EUIN DECLARATION FORM

Investor need to tick anyone of the two options as applicable
All Fields are mandatory

TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

Date: D D M M Y Y Y Y

To,
Trust Mutual Fund

Dear Sir,
I/We hereby remediate the missing/invalid Employee Unique Identification Number (EUIN) by providing the EUIN confirmation, for the following transaction:

Folio No: _____ Transaction Date: D D M M Y Y Y Y

Name of Distributor: _____

ARN Code: _____ Sub-Distributor ARN Code: _____

Transaction Type : Please (✓) ☐ Purchase ☐ Switch ☐ SIP ☐ STP ☐ Others (Please specify) _____

Scheme: _____ Plan: _____ Option: _____

(For Switch transaction please mention Switch-in Scheme name)

☐ Units/☐Amount _____ (As applicable), Cheque / DD No : _____

☐ **Declaration from Distributor for Inserting/Rectifying Employee Unique Identity Number (EUIN)**
I would like to Insert/Rectify the Employee Unique Identity Number (EUIN) for above mentioned transaction

EUIN: _____

☐ EUIN mentioned incorrectly ☐ EUIN was not mentioned

_____
Signature of ARN Holder / Authorized Signatory with Name & Seal

OR

☐ **Declaration from Investor(s) for leaving the box for Employee Unique Identity Number (EUIN) blank**
"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Sole/First Applicant/Guardian	Second Applicant	Third Applicant

Notes:
1. The 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.