Your Services Solutions Partner

CAMS
Our Mission.. Your Growth

Additional Purchase Transaction Slip

Mutual Fund* _____

Folio No.* _____

Investor Name* _____   Plan Type* _____

Broker ARN Code _____   Sub Broker ARN _____

Sub Broker code _____   EUIN _____

* ☐ I/We hereby confirm that the EUIN 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 in-appropriateness, 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".

Scheme Category* _____

Scheme* _____

Dividend Option* _____

Amount in INR* _____ ()

Mode of Payment: (please any one)   ☐ OTM (One Time Bank Mandate)   ☐ Cheque

OTM No* _____   OTM Bank Name* _____

Cheque / DD No* _____   Cheque Date* _____

Drawn on* _____   Branch* _____

* ☐ I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of Mutual Fund and agree to abide by terms and conditions, rules and regulation of the relevant scheme(s) / Mutual Fund.

I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors assessment of various factors including the service rendered by the ARN Holder. In case of existing investor where investment amount is Rs.10,888/- or more and your Distributor has opted to receive Transaction Charges, Rs.100/- will be deducted from the purchase amount and paid to the Distributor. Units will be issued against the balance amount invested.

I/We confirm that payment for this transaction has been done through my/own bank account number which is registered in the folio and no third party account is used for such payments. In case of any non-compliance, I/We authorize you to refund the said amount to the account where it is debited and will liable for any consequences arising thereof.

* Mandatory fields

Signatures

_____   _____   _____
Holder 1   Holder 2   Holder 3

Acknowledgement Slip

Received from : _____   Folio. No: _____

an application for Additional Purchase Fund Name: _____

Scheme: _____   Plan: _____   Option: _____

For an amount in Rs. _____   Cheque / DD No. _____

Drawn on Bank Name: _____   Branch: _____

OTM No: _____   OTM Bank Name: _____