TRANSACTION FORM



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. DISTRIBUTION INFORMATION														<u> </u>							ctions)				
ARN Code	RIA Code							Sub broker code (as allotted by ARN holder)								Employee Unique Identification Number (EUIN)									
ARN-		ARN-																							
n case the Employee Unique Identification Upfront commision shall be paid directly by	, ,							ious fac	tors inc	ludino	servi	ces n	endere	d hv t	he d	listribu	ıtor								
2. UNIT HOLDER DETAILS (MA		-																2 un	der i	instru	ctions)				
Existing Folio No.																									
NAME OF FIRST/SOLE UNITHOLDER	Mr. Ms. M/s.						\Box						\neg	Т	Т	\top	T			\neg					
NAME OF GUARDIAN (if applicable)	Mr. Ms. M/s.								i		Ť	i		İ	Ť	i	T		Ī						
NAME OF SECOND UNITHOLDER	Mr. Ms. M/s.											\exists		÷		\pm	$\overline{}$	$\overline{}$	_	\dashv					
NAME OF THIRD UNITHOLDER	Mr. Ms. M/s.											_	\pm		<u> </u>		<u> </u>			$\overline{}$					
NAME OF PoA (if applicable)	Mr. Ms. M/s.								+			_			<u> </u>	\pm	\pm		_	\pm					
3. ADDITIONAL PURCHASE RE														/P	ofer	Sact	ion	3 un	deri	inetru	ctions)				
Scheme Name	EQUEST							*(ption	(Pla	200	√ a	nv or	•							ctions				
Dividend Facility (Please ✓ any	one) ☐ Payout ☐	Re-investr	ment [Dividend	l Sweep	° *D	ivider		•	`	ase	· а	ily Oi	e) [_ (JIOWI	ui		/IVIU	lellu					
Mode of Payment ☐ Cheque					Source		(For N	RI / FII	S Inve	stor)	□ N	RE] NR(FCN	IR 🗌]OT	HER	S (p	lease	secify)				
Amount ₹		(in words)																							
DD Charges ₹	Cheque / DD No.			Date	ed D	D M	MY	Y	Υ																
Drawn on Bank Please note that in case of a third p	party payment it is me	andatory to f	fill the Th	oird Darty I	Doolarat		ch & C	ity																	
*For Default option, please refer to	, , ,	•		,				DSF																	
4. SWITCH REQUEST														(Re	efer	Secti	on	4 un	der i	instru	ctions)				
From Scheme	No. 16					Schem		/	\		-	0.		2.24	1										
Option (Please ✓ any one) □ G Dividend Facility (Please ✓ any or			□ Divid	end Sween		otion (P vidend		,	,	_						invest	tme	nt 🗆	l Div	/idenc	Sweer				
Dividend Frequency						vidend		• (•	,									ridorio	01100				
Amount ₹		(in words)																							
OR No. of Units			Щ.	Ш,		□ All u	•		√)																
*For Default option, please refer to 5. REDEMPTION REQUEST	SID. Please refer to	SID / adde	enaum tn	ereor for s	cnemes	avallad	ole for i	JSF							(Ref	fer Se	ectio	n 5 ii	nde	r instr	uctions)				
Scheme								0	otion	Plea	se ✓	´ any	one)		•						,				
Amount ₹		(in words)																							
OR No. of Units					OR [□ All U	nits (F	lease	✓ any	one)										will be				
Bank Account										_	Opt	ion			ou to					tion pr	oceeds				
	•	Option 2		☐ Option	1 3		Optio				•	11011													
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