

EUIN REMEDIATION FORM

(Please use separate form for each transaction)

Name of investor

Transactional Details

FOLIO NO

TRANSACTION DATE

INVESTMENT STRATEGY

TRANSACTION TYPE (Please ✓ any one)

Purchase Switch SIP Registration STP Registration

TRANSACTION AMOUNT

(Remediation allowed within 30 calendar days of the transaction trade date)

Above transaction details to be filled and signed by the Unitholders:

Please update the EUIN for transaction as per the following details (only EUIN 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

Above transaction details to be filled and below declaration to be signed by the eligible unitholder(s):

I/We, hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGN HERE	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

OR

Above transaction details to be filled and signed by the Distributor:

Please update the EUIN for transaction as per the following details (only EUIN 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature/ Authorised Signatory with seal and ARN name
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ACKNOWLEDGEMENT SLIP

Folio No.

Date

Broker Code A R N -

Sub Broker Code A R N -

Investment Strategy

Transaction Type