## **EUIN DECLARATION FORM**





ame of Investor:		Folio / Application No.:				
TRANSACTION DETAILS		TRANSACTION	TYPE: Purchase	Switch	Systematic Registration	
Scheme Name, Plan & Option						
Transaction Date: D D M M	Amount: ₹		OR Units:			
1 (A) - Above transaction deta I/We, hereby confirm that the EUIN be advice by the employee/relationship in by the employee/relationship manager	ox has been inte nanager/sales pe	entionally left blank by erson of the above dist	me/us as this is an "ex ributor or notwithstandi	ecution-only" to ng the advice o	ransaction without any interaction or if in-appropriateness, if any, provided	
First / Sole Applicant / Guardian		Second Applicant		Third Applicant		
riist/ oole Applicant/ duardia			тррпсан		Tillia Applicant	
1 (B) - Above transaction det	ails to be fille	OR ed and signed by	the Unitholders:			
Please update the EUIN for transaction	on as per the fol	lowing details (only E	UIN will be updated in	our record)**:		
BROKER CODE (ARN Code)	SUB-BROKER ARN CODE		EMPLOYEE UNIQUE IDENTIFICATION NO. (EUIN)		SUB-BROKER CODE (As allotted by ARN holder)	
First / Sole Applicant / Guardian		Second A	econd Applicant		Third Applicant	
		OR	··			
1 (C) - Above transaction det	ails to be fille		the Distributor			
Please update the EUIN for transaction		•		our record)**:		
BROKER CODE (ARN Code)	BROKER CODE SUB-BROKER ARN C		EMPLOYEE UNIQUE IDENTIFICATION NO. (EUIN)		SUB-BROKER CODE (As allotted by ARN holder)	
				N	Signature with ARN lame, Seal & Signature	
Note:						

<sup>\*</sup> If investor has not provided EUIN in the application form, unitholder(s) needs to sign the above declaration.

<sup>\*\*</sup> Investor investing through distributor shall mention EUIN on the form, if he/she has been advised by Sales Person/ Employee/Relationship Manager of the distributor or individual/sole proprietorship ARN holder.