note 3 overleaf)

Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
Amount	Rs.	OR number of units	OR <input type="checkbox"/> all units (please <input checked="" type="checkbox"/>)					

SWITCH REQUEST (See note 4 overleaf)

From Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
To Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
Amount	Rs.	OR number of units	OR <input type="checkbox"/> all units (please <input checked="" type="checkbox"/>)					

SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 15 days before the 1st due date for withdrawal) (See note 5 overleaf)

Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
Withdrawal Amount	Rs.	(Minimum Rs. 500)	OR number of units	(Minimum 50 Units)				
Frequency (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Withdrawal period	From	DD MM YY	To	DD MM YY	

SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 15 days before the 1st due date for transfer) (See note 6 overleaf)

From Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
To Scheme	Option (Please <input checked="" type="checkbox"/>)			<input type="checkbox"/> Growth	OR	<input type="checkbox"/> Dividend Reinvestment	OR	<input type="checkbox"/> Dividend Payout
Transfer Amount	Rs.	Frequency (Please choose either Weekly or Fortnightly or Monthly)						
Transfer period	From	MM YYYY	To	MM YYYY	<input type="checkbox"/> Weekly (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Fortnightly Date 1st DD 2nd DD (2nd Date should be 1st Date plus 15) <input type="checkbox"/> Monthly Date DD			

PROOF OF IDENTITY (See note 7 overleaf)

Passport	Driving License	Voter ID Card
Passport No.	Driving License No.	Voter ID No.
Place of Issue	Place of Issue	Place of Issue

UNIT HOLDER(S) SIGNATURE(S) (MANDATORY)

I / We have read and understood the contents of the Offer Document(s) of the Scheme(s) and Addenda issued till date. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction.

SIGNATURE(S)	X	X	X
	First Holder	Second Holder	Third Holder