Your Services Solutions Partner		CAN
Switc	h Transaction Slip	
Name of the Mutual Fund:		
Folio No.:	PAN:	
nvestor Name:		
/We wish to Switch Units [or]	All Units [or] Amount of	f Rs
From Scheme:	Plan:	
o Scheme:	Plan:	Option:   Payout /   Reinvest
Broker ARN Code: Sub Broker ARN: _	Sub Broker code	e: EUIN:
* ☐ I / We hereby confirm that the EUIN box has transaction without any interaction or advice by the en notwithstanding the advice of in-appropriateness, if a the distributor and the distributor has not charged any	mployee/relationship managel any, provided by the employe	r/sales person of the above distributor of ee/relationship manager/sales person of
f my/our unit/amount balance is inadequate to me subject to minimum amount requirements of s ransaction.	Switch In scheme I/We a	m/are authorized to undertake this
We have read and understood the contents of the S	ale and a lafe was at an Decourses	
Addenda issued for the respective scheme(s). I/We erms and conditions, rules and regulation of the rele- nduced by any rebate or gifts, directly or indirectly in he commissions (in the form of trail commission or a of various Mutual Funds from amongst which the Sch have not been offered / communicated any indicative	hereby apply to the Trustee evant scheme(s)/Mutual Fund making this investment. The ny other mode), payable to h heme is being recommended portfolio and/or any indicativ	of Mutual Fund and agree to abide by d. I/We have neither received nor been a ARN holder has disclosed to me/us all im for the different competing Schemes to me/us. I/We hereby confirm that I/we re yield by the respective Mutual Fund /
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