

## **EUIN DECLARATION FORM**

oll Free Number : 1-800-570-5001	Email: support@capitalmindmf.com	Website: https://www.capitalmindmf.cor
----------------------------------	----------------------------------	--

To,

## **Capitalmind Mutual Fund**

I / We hereby refer to my / our following application for subscription of Units in the Scheme(s) of Capitalmind 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				
	Plan				DD/ MM/ YYYY		₹			
Transaction Details:  Execution only Transaction Declaration  (To be signed by the Investors as per mode of holding):					Distributor Details (To be signed by the Investor):					
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 inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker.				ARN C	Code* proker ARN Code					
				Broker	r Internal Code lotted by ARN holder)					
				EUIN						
				*Existing ARN code cannot be changed.						
Signature(s):				Signature(s):						

First/Sole Applicant

Third Applicant

Second Applicant

Date:

## Note:

First/Sole Applicant

1. This declaration must be submitted within 30 days from the date of application / transaction.

Third Applicant

- 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.

Second Applicant

Date: