

COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT
	BROKER/DISTRIBUTOR
	ARN - 34120
	Sub Broker Name & Code

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

This Form is to be used by Existing Investors for the purpose of

- Additional Purchase SIP Micro SIP Switch (Please ✓ whichever is applicable)

Existing Unitholders Information

First Unitholder Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.* <input type="text"/>	PAN No.* <input type="text"/>	PAN No.* <input type="text"/>
KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory (Except for Micro SIP) Enclose a Certified PAN Card Copy # KYC Mandatory for investment of Rs. 50,000 and above

Photo Identification Document * (please specify the relevant document number under the respective column, as applicable)

	Voter Identity Card	Driving License	Passport	Photo Ration Card	Photo Debit Card	Any Other (Please specify)
Sole / First Applicant / Guardian						
Second Applicant						
Third Applicant						

* ONLY FOR MICRO SIP. Please enclose self/ARN holder attested, copy of the document

Additional Purchase

Scheme Name Plan Option

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A B Rs. A m i n u s B

Cheque/DD No. Drawn on (Bank / Branch Name)

Cheque / DD Date / / Account Type Savings Current NRE NRO FCNR Others Please specify

Systematic Investment Plan (SIP) (Through Post Dated Cheques)

Scheme Name Plan Option

Frequency (Please ✓): Monthly Quarterly SIP/Micro SIP Date: 1st 7th 14th 21st All four dates Installment Amount Rs.

Enrolment Period From / / To / / Cheque No(s). From To No. of Cheques

Drawn on (Bank / Branch Name)

* SIPs upto Rs. 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

Switch

From Scheme (Transferor) Plan Option

To Scheme (Transferee) Plan Option

Please transfer Rs. OR Units OR All Units

Declaration & Signatures

I/We have read and understood the contents of the Scheme Information Document of the above Scheme of AIG Global Investment Group Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year I/We declare that the information given in this application form is correct, complete and truly stated.

APPLICABLE FOR NRIs: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account.

SIGNATURE(S)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant # (Please ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

SIP/ Micro SIP : Installment Amount (Rs.) Total Cheques Cheque Nos.

Additional Purchase : Amount (Rs.) Cheque No.

Redemption: Amount (Rs.) OR Units

Switch : Amount (Rs.) OR Units

SWP : Fixed Amount (Rs.) OR Capital Appreciation

STP : Fixed Amount (Rs.) OR Capital Appreciation

Change of Bank Account Change of Address Change of Contact Details Nomination Details

Service Centre
Signature & Stamp

COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT	
	BROKER/DISTRIBUTOR	Sub Broker Name & Code
	ARN -	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

This Form is to be used by Existing Investors for the purpose of Redemption Change of Bank Account Change of Address
 SWP STP Change of Contact Details (Please ✓ whichever is applicable)

Existing Unitholders Information

First Unitholder Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

Redemption

Scheme Plan Option

Amount Rs. **OR** Units **OR** All units (Please fill any one)

Change of Bank Account (New Bank Account Details)

Account No. Account type (Please ✓) Savings Current NRE NRO FCNR Others Please specify

Bank Name

Branch Address City

MICR Code (9 digit) IFSC Code (11 digit)

Change of Address

New Address Home Office

City State Country Pin/Zip

Tel. (Off.) Tel. (Res.)

Systematic Withdrawal Plan (SWP)

From Scheme Plan Option

(Please ✓) Fixed Amount Rs. **OR** Capital Appreciation

SWP Date : 1st 7th 14th 21st

Enrolment Period From To

SWP shall not be executed if amount is less than Rs. 1000/-

Systematic Transfer Plan (STP)

From Scheme (Transferor) Plan Option

To Scheme (Transferee) Plan Option

Please transfer Fixed Amount Rs. **OR** Capital Appreciation

Frequency : Weekly Monthly Quarterly

STP Date : 1st 7th 14th 21st

Enrolment Period From To

STP shall not be executed if amount is less than Rs. 1000/-

Change of Contact Details

Update my Mobile No. Update my Email ID*

* I would like to receive information by email in lieu of physical mail

Declaration & Signatures

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Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant # (Please ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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