

# NON-FINANCIAL TRANSACTION FORM

(For Existing Unit Holders only)

Application No. \_\_\_\_\_



Please read the instructions overleaf carefully and complete the relevant sections legibly in black / dark coloured ink and in BLOCK LETTERS.  
Please strike off unused section(s) to avoid unauthorised use

1. FOLIO NO.

2. EXISTING UNITHOLDER(S) INFORMATION\*

FIRST APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
SECOND APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	
THIRD APPLICANT'S NAME [Please Tick (✓)]	Permanent Account Number (PAN)
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> M/s.	

3. REGISTRATION OF POWER OF ATTORNEY [Please tick (✓)] (Refer Section 'A' of instructions)

Name of the PoA holder

PAN of the PoA holder   KYC Letter (Mandatory)  Notarized copy of PoA

4. CHANGE IN MODE OF HOLDING [Please shade (✓)] (Refer Section 'B' of instructions)

Anyone or Survivor  Joint Holding

5. CHANGE OF TAX STATUS [Please tick (✓)] (Refer Section 'C' of instructions)

Resident Indian (Individual) to NRI - Non-Repatriable  NRI - Non-Repatriable to Resident Indian (Individual)

NRI - Repatriable to Resident Indian (Individual)  NRI - Repatriable to NRI - Non-Repatriable

Overseas address (Mandatory for NRI/FII. P. O. Box address is not sufficient.)

City  Country  Area Code

NEW BANK DETAILS (Refer instructions for mandatory documents to be submitted) [Please tick (✓)]

Bank Name

Bank A/C No  Bank Branch

A/C Type  Savings  Current  NRE  NRO  FCNR  Others (Please Specify) \_\_\_\_\_

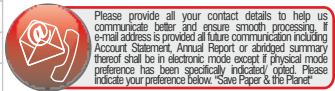
Bank City  State  Pin

IFSC Code  MICR Code

(IFSC Code is the 11 digit no. appearing on your cheque leaf, mandatory for credit via NEFT/ RTGS) (MICR Code is the 9 digit code next to the cheque no.)

6. CHANGE/UPDATION OF CONTACT DETAILS OF FIRST APPLICANT (Refer Section 'D' of instructions)

Tel. (Off.)	Country/ Area code	Mobile	Country/ Area code
Tel. (Res.)	Country/ Area code	Fax	Country/ Area code
E-mail 1			
E-mail 2			
E-mail 3			



7. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information, Scheme Information Document and Key Information Memorandum of the respective Scheme(s) and agree to abide by the same including any addendum(s) thereto and any terms, conditions, rules and regulations of the scheme(s) applicable from time to time. I/We will not hold Union Asset Management Company Private Limited, Union Trustee Company Private Limited, Union Mutual Fund, and its Registrar liable for any loss due to delayed execution or rejection of the request for reason of incomplete / incorrect information.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the form is rejected.

Signature Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature Second Applicant / POA / Authorised Signatory	Signature Third Applicant / POA / Authorised Signatory
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**In-Person Verification (IPV) (For Office Use only) applicable only if the old / existing bank mandate proof not submitted**

I have done the In-Person verification of the above referred investor along with ID document mentioned below; I have also matched the documents given with the information available in the referred Folio(s) and found them in order. I have verified the originals of new bank mandate documentary proof with the copies shared and found them in order by matching with the details indicated above.

Employee Name			
Employee No.			
Location Name	AMC/CAMS - <Location Name>		
Documents Verified	<input type="radio"/> Self attested copy of PAN	<input type="radio"/> For PAN exempt investors	<input type="radio"/> Passport <input type="radio"/> Voter ID <input type="radio"/> Ration Card <input type="radio"/> Please Specify
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature with Branch Seal

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor)

Application No. \_\_\_\_\_

Folio No.

Mr./ Ms. /M/s \_\_\_\_\_

- Registration of Power of Attorney  Change in Mode of Holding
- Change of Tax Status  Change/ Updation of Contact Details of First Applicant



Collection centre's stamp with date and time of receipt

## INSTRUCTIONS

### A. POWER OF ATTORNEY:

- An applicant applying through power of attorney holder must lodge an original or a copy of the Power Of Attorney (PoA) duly attested by a notary public at any of the Official Points of Acceptance.
- The Power of Attorney Document must contain the signatures of both the applicant and the constituted Attorney.
- Documents otherwise required to be submitted under normal circumstances by an Investor should be submitted by both the Investor and the POA holder in case of applications made under a POA.

**B. CHANGE IN MODE OF HOLDING:** Joint Applicants who wish to change their mode of holding from "Anyone or Survivor" to "Joint Holding" or vice versa should use this section and hereby agree that after the updation of new mode of holding/operation, any request based on previous holding/ operation will not be honoured by the fund. Further, all unit holders need to sign the request irrespective of the Mode of holding.

### C. CHANGE OF TAX STATUS

Existing		New	
Tax Status	Account type	New Tax Status	New account type
Resident Indian (Individual)	SB/CA	NRI - Non-Repatriable	NRO
NRI - Non-Repatriable	NRO	Resident Indian (Individual)	SB / CA
NRI - Repatriable	NRE Resident	Indian (Individual)	SB / CA
NRI - Repatriable	NRE	NRI - Non-Repatriable	NRO

#### Change of Bank details : Documents required (any one):

Existing bank details (Any one of the following)	New bank details (Any one of the following)
Original Cancelled Cheque with name and account number of 1st unit holder pre-printed	Original Cancelled Cheque with name and account number of 1st unit holder pre-printed
Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months	Bank Pass Book having the name, address and account number of the account holder with current entries not older than 3 months

Note: In case of photocopies of the documents as stated above are submitted, investor must produce original for verification or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions.

**D. CONTACT DETAILS:** Applicants should provide contact information such as email address, mobile number and other telephone numbers. Account statements, annual reports and other kinds of communication will be sent through email only instead of physical, for investors who provide their email address. Should they wish to have a hard copy; email request can be sent to [investorcare@unionmf.com](mailto:investorcare@unionmf.com). It is deemed that the Unit Holder is aware of all the security risks associated with online communication, including possible third-party interception of documents sent via email.

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

**Computer Age Management Services Ltd.,**

Unit: Union Mutual Fund

Rayala Tower 2, 5th Floor, # 158 Anna Salai, Chennai - 600002.

**Email:** [enq\\_uk@camsonline.com](mailto:enq_uk@camsonline.com) | **Website:** [www.camsonline.com](http://www.camsonline.com)

**Union Asset Management Company Pvt. Ltd.**

Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.

**Toll Free :** 1800 200 2268/18005722268 | **Tel No. :** 022 67483333

**Website:** [www.unionmf.com](http://www.unionmf.com) | **Email :** [investorcare@unionmf.com](mailto:investorcare@unionmf.com)

**Union**  
**Mutual Fund**