

**TRANSACTION SLIP**



ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
0186	Bonanza				

**DECLARATION for "execution-only" transaction (only where EUIIN box is left blank)**

I/We hereby confirm that the EUIIN box has been intentionally left blank by me /us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee / relationship manager/sales person of the above distributor and the distributor has not charged any advisory fees on this transaction.

**Signature (s)**

(All Holder to sign in case mode of holding is joint)

\_\_\_\_\_  
First Account Holder

\_\_\_\_\_  
Second Account Holder

\_\_\_\_\_  
Third Account Holder

Folio : \_\_\_\_\_ Scheme : \_\_\_\_\_ Plan : \_\_\_\_\_

Name of First Holder : \_\_\_\_\_ 2nd Holder : \_\_\_\_\_ 3rd Holder : \_\_\_\_\_

**ADDITIONAL PURCHASE REQUEST** Amount (in Rs) \_\_\_\_\_ (in words) \_\_\_\_\_

Bank / Branch \_\_\_\_\_ Cheque/DD No. \_\_\_\_\_ Date \_\_\_\_\_

Bank Account Type  Savings  Current  NRE  NRO  FCNR

**SWITCH REQUEST ( INTER AND INTRA SCHEME )**  All Units  No. of Units \_\_\_\_\_ Amount (in Rs) \_\_\_\_\_

From Scheme \_\_\_\_\_ Plan \_\_\_\_\_

To Scheme \_\_\_\_\_ Plan \_\_\_\_\_

**REDEMPTION**  All Units  No. of Units \_\_\_\_\_ Amount (in Rs) \_\_\_\_\_

Amount (in words) \_\_\_\_\_ from the above mentioned folio and scheme/plan.

Note: "Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor".

I/We have read and understood the terms and content of the scheme Information Documents including addenda and lost structure(s) of the respective scheme(s) statement of Additional Information of ESCORTS MUTUAL FUND. For Cases where IFSC/MICR Code of Investors' Bank Accounts is provided, the redemption amount will be credited electronically to such bank account.

**Signature (s)**

(All Holder to sign in case mode of holding is joint)

\_\_\_\_\_  
First Account Holder

\_\_\_\_\_  
Second Account Holder

\_\_\_\_\_  
Third Account Holder

(To be filled by Unit holder)

**ACKNOWLEDGEMENT**

[TIMESTAMP (FOR OFFICE USE ONLY)]

Folio No. : \_\_\_\_\_ Sole/First Unit Holder: \_\_\_\_\_

Scheme: \_\_\_\_\_ Plan \_\_\_\_\_

**ADDITIONAL PURCHASE REQUEST** (in Rs.) \_\_\_\_\_ Cheque No. \_\_\_\_\_ Date: \_\_\_\_\_

**SWITCH**  All Units  No of units \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_

To Scheme \_\_\_\_\_ Plan \_\_\_\_\_

**REDEMPTION**  All Units  No of units \_\_\_\_\_ Amount (in Rs.) \_\_\_\_\_

helpline Number: 011- 43587415/43587420 email id: help@escortsmutual .com Website : www.escortsmutual.com

