

# **EUIN DECLARATION FORM**

Toll Free Number : 18002671849 | Email : mf.partner.support@abakkusinvest.com | Website : www.abakkusmf.com

## To, Abakkus Mutual Fund

I / We hereby refer to my / our following application for subscription of Units in the Scheme(s) of Abakkus Mutual Fund where the Employee Unique Identity Number (EUIN) of the Distributor / Sub-Distributor was left blank / wrongly mentioned:

Application No.	Folio No	First Unit Holder's Name

### Transaction Details:

Name of the Scheme(s)			Transaction Date	Amount		
Scheme	Plan	Option	DD/MM/YYYY	₹		

#### Transaction Details:

To be signed by the Investors as per mode of holding):			OR	Distributor Details (To be signed by the Investor	r):	
,	ne EUIN box has been inten	, ,		ARN Code*		
	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 inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker.				Broker Internal Code (As allotted by ARN holder)		
				EUIN		
				*Existing ARN code cannot be cha	anged	
Signature(s):				Signature(s):		
First/Sole Applicant	Second Applicant	Third Applicant		First/Sole Applicant	Se	
	Date: D D	M M Y Y Y				

3	Distributor Details (To be signed by the Investor):									
	ARN Code*									
	Sub-broker ARN Code									
	Broker Internal Code (As allotted by ARN holder)									
	EUIN									
	*Existing ARN code cannot be ch	anged.								
	Signature(s):									
	First/Sole Applicant	Second Applican	nt		Th	nird A	Appl	ican	t	
		Date:	D D	M	M	Υ	Υ	Υ	Υ	

#### Note:

- $1. \ This \ declaration \ must be \ submitted \ within \ 30 \ days \ from \ the \ date \ of \ application \ / \ transaction.$
- 2. Declaration must be signed by all applicants in case mode of holding is joint.
- 3. A separate declaration must be furnished for each separate transaction / application.