AXIS MUTUAL FUND

EUIN DECLARATION FORM

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN	ARN			E	

To,
Axis Mutual Fund

Date D D M M Y Y Y Y

Dear Sir, (Investor needs to tick on any one of the two options as applicable for the transaction)

I/We hereby remediate the missing / invalid Employee Unique Identification Number (EUIN) by providing the EUIN confirmation, for the following transaction:

Folio No

Transaction Date D D M M Y Y Y Y

ARN Code

Transaction Type : ☐ Purchase ☐ Switch ☐ SIP ☐ STP ☐ Others (Please specify)

Scheme **Plan** **Option**

(For Switch transaction please mention Switch-in Scheme name)

Units / Amount *(As applicable)* **Cheque No**

☐ **Execution Only Transaction Declaration** ***(Please Tick)***

*Please sign below in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signatory

First Unit Holder/ Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

OR

☐ **EUIN Updation**

EUIN to be updated

Signature of ARN Holder / Authorized Signatory with Name & Seal

1. The declaration must be submitted within 30 days from transaction date for transactions submitted.
2. Declaration must be signed by all applicants in case of mode holding is joint.
3. A separate declaration must be furnished for each transaction.

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ACKNOWLEDGMENT SLIP (To be filled by the investor)

Date D D M M Y Y Y Y

ARN Details

Received from Mr. / Ms. / Mrs.

Stamp & Signature