

## **DECLARATION CUM REMEDIATION FORM FOR EUIN**

i/ We nereby remediate the missi	ng / invalid Employee onique identification i	idiliber (Eoliv) by providing the Eolivexecution only	ly Commit	iation, for the folio	willy transaction	1.	
TRANSACTION DETAI	LS						
olio No:				Application No.			
Name F I R S	T	M I D D L E		L	A S T		
Transaction Type Purchase Switch SIP/STP/DTP Registrations							
Transaction Date	action Date Scheme Name			Amount		Units	
D D M M Y Y							
REMEDIATION DETAILS							
Distributor ARN	Sub-Distributor ARN	tributor ARN Internal Sub-Broker / Employee Code		EUIN	Time St	Time Stamp Serial No. & Date	
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.							
DECLARATION  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. (Please tick the box)							
First / Sole Applicant / Guardian Second		plicant Third Ap	Third Applicant		Powe	r of Attorney Holder	

- Note:

  SEBI has made it mandatory to obtain EUIN no. for every employee/ relationship manager/ sales person of the distributor for selling mutual fund products.
  This declaration must be submitted within 90 days from the date of application/ transaction.
  Declaration must be signed by all applicants in case mode of holding is joint.
  A separate declaration must be furnished for each separate transaction/ application.