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Bulbute Rehla

COMMON TRANSACTION FORM

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN / PIA / PNRN / CDSL:	Bob Broker / BANDHAN / ARN CDSL	ELU#	ELU# Code for Sub-Broker / Employee:
ARN - (ARN stamp here)	ARN -		

By mentioning PIA/PIRN/CDSL code, I/we authorise you/share with the Investment Advisor the details of my/her transactions in the scheme(s) of Bandhan Mutual Fund.
Please sign below even if the ELU# box is left blank/not provided. I/we hereby confirm that the ELU# box has been intentionally left blank/empty as the transaction is executed without any interaction or advice by the employee/administrator/managerial personnel of the distributor/broker.

SIGN : HERE / First / Sole Applicant / Co-applicant / Authorized Signatory	Second Applicant / Authorized Signatory	Third Applicant / Authorized Signatory
KYC compliance status (Please tick) <input checked="" type="checkbox"/> 1st Applicant <input type="checkbox"/> 2nd Applicant <input type="checkbox"/> 3rd Applicant Folio No. J 1 5 2 5 9		
Name of the Sole/First Unit Holder		

(1) ADDITIONAL PURCHASE (Please tick the relevant box or boxes of the Scheme(s) in case you do not need an Plan under Option as per instructions given below)

Scheme Name: Bandhan	Plan: <input type="checkbox"/> Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please Select) <input type="checkbox"/> IDCW Frequency	
PAYOUT MODE (Please Tick): <input type="checkbox"/> Cheque / DD <input type="checkbox"/> ATM / Debit Card <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> UPI	
Bank A/c No.:	Acct. Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Cheque / DD / UTR No. / USRN / UPI Ref. No.:	Date: 0 0 0 0 0 0 Amount (Rupee Rs.)
Drawn on Bank:	Drawn on Branch & City:
Payment Type (Please Tick): <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please check Third Party Payment / Debit Card Party)	
Virtual Payment Address (VPA) / UPI ID:	
DEMAT ACCOUNT DETAILS: Number of units in Demat Mode (Please ensure that the sequence of units is mentioned as given in folio, informed as per the Depository Details)	
NSDL Depository Participant (DP) ID (ex: aad...):	Beneficiary Account Number (ex: aad...): CDSL Depository Participant (DP) ID (ex: coss...)

(2) SWITCH REQUEST (Please refer to the S.O. of the Scheme(s) you are switching from and to)

FROM Scheme Name: Bandhan	Plan: <input type="checkbox"/> Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please Select) <input type="checkbox"/> IDCW Frequency	
Amount (in Rupees): <input type="checkbox"/> Or Units (in units)	<input type="checkbox"/> Or All Units
TO Scheme Name: Bandhan	Plan: <input type="checkbox"/> Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please Select) <input type="checkbox"/> IDCW Frequency	

(3) REDEMPTION

Scheme Name: Bandhan	Plan: <input type="checkbox"/> Plan <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Direct
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Sweep (Please Select) <input type="checkbox"/> IDCW Frequency	
Amount (in Rupees): <input type="checkbox"/> Or Units (in units)	<input type="checkbox"/> Or All Units
Amount (in Rupees): <input type="checkbox"/>	
<input type="checkbox"/> I/we request you to credit my redemption proceeds to the below mentioned Bank A/c (Please Tick bank a/c should be one of the multiple bank a/c's already registered)	
Bank A/c No.: <input type="checkbox"/>	Bank Name: <input type="checkbox"/>

DECLARATION AND SIGNATURES (Please refer instructions overleaf before submitting the form)

I/We have read, understood and agree to comply with the terms and conditions of the Statement/Additional Information, Scheme Information Document and Key Information Memorandum (the Scheme(s)), Foreign Account Tax Compliance Act and Common Reporting Standards, statutory regulations prescribed by SEBI, AMFI, Pre-emptive Offer Listing Act, 2003 (PMLA), Privacy Policy of Bandhan AMC Limited available on the website of Bandhan Mutual Fund and its branches, and all applicable rules and regulations and hereby confirm that I/We have not received nor been induced by any relationship, directly or indirectly, to make this investment. I/We hereby declare that I/We do not have any existing Mutual Fund investments with the same application reference. In a total investment not exceeding Rs. 60,000 in a year, The A/R holder has disclosed to me/us all the commissions (if any) on investment or any other mode, payable to him for the different categories of Schemes of Various Mutual Funds I have/had during all of which the Scheme is being recommended to me/us. For Mutual Funds I/We declare that I/We am/are Non-Resident Indians / Persons of Indian Origin / Foreign Portfolio Investors but not US/United States persons as per applicable Regulations or (b) residents of Canada, and I/We have/had no funds from abroad through approved foreign exchange or remittance in my/our Non-Resident External / Non-Habitual Ordinary / FCR Account maintained in accordance with applicable RBI guidelines. We hereby provide you our contact details through which I/We can be contacted for the purposes of processing my/her application and providing to a person to whom I/We have submitted and for the purposes of meeting legal and regulatory requirements; (ii) receiving update on processing my/her application and for communication from us in relation to S.I.M.S. etc.

SIGN:	Second Applicant / Authorized Signatory	Third Applicant / Authorized Signatory
FOR ALL ONLINE CHANNELS (e.g. Internet, physical) registration cannot be performed in absence of specimen signature. Registration of specimen signature is mandatory for such investors. Please submission of any physical requisite.		

ACKNOWLEDGEMENT SLIP

Received, subject to realisation, verification and conditions

From: <input type="checkbox"/>	Folio No.: <input type="checkbox"/>	Time Stamping: <input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL PURCHASE	<input type="checkbox"/> REDEMPTION	<input type="checkbox"/> SWITCH



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