## **NON-FINANCIAL TRANSACTION FORM**



Please fill in the information below legibly in English and in CAPITALS.

	sting Unitholder(s) holding uni RTANT: Please strike off the sec	, ,			•	ms and Conditions	s overleaf.	
olio N	No.	N	lame					
1. UI	PDATE CONTACT DETAIL	S						
Mobil	e No.	Ema	il ld					
(Note: I Sp If the	e Number provided pertains to family mobile number/Email pertains to Family pouse   Dependent Parents  mobile number or the email id nunication in this regard to the	y Member please selec Dependent Chil provided herein	t any one) Idren 🗌 Depend	· lent Siblings 🔲 (		nvestment)		1
2. C	HANGE OF BANK DETAIL	S (Fill-up separate	form for Multiple Ba	nk mandate registra	ation)			
BANK	CDETAILS ☐ (Please ✓ to Upda	ate as Default Bank	)					
Bank	Name:							$\overline{\Box}$
Bank .	A/C No.			A/C Type:	Savings Curre	nt NRE NF	RO FCNR	Others
City	P	in	IFSC Code	(11 digit)		MICR		
LEI Co	ode:	\	/alid up:	I M Y Y Y	(Legal Entity Identifier N INR 50 crore and above			action value o
Enclo	sed herewith: Cancelled of	cheque copy	Bank account sta	atement (last thre	e months)		,	
		DIVIO						
	HANGE IN MODE OF HOL	LDING						
	oint Anyone or Survivor							
4. N	OMINATION DETAILS	REGISTRAT	ION CH	HANGE/MODIF	ICATION			
A	WISH TO NOMINATE (NOTE: N	OT REQUIRED IF THE	APPLICANT IS MINOR)	)				
Sr.	Nominee Name/s	PAN (Optional)	Relationship		If Nominee is mind		Date of Birth	Allocation
		(Optional)	with applicant	Guardian	Name	Guardian PAN	of Minor*	(%)
1.							DD/MM/YYYY	
2.							DD/MM/YYYY	
3.							DD/MM/YYYY	
Addres	SS:		I		1			Total 100%
								10141 100%
*Plea	se attach proof of date of birth	of minor like Birt	h Certificate, Scho	ool Leaving Certif	icate, Passport etc.			
I / We	. WISH TO OPT OUT OF NOM e hereby confirm that I / We do s involved in non-appointment omit all the requisite document	not wish to appoi of nominee(s) and	nt any nominee(s) d further are aware	) for my mutual fu that in case of de	ath of all the accou	nt holder(s), my / c	our legal heirs w	ould need
5. C	ANCELLATION OF SIP/SV	VP/STP						
Туре	Scheme Name	Plan		otion	SIP/SWP/STP Dat	e End Date	e Installme	ent Amount
SIP		Regular Di	rect Growth	IDCW Payout		D D M M Y Y	YY	
SW			rect Growth	IDCW Payout	D D	D D M M Y Y	YY	
STF		Regular Di	rect Growth	IDCW Payout	D D	D D M M Y Y	YY	
ACI	KNOWLEDGMENT SLIP (1	O BE FILLED IN	BY THE INVEST	OR)		NON-FINANCIAL	L TRANSACTIO	ON FORM
Exis	sting Folio No.			· ·		<b>5</b> . [	D D M M Y	YYY
	Update Contact Details  Nomination Details  Change Of Tax Status	Change of Bank D Cancellation of SI FATCA and CRS I Revalidation of ID	P/SWP/STP C	hange in Mode of onsolidation Of Fo pdate PAN option Cheque	•		on Center's Star ipt Date and Tin	

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6. CONSOLIDATION OF FOLIOS (All joint holders should sign, even in case of "ANY ONE OR SURVIVOR")											
Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here)  1.											
7. CHANG	GE OF TAX STA	TUS 🔽 Select an	y one & Provi	de new	bank detail in point	no. 2 above acco	rding to	the tax state	ns)		
RI to NRI-Non Repatriable NRI-Repatriable to RI NRI-Non Repatriable to RI											
8. FATCA AND CRS DETAILS											
		irst Applicant/Gua	rdian		Second Ap	oplicant			Third Applicar	nt	
Place	·	Place			Plac	-		Place			
Country of E	irth	Country of Birth		Country of Birth				Country of Birth			
Nationality	Indian	Other			Indian Other			Indian Other			
S	Sole/First Applicant/Guardian				Second Applicant			Third Applicant			
Sr. Country	# Tax Identification Number	on Identification Type/Reason	Sr. Count	ry #	Tax Identification Number	Identification Type/Reason	Sr.	Country #	Tax Identification Number	Identification Type/Reason	
1			1				1				
2			2				2				
3			3				3				
# Please indicate all Countries, other than India, in which you are a resident for purpose, associated Taxpayer Identification Number and it's											
Identification type eg. TIN etc.											
Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist  Retired Home Maker Student Forex Dealer Others Please specify											
The Appli	cant is a Politi	cally Exposed Per			o a Politically Expo		Neit	ther (Not ap	onlicable)		
	nual Income (₹)		1-5 Lacs		10 Lacs 10-25				I crore		
	., -				10 2005 10 20		.00 101	1010 >	1 01010		
9. UPDATI	E PAN Enclosed h		opy of PAN c	ard						1	
First Applica	int POA Name	PAN			CKYC-KIN					KYC Attached	
Second App	licant POA Name	PAN			CKYC-KIN					KYC Attached	
Third Applicant POA Name PAN					CKYC-KIN					KYC Attached	
10. REGIS	TRATION OF P	OWER OF ATTO	ORNEY (P	OA)	REGISTRATI	ON CHAN	GE/M	ODIFICAT	ION CANCEL	LATION	
First Applica	ınt POA Name	PAN			CKYC-KIN					KYC Attached	
Second Applicant POA Name PAN				CKYC-KIN					KYC Attached		
Third Applicant POA Name PAN CKYC-KIN KYC Attached											
11. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION INSTRUMENT											
Instrument No: Instrument Date: DDMMYYYY Instrument Amount:											
I request to reissue the said warrant after necessary revalidation without change in bank Mandate.											
I request to reissue the said warrant after necessary revailed and make payment to new bank through NEFT/RTGS.											

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12. SIGNATURE AND DECLARATION (APPLICANTS MUST SIGN AS PER MODE OF HOLDING)								
"I/We hereby declare and confirm that the Information provide in this form is true and correct and is supported by the document proof enclosed along with the form. I/We have read and understood the contents of all the scheme related documents and Terms and Conditions provided herein. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/we further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual fund shall not be liable and/or responsible for any loss or damage that I/We may incur if the form is rejected."								
X	Х		X					
Sole / First Applicant / Guardian/ Authorised Signatory	Second Applicant		Third Applicant					
Date: D D M M Y Y Y Y		Place:						