Request for Change in Mutual Fund Distributor (MFD)					
Mutual Fund Date:					
Folio No (Mandatory)		Scheme Name (Required if change request is for specific schemes)			
Old ARN Code	Old ARN Name	New ARN Code	New ARN Name	New Sub- ARN Code	New EUIN Code
All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable					
Declaration by Investor					
I/We are having investments with Mutual Fund vide folio/s mentioned above, want to change the MFD ARN code in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the					
ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and					
agree that the change reqjuest once processed, can't be revoked and a fresh request needs to be raised for reversal of such					
changes.					
Investor Details	1st holder	2nd holder		3rd holder	
Name					
Signature (To be signed as per Mode of holding)					
Declaration of MFD (new ARN/EIUN holder)					
I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.					
New ARN	<del></del>		ARN Name:		
(Mandatory)			(Mandatory)		
Sub-Distributor's ARN (if applicable)			Sub-Distributor's Nan	ne	
EUIN NO.:E			Sub-Distributor's Name EUIN NO. Name:		
(Mandatory)	<del></del>		(Mandatory)		
Date:		Signature of ARN/EUIN Holder:			
Place:			(Mandatory) (Name, Designation, Employee code of new distributor		
			(if non individual)	pioyee code (	e, new alsonoutor