

Request for Change in SIF Distributor

Investor Name _____

 Date :

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| Sr. No. | Folio No. (Mandatory) | Investment Strategy (Required if change request is for specific schemes) |
|---------|-----------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| Old ARN Code | Old ARN Name | New ARN code | New ARN Name | New Sub-ARN Code | New EUIN Code |
|--------------|--------------|--------------|--------------|------------------|---------------|
| | | | | | |

All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable

Declaration by Investor

I/We are having investments with **Arudha SIF** vide folio/s mentioned above, want to change the SIF Distributor (ARN Code) in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.

| Investor Details | 1 st Holder | 2 nd Holder | 3 rd Holder |
|--|------------------------|------------------------|------------------------|
| Name | | | |
| Signature (to be signed as per Mode of Holding) | | | |

Declaration by SIF Distributor (New ARN /EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Further more, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

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|---|--|---------------------------------|---|---|---|---|---|---|---|---|---|--|
| New ARN (Mandatory) | <input style="width: 100%;" type="text"/> | ARN Name: (Mandatory) | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| Sub-Distributor's ARN (If applicable) | <input style="width: 100%;" type="text"/> | Sub-Distributors' Name: | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| EUIN No.:E (Mandatory) | <input style="width: 100%;" type="text"/> | EUIN Name | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| Date | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | Signature of ARN/ EUIN Holder: (Mandatory) | <input style="width: 100%; height: 30px;" type="text"/> | |
| D | D | M | M | Y | Y | Y | Y | | | | | |
| Place | <input style="width: 100%;" type="text"/> | | (Name, Designation, Employee code of new distributor (if non individual)) | | | | | | | | | |