

NON - FINANCIAL TRANSACTION FORM

****IMPORTANT INFORMATION:** (i) This form is applicable only for existing unit holders holding units in physical mode. (ii) Please refer overleaf for instructions to fill the form and on documentation requirement. (iii) Please tick the section applicable and strike-off other unused section to prevent misuse. (iv) Please fill-in information in legible **ENGLISH CAPITAL LETTERS**.

UNIT HOLDER INFORMATION (Mandatory)

Folio No	PAN/PEKRN	KYC ID (KIN)
Name		

1 CHANGE OF BANK MANDATE / MODE OF PAYMENT** (Mandatory to fill BOTH Old and New bank details and submit with their respective proof)

OLD BANK DETAILS	NEW BANK DETAILS
Account No. <input type="text"/>	Account No. <input type="text"/>
Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)
Bank Name <input type="text"/>	Bank Name <input type="text"/>
Branch Name <input type="text"/> Branch City <input type="text"/>	Branch Name <input type="text"/> Branch City <input type="text"/>
IFSC Code <input type="text"/>	IFSC Code <input type="text"/>
MICR Code <input type="text"/>	MICR Code <input type="text"/>
Old Bank Proof <input type="text"/> Specify document enclosed	New Bank Proof <input type="text"/> Specify document enclosed

****NOTE:** This instruction for change in bank mandate will modify/supersede the existing default mandate registered under mentioned folio number. Please fill-up multiple bank mandate registration form to change any other secondary bank details recorded.

2 UPDATE IFSC CODE

Account No. <input type="text"/>	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)
Bank Name <input type="text"/>	Branch Name <input type="text"/>
Branch City <input type="text"/>	IFSC Code <input type="text"/>
	MICR Code <input type="text"/>

3 NEW CONTACT DETAILS

Mobile No. <input type="text"/>	Tel. No. <input type="text"/>	Office <input type="text"/>	Tel. No. <input type="text"/>	Residence <input type="text"/>
Mobile No belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA				
Email ID <input type="text"/>				
Email id belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA (Please refer Instruction No. Z and ✓)				

Second Holder Contact details Mobile No. <input type="text"/>	Email ID <input type="text"/>
Mobile No belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	
Email id belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	

Third Holder Contact details Mobile No. <input type="text"/>	Email ID <input type="text"/>
Mobile No belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	
Email id belongs to:- <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here)
If you wish to receive Annual Report or Abridged Summary via Post (Applicable only if email id is not available) (Please ✓ here) (Refer instruction Z)

4 CONSOLIDATION OF FOLIOS

Source Folio: I / We wish to consolidate all my / our investments under specified folios into one folio. Folios to be consolidated are :	Target folio** (Mandatory) <input type="text"/>
<input type="text"/>	NOTE:
<input type="text"/>	1. Target folio has to be one of the source folios.
<input type="text"/>	2. After consolidation, the unit holder(s) agree that the details in the target folio will be applicable, even if the details were different in source folio(s).
<input type="text"/>	3. In case there is more than one holder in the folio then the form needs to be signed as per the mode of holding.
<input type="text"/>	4. In case there is no nominee registered in the target folio, please fill a separate nomination form.

5 PAN AND KYC UPDATION

Sole / First Applicant / Guardian	P A N N U M B E R	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN
Second Applicant	P A N N U M B E R	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN
Third Applicant	P A N N U M B E R	<input type="checkbox"/> KYC Letter attached	<input type="checkbox"/> Self attested copy of PAN

6 REVALIDATION OF IDCW / REDEMPTION CHEQUE

Cheque No. <input type="text"/>	Cheque Date <input type="text"/>	Cheque Amount <input type="text"/>
<input type="checkbox"/> I request to reissue the said warrant after necessary revalidation without change in bank Mandate.		
<input type="checkbox"/> I request you to update the above new bank details and make payment in new bank through NEFT/RTGS.		

