REQUEST FOR CHANGE OF MUTUAL FUND DISTRIBUTOR

Date _____

Folio No. (Mandatory)	Scheme Name (Required if change request is for specific schemes)

Old ARN Code	Old ARN Name	New ARN Code	New ARN Name	New Sub-ARN Code	New EUIN Code

All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable.

Declaration by Investor

I/We are having investments with Unifi Mutual Fund vide folio/s mentioned above, want to change the MFD ARN in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.

Investor Details	1st Holder	2nd Holder	3rd Holder
Name			
Signature (To be signed as per Mode of Holding)			

Declaration by MFD (new ARN/EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN* _____ **ARN Name*** _____

Sub-Distributor's ARN# _____ **Sub-Distributor's Name** _____

EUIN No.* _____ **EUIN Name*** _____

Date _____ **Place** _____

Signature of ARN/EUIN Holder*
Name, Designation and Employee Code of new distributor (For non-individuals)

*Mandatory | #If applicable

ACKNOWLEDGEMENT

We acknowledge the receipt of the request for Change of Distributor (subject to scrutiny & other verifications)

Received From: _____

Folio No: _____ **Date of Receipt:** _____