NON-FINANCIAL TRANSACTION FORM



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

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf. IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.											
Folio No. Name Name											
1. UPDATE CONTACT DETAILS/FAMILY FLAG											
Sole / First Applicant											
Mobile No.											
Second Applicant											
Mobile No											
Third Applicant											
Mobile No.											
2. CHANGE OF BANK DETAILS (Fill-up separate form for Multiple Bank mandate registration)											
Bank Name: Bank A/C No. Bank Bank A/C No. Bank Bank A/C No. Bank Bank Bank Bank Bank Bank Bank Bank											
Enclosed herewith: Cancelled cheque copy Bank account statement (last three months)											
3. CHANGE IN MODE OF HOLDING Joint Anyone or Survivor											
4. CANCELLATION OF SIP/SWP/STP Type Scheme Name Plan Option SIP/SWP/STP Date End Date Installment Amount											
Type Scheme Name Plan Option SIP/SWP/STP Date End Date Installment Amount SIP Regular Direct Growth IDCW Payout											
SWP Regular Direct Growth IDCW Payout											
STP Regular Direct Growth IDCW Payout DD DDMMYYYYY											
ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR) NON-FINANCIAL TRANSACTION FORM											
Existing Folio No. Date D D M M Y Y Y Y											
Received from Mr./Ms./M/s. Update Contact Details											

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5.	5. 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.														
6	A CHANCE OF TAY OTATIO FOLL 1 A DESTRUCTION OF THE STATE													
6. CHANGE OF TAX STATUS ✓ Select any one & Provide new bank detail in point no. 2 above according to the tax status)														
RI to NRI-Non Repatriable NRI-Repatriable to RI NRI-Non Repatriable to RI														
7. FATCA AND CRS DETAILS														
		Sole/First	Applicant/Guar	rdian	Second	Applicant	Third Applicant							
Pla	ace	,	Place			lace		Place						
Co	untry of Birth	C	ountry of Birth		Coun	ry of Birth			Country of Birth	1				
	tionality		Other		Indian Oth	er		Indian Other						
		First Applicant/Guardian			Second Applic	ınt			Third Applicant					
Sr.		Tax Identification Number	Identification Type/Reason	Sr. Countr	Tax Identification		Sr.	Country #	Tax Identification Number	Identification Type/Reason				
1		rtambor	Typo/Hodoon	1	Trainisci .	1350/11040011	1		rumon	1900/11040011				
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														
_	The Applicant	t is a Political	y Exposed Pers	eon Rela	ated to a Politically E	roced Person	Noit	ther (Not a	anlicable)					
	• • • • • • • • • • • • • • • • • • • •								· /					
	Gross Annual	I Income (₹)E	Below 1 Lac	1-5 Lacs	5-10 Lacs 10-	25 Lacs 25 La	acs-1ci	rore >	1 crore					
8.	UPDATE P	AN Enclosed here	with: Photo co	ppy of PAN ca	ard									
Fir	st Applicant F	POA Name PA	AN		CKYC-KIN					KYC Attached				
Second Applicant POA Name PAN					CKYC-KIN KYC Attache									
Third Applicant POA Name PAN				CKYC-KIN KYC Attac					KYC Attached					
9.	REGISTRA	TION OF POWE	ER OF ATTOR	RNEY (PO	A) REGISTRA	TION CHAN	IGE/M	ODIFICAT	ION CANCEL	LATION				
									KYC Attached					
First Applicant POA Name PAN Second Applicant POA Name PAN				CKYC-KIN					KYC Attached					
	• • • • • • • • • • • • • • • • • • • •									1				
Third Applicant POA Name PAN CKYC-KIN KYC Attached														
10. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION INSTRUMENT														
Instrument No: Instrument Date: D D M M Y Y Y Y Instrument Amount:														
	I request to r	eissue the said wa	arrant after nece			e in bank Mandat	e.							
☐ I request to reissue the said warrant after necessary revalidation without change in bank Mandate. ☐ I request you to update the above new bank details and make payment to new bank through NEFT/RTGS.														

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11	I. NOMINATION DETAILS	REGISTRA	TION CH	ANGE/MODIFICATION								
A. WISH TO NOMINATE (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)												
Sr. no.	Nominee Name/s\$	PAN (Optional)	Relationship with applicants	If Nominee	Date of Birth\$	Allocation						
	Nominee Name/s ^o			Guardian Name ^s	Guardian PAN	of Minor*	(%)					
1.						DD/MM/YYYY						
2.						DD/MM/YYYY						
3.						DD/MM/YYYY						
Address: Total												
*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc. \$mandatory fields												
B. WISH TO OPT OUT OF NOMINATION (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)												
I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the												
issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to												
submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.												
40 CICNATURE AND DECLARATION												
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			X		X							
Sole / First Applicant / Guardian/ Authorised Signatory				Second Applicant	oplicant Third Applicant							
	Date: DDMMMYYYY			Place:								