

COMMON TRANSACTION FORM

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable. please ensure that this form will cover transaction as per our need & industry practices
All sections should be filled in English and in BLOCK LETTERS only.



1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.
Declaration for "execution-only" transaction (only where EUIN box is left blank) – 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status)(Refer section 2 under instructions)

Folio No.	Legal Entity Identification (LEI) Code [§]		
First/Sole Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
Guardian (if applicable)	PAN / PEKRN		<input type="checkbox"/> KYC
Second Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
Third Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
PoA (if applicable)	PAN / PEKRN		<input type="checkbox"/> KYC

[§] LEI is applicable for non-individual investor including HUF, not applicable to individuals, minor & NRI investor

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

Please ensure that the sequence of Names as mentioned in the Application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
DP ID No.	I N	DP ID	
Beneficiary Account No.			

Enclosure (Please tick any box) Client Master List (CML) Transaction cum holding Statement Cancelled Delivery Instruction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form.

4. ADDITIONAL PURCHASE REQUEST

Scheme Name: TRUSTMF Plan: (Please ✓) Regular Direct

Option: Growth IDCW* Payout IDCW* Re-Investment Dividend Frequency: _____

Mode of Payment: Cheque Demand Draft RTGS/NEFT Transfer One Time mandate Others _____

Amount: _____ Cheque/DD/UTR/UMR No.: _____ Cheque Date: DDMMYY

Account No.: _____ Account Type: Saving Current NRO NRE FCNR Others (Please specify) _____

Bank & Branch Name: _____

*IDCW- Income Distribution cum Capital Withdrawal option

5. REDEMPTION REQUEST

<input type="checkbox"/> Partial Redemption	OR	<input type="checkbox"/> Full Redemption
Amount ₹ _____ or Units _____		
Amount (in words) _____		
Scheme <u>TRUSTMF</u>	Plan <input type="checkbox"/> _____	Option <input type="checkbox"/> _____

Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.

Bank Name: _____

Account No.: _____

6. SWITCH

<input type="checkbox"/> Partial Switch	OR	<input type="checkbox"/> Full Switch
Amount ₹ _____ or Units _____		
From Scheme <u>TRUSTMF</u>	Plan: (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Payout <input type="checkbox"/> IDCW* Re-Investment	Dividend Frequency _____	
To Scheme <u>TRUSTMF</u>	Plan: (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Payout <input type="checkbox"/> IDCW* Re-Investment	Dividend Frequency _____	

*Income Distribution cum Capital Withdrawal option

