

Corporate Office:

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FINANCIAL TRANSACTION FORM (For Existing Unit Holders only)

Please read the instructions overleaf carefully and complete the relevant section legibly in black/dark coloured ink and in BLOCK CAPITALS. Please strike out sections that you intend to leave blank.

Distributor ARN Code	Sub-Distributor ARN Code	Internal Sub-Broker / Employee Code	EUIIN	Application No.

Up front commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

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 distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here First/Sole Applicant/Guardian POA	Sign Here Second Applicant	Sign Here Third Applicant
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1 UNIT HOLDERS' DETAILS (MANDATORY) Refer Instruction No. II

Sole / First Unit Holder Name Mr Ms M/s FIRST MIDDLE LAST Folio No

2 ADDITIONAL PURCHASE REQUEST Refer Instruction No. III

Scheme Plan

Option Growth Dividend Payout Dividend Reinvestment Dividend Frequency Daily/Weekly/Fortnightly/Monthly

Investment Amount ₹ A DD Charges ₹ B Net Amount ₹ A minus B

Mode of Payment Cheque DD Fund Transfer Others SPECIFY

Instrument No Dated DD MM YY YY YY YY Drawn on Branch & City

NRI Investor, please indicate source of funds for your Investment NRE NRO FCNR Others SPECIFY

DEMAT ACCOUNT DETAILS OF FIRST APPLICANT

NSDL please Depository Participant (DP) ID Beneficiary Account Number

CDSL please Depository Participant (DP) ID

3 REDEMPTION REQUEST Refer Instruction No. IV

Scheme Plan

Option Growth Dividend Amount (₹) OR No of Units OR All Units

4 SWITCH REQUEST Refer Instruction No. V

From Scheme <input type="text"/>	To Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Amount (Rs) <input type="text"/> OR No of Units <input type="text"/>	OR All Units <input checked="" type="checkbox"/>

5 SYSTEMATIC WITHDRAWAL PLAN (SWP) To be submitted at least 8 days before the 1st due date for withdrawal) Refer Instruction No. VI

Scheme Plan

Option Growth Dividend Withdrawal Date 2nd 8th 15th 23rd

Withdrawal Amount ₹ X No of Installments Withdrawal From DD MM YY YY YY YY To DD MM YY YY YY YY
(First Installment) (Last Installment)

6 SYSTEMATIC TRANSFER PLAN (STP) To be submitted at least 8 days before the 1st due date for withdrawal) Refer Instruction No. VI

From Scheme <input type="text"/>	To Scheme <input type="text"/>
Plan <input type="text"/>	Plan <input type="text"/>
Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
Transfer Amount ₹ <input type="text"/> No of Installments <input type="text"/> Options <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Transfer Period From <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY To <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY <input type="text"/> YY Monthly Transfer Date <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 23rd First Installment Last Installment	

7 UNIT HOLDER(S) SIGNATURE(S) To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint'.

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Indiabulls Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Sole / 1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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ACKNOWLEDGMENT SLIP To be filled in by the Investor

Folio No.

<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST <input type="checkbox"/> REDEMPTION REQUEST <input type="checkbox"/> SWITCH REQUEST <input type="checkbox"/> SWP <input type="checkbox"/> STP	TRANSACTION DETAILS (To be filled in by the First Applicant / Authorised Signatory):		Stamp Signature & Date
	From/Scheme	To/Scheme	
	Plan/Option	Plan/Option	
	<input type="checkbox"/> Amount <input type="checkbox"/> Units ₹	IN WORDS IN FIGURES	
	Date <input type="checkbox"/> Monthly (Please select date) <input type="checkbox"/> 2nd <input type="checkbox"/> 8th <input type="checkbox"/> 15th <input type="checkbox"/> 23rd <input type="checkbox"/> Weekly		