

# 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

## 1. UPDATE CONTACT DETAILS

Mobile No.  Email Id

Mobile Number provided pertains to  Self  Family Member | Email ID provided pertains to  Self  Family Member

(Note: If Mobile number/Email pertains to Family Member please select any one)

Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian (for Minor Investment)

If the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

## 2. CHANGE OF BANK DETAILS (Fill-up separate form for Multiple Bank mandate registration)

**BANK DETAILS**  (Please 3 to Update as Default Bank)

Bank Name:

Bank A/C No.  A/C Type:  Savings  Current  NRE  NRO  FCNR  Others

City  Pin  IFSC Code(11 digit)  MICR

LEI Code:  Valid up:  (Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors.)

Enclosed herewith:  Cancelled cheque copy  Bank account statement (last three months)

## 3. CHANGE IN MODE OF HOLDING

Joint  Anyone or Survivor

## 4. NOMINATION DETAILS REGISTRATION CHANGE/MODIFICATION

A. WISH TO NOMINATE (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

Sr. no.	Nominee Name/s	PAN (Optional)	Relationship with applicant	If Nominee is minor*		Date of Birth of Minor*	Allocation (%)
				Guardian Name	Guardian PAN		
1.						DD/MM/YYYY	
2.						DD/MM/YYYY	
3.						DD/MM/YYYY	

Address:  **Total 100%**

\*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc.

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.

SIGNATURE OF UNIT HOLDER(S) FOR NOMINATION:	First / Sole Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
[To be signed by all unit holders including joint holders, irrespective of mode of holding]			

## 5. CANCELLATION OF SIP/SWP/STP

Type	Scheme Name	Plan	Option	SIP/SWP/STP Date	End Date	Installment Amount
<input type="checkbox"/> SIP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> SWP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> STP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	

## ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR)

## NON-FINANCIAL TRANSACTION FORM

Existing Folio No.

Date

Received from Mr./Ms./M/s.

- Update Contact Details  Change of Bank Details  Change in Mode of Holding  
 Nomination Details  Cancellation of SIP/SWP/STP  Consolidation Of Folios  
 Change Of Tax Status  FATCA and CRS Details  Update PAN  
 Registration (POA)  Revalidation of IDCW Option/Redemption Cheque

Collection Center's Stamp & Receipt Date and Time

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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. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
4. <input type="text"/>	5. <input type="text"/>	6. <input type="text"/>

Target Folio No. for consolidation (Mention the target folio here, wherein all folios needs to be consolidated)

## 7. 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

## 8. FATCA AND CRS DETAILS

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place	Place	Place	Place
Country of Birth	Country of Birth	Country of Birth	Country of Birth
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other	<input type="checkbox"/> Indian <input type="checkbox"/> Other

Sole/First Applicant/Guardian				Second Applicant				Third Applicant			
Sr.	Country #	Tax Identification Number	Identification Type/Reason	Sr.	Country #	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 Applicant is**  a Politically Exposed Person  Related to a Politically Exposed Person  Neither (Not applicable)

**Gross Annual Income (₹)**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1crore  >1 crore

## 9. UPDATE PAN Enclosed herewith: Photo copy of PAN card

First Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached
Second Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached
Third Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached

## 10. REGISTRATION OF POWER OF ATTORNEY (POA) REGISTRATION CHANGE/MODIFICATION CANCELLATION

First Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached
Second Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached
Third Applicant POA Name	PAN <input type="text"/>	CKYC-KIN <input type="text"/>	<input type="checkbox"/> KYC Attached

## 11. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION INSTRUMENT

Instrument No: \_\_\_\_\_ Instrument Date:           Instrument Amount: \_\_\_\_\_

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.