****NOTE:** Section 1(COB) should be mandatorily filled to facilitate NEFT/RTGS

NON - FINANCIAL TRANSACTION FORM [Acknowledgement copy (To be filled by investor)]

Folio No <input type="text"/>	Date <input type="text"/>	
Received from Mr./Ms./Mrs. <input type="text"/>		stamp & signature
<input type="checkbox"/> Change of Bank	<input type="checkbox"/> Update of Contact Details	
<input type="checkbox"/> Update PAN /KYC	<input type="checkbox"/> Consolidation of Folios	

7 CHANGE IN MODE OF HOLDING (All Unit holder signature are required, even if current MOH is "Anyone or Survivor")**

"Joint" To "Anyone or Survivor" "Anyone or Survivor" To "Joint"

8 CHANGE OF IDCW OPTION

SCHEME NAME			OPTION	
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest	<input type="checkbox"/> Reinvest To Payout
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest	<input type="checkbox"/> Reinvest To Payout
Bandhan	PLAN	OPTION	<input type="checkbox"/> Payout To Reinvest	<input type="checkbox"/> Reinvest To Payout

9 SIGNATURE AND DECLARATION

I/We have read and understood the contents of the ISID of the Investment strategy of Arudha SIF. I/We hereby apply for units of the said such Investment strategy and agree to abide by the terms, conditions, rules and regulations governing the Investment strategy. I/We hereby declare that the amount invested in the Investment strategy is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Arudha SIF. The information given in / with this application form is true and correct and further agrees to furnish additional information sought by the Arudha SIF and undertake to update the information/details with the AMC / Arudha SIF/ Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Arudha SIF shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify Arudha SIF, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. I/We further declare that "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 investment strategy of various SIF Arudha SIFs from amongst which the Investment strategy 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 Arudha SIF/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. Applicable to Foreign Resident's Residing in India: I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Investment strategy as per the said FEMA regulations and other applicable laws and regulations. FATCA/CRS Certification: I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end.

First Applicant/Guardian Second Applicant Third Applicant

INSTRUCTIONS

Change of Bank Mandate:

- Any one of the below mentioned documents has to be submitted as proof for both old and new bank mandate.

Old Bank Proof Documents	New Bank Proof Documents
Original Cancelled Cheque bearing account number and first unit holder name on the face of the cheque.	Original Cancelled Cheque bearing account number and first unit holder name on the face of the cheque.
Original bank account statement / Certified copy of the bank account statement.	Self-attested copy of bank account statement not older than 3 months.
Certified copy of the Bank passbook duly attested by branch manager/authorized personnel with his/her full signature, name, designation, employee code, and bank seal.	Self-attested copy of Bank passbook with current entries not older than 3 months.
Original Account closure confirmation letter given by the bank on their letter head.	Bank confirmation letter duly signed by branch manager/authorized personnel with his/her full signature, name, designation, employee code, and bank seal.
Bank Letter (in specified format) confirming bank account details, duly signed by branch manager/ authorized personnel with his/her full signature, name, designation, employee code, and bank seal.	-
- The name printed on the cancelled cheque/bank passbook/bank account statement/bank's letterhead should be same as per the folio.
- In case, photocopies of the above stated documents are submitted without self-attestation, investor must produce original for verification to the AMC branch or official point of acceptance of transactions.
- In absence of any of the old bank proofs as listed under point 1, unit holder is required to visit their nearest AMC/ CAMS Service center for In-Person Verification(IPV) along with valid identity proof.
- Bandhan AMC Limited / Fund may call for any additional documents if required.
- The new bank account mentioned in this form will be registered as the default account.
- Unit holder(s) must sign on the change of bank request as per the holding pattern in the folio.
- Non-Resident Individuals needs to mandatorily provide NRO or NRE Bank account details.
- In case of receipt of Redemption request in next 10 days, we may hold the redemption pay-out for 7 calendar days, as cooling period. The pay-out will then be made on the 8th calendar day. If the 8th calendar day is a holiday / non-transaction day, then the redemption pay-out will be made on the next working day.
- If the IMPS validation of the investor's account fails, payment will be made through cheque and dispatched to the investors' registered address in the folio.

Update IFSC Code:

- Any one of the below mentioned documents has to be submitted as bank proof:
- Original Cancelled Cheque bearing account number and first unit holder name on the face of the cheque.
 - Self-attested copy of bank account statement not older than 3 months.
 - Self-attested copy of Bank passbook with current entries not older than 3 months.

Consolidation of Folios:

- Folios can be consolidated only if names of the all unit holders (and the pattern of holding), tax status, nomination and mode of operation (single/joint/either or survivor) are same in all source folios.
- Details like bank mandate, contact details, etc. in the target Folio will be applicable and will prevail after consolidation even if they were different details in source folio.
- In case there is more than one holder in the folio then the form needs to be signed as per the mode of holding.
- Folios once consolidated cannot be separated.
- Consolidation is effected at the folio level and not at the scheme level.

Alterations in the form, if, any, should be countersigned.



Toll free 1800 266 6688 / 1800 300 6688 Available Between 9:00 am - 6:00 pm on weekdays	Please note our investor service email id investormf@bandhanamc.com	https://arudhasif.com/
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