

EUIN DECLARATION FORM

То									Da	te: / / 20
Kotak	Mutual F	und								
I / We	hereby r	equest you to upd	ate the E	EUIN for	the followin	g transactions				
Sr No	ARN Code	Distributor Name	Sub- Broker ARN Code	EUIN	Application No / Folio No	First Applicant Name	Transaction Date	Transaction Type (Purchase / Switch / SIP/STP)	Scheme & Plan	Amount (Rs.)
	24952			E34783						
	employ	/ee/relationship m	anager/s	sales pe	rson of the a	•	broker or not		executed without any intere advice of in-appropriaten	
		×								
		1 st Applicar	nt / Author	ised Signa	atory 2 nd	Applicant / Authorised Sig	gnatory 3	rd Applicant / Autho	rised Signatory	
OR										

Signature with ARN Name, Seal & Signature

Note: EUIN remediation can be done **only within 30 days of transaction**