

# REQUEST FORM FOR CHANGE OF PLAN IN EXISTING SIP



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN: 24952 <sub>p here</sub> )	ARN-	E347831		

\*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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Folio No.

MANDATORY	First / Sole Applicant	PAN											KYC (Y/N)	Y/N
	Second Applicant	PAN											KYC (Y/N)	Y/N
	Third Applicant	PAN											KYC (Y/N)	Y/N

This refers to my/ our SIP under the captioned folio, the details of which are as started below:

DETAILS OF SIP INVESTMENT												
Scheme Name	Bandhan						Option					
Installment	Amount in Rs.											
	Amount in words											
SIP Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SIP Date	SIP Start Date					SIP End Date			

I/We wish to invest the future installments of my above mentioned SIP in the below mentioned Plan :

Old Plan		TO	New Plan	
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DECLARATION & SIGNATURE(S)		
<p>I/We understand that the same terms &amp; conditions including load structure, prevailing at the time of initial registration, will be applicable to the future installments as well. I/We request you to take note of my above instructions and send me your confirmation of registration of my future SIP installments under the Direct Plan of the Scheme / Plan / Option. I/We understand that the above change will be effective from the date of processing of request by the Registrar &amp; Transfer Agent.</p>		
<b>SIGN HERE</b>	First / Sole Applicant Signature	Second Applicant Signature
		Third Applicant Signature

## ACKNOWLEDGMENT

DECLARATION FORM FOR CHANGE OF BANK DETAILS TRANSACTION FORM



Folio No

Date

stamp & signature

Received from Mr./Ms./Mrs.

Scheme Name  Plan

# REQUEST FORM FOR CHANGE OF OPTION IN EXISTING SIP



DISTRIBUTOR / BROKER INFORMATION				TIME STAMPING
Name & Broker Code / ARN / RIA	Sub Broker / Sub Agent ARN Code	*EUIIN	Internal Code for Sub-broker/ Employee	
ARN: 24952 <sub>p here</sub>	ARN-	E347831		

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SIGN HERE	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory

Folio No.

MANDATORY	First / Sole Applicant	PAN											KYC (Y/N)	Y/N
	Second Applicant	PAN											KYC (Y/N)	Y/N
	Third Applicant	PAN											KYC (Y/N)	Y/N

This refers to my/ our SIP under the captioned folio, the details of which are as started below:

DETAILS OF SIP INVESTMENT												
Scheme Name	Bandhan						Plan					
Installment	Amount in Rs.											
	Amount in words											
SIP Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SIP Date	SIP Start Date					SIP End Date			

I/we wish to change the scheme-option of my/our existing SIP investment, as stated below:

Old Option  TO New Option

**DECLARATION & SIGNATURE(S)**

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of 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. I/We hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare that I am/we are not US Person(s). 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.

SIGN HERE	<input checked="" type="checkbox"/>	First / Sole Applicant Signature	Second Applicant Signature	Third Applicant Signature

**Notes:**

- Investor must use separate enrolment form for modification in registered SIP. Multiple requests in a single form are liable to be rejected.
- All requests for registering the modification of SIP shall be subject to an advance notice of 30 (thirty) days.
- There should be a minimum of six installments for Monthly and four installments for Quarterly SIP post modification. Investor may note that the payment will be processed under Growth or Cumulative option, as the case may be, after changing the option from IDCW to Growth/Cumulative.
- Incomplete form is liable to be rejected.

**ACKNOWLEDGMENT**

DECLARATION FORM FOR CHANGE OF BANK DETAILS TRANSACTION FORM



Folio No

Date

stamp & signature

Received from Mr./Ms./Mrs.

Scheme Name  Plan