

First / Sole Applicant / Guardian

DECLARATION CUM REMEDIATION FORM FOR EUIN

Third Applicant

Power of Attorney Holder

Toll Free Number: 1-800-570-5001 Email: support@capitalmindmf.com Website: https://www.capitalmindmf.com						
I/We hereby remediate the missi	ing / invalid Employee Uniqu	e Identification Number (EUIN) by	y providing the EUIN/	execution only confi	rmation, for	the following transaction:
Folio No			Application No.			
Name						
TRANSACTION DETAILS						
Transaction Date		Scheme Name	Transa	Transaction Type		unt Units
D D M M Y Y Y						
Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	Se	erial No., Date & Time Stamp
ARN	ARN					
ARN Upfront commission shall be paid the distributor.		ne AMFI registered distributor bas	sed on the investor's a	ssessment of variou	us factors inc	cluding the service rendered by
Upfront commission shall be paid the distributor.	d directly by the investor to the EUIN box has been intentice above distributor/sub broke	ne AMFI registered distributor base onally left blank by me/us as this ter or notwithstanding the advice o	ransaction is executed	d without any interac	ction or advic	ce by the employee/relationship

Note:

- Investor investing through distributor shall mention EUIN on the application form, if he/she has been advised by Sales Person/ Employee/ Relationship Manager of the distributor. This would assist in addressing any instance of mis-selling.
- If left blank, applicant(s) need to sign the above declaration on this form.
- · SEBI has made it mandatory to obtain EUIN for every employee/ relationship manager/ sales person of the distributor for selling mutual fund.

Second Applicant

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