



Aalps Wealth India Pvt. Ltd.

COMMON TRANSACTION FORM

**Distributor
Name & ARN Code**

**ARN
181211**

**Sub Broker
ARN Code**

**Internal Code For
Employee / Sub Broker**

EUIN No.

☐ "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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature ☐ _____ First Holder ☐ _____ Second Holder ☐ _____ Third Holder

INVESTOR DETAILS

Unit Holder Name : _____
Mutual Fund Name : _____ **Folio No :** _____

PURCHASE REQUEST

I/We would like to purchase units worth Rs. _____
Scheme Name : _____ **Plan :** _____ **Option :** _____
Cheque / DD No. _____ **Cheque Date :** _____
Bank Name : _____ **Branch & City :** _____

REDEMPTION REQUEST

I/We would like to redeem Rs. _____ **OR** _____ **Units.** _____
Scheme Name : _____ **Plan :** _____ **Option :** _____

If you have registered for multiple Bank account facility in the above folio, please specify the bank details in which you wish to receive redemption proceeds. The bank account should be one of the registered bank account in the folio, else the payout will be released to the default bank account registered in the above folio.

Bank Name : _____ **Bank A/C No.** _____

SWITCH REQUEST

I/We would like to Switch Rs. _____ **OR** _____ **Units.** _____
From : _____ **Plan :** _____ **Option :** _____
To : _____ **Plan :** _____ **Option :** _____

CHANGE OF BANK MANDATE

Bank Name : _____ **Branch :** _____
Bank A/C No. _____ **City :** _____ **Pin Code :** _____
MICR CODE : _____ **IFSC/NEFT Code :** _____ **Account Type :** _____

DECLARATION :

1. I/We am/are an eligible Investor as per the scheme related documents.
2. I/We confirm that I/We have read and understood the term & contents of the offer Document(s) of the scheme(s) in which I/We are investing, as of the date of this investment.
3. I/We agree to abide and comply with the term, conditions, rules and regulations of the Scheme.
4. I/We have read and understood the contents of the Statement of Additional Information/ Scheme information Document/ offer Document(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in executing this transaction.
5. The ARN holders has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him or them for the different competing Schemes of various mutual funds from amongst which the scheme is being recommended to me/us.
6. I/We hereby confirm that I/We have not been offered / communicated any Indicative Portfolio And/Or any Indicative Yield by the Distributor for this investment.

SIGNATURE

☐ _____ First Holder ☐ _____ Second Holder ☐ _____ Third Holder

ACKNOWLEDGMENT SLIP :

Folio No : _____

Received From Mr./Mrs./M/s. _____
Fund _____ **Scheme Name :** _____ **Plan :** _____ **Option :** _____
Amount/Units _____ **Purchase** ☐ **Redemption** ☐ **Switch** ☐ **Change of Bank** ☐

AMC STAMP & SIGNATURE :

