# Request for Change in Mutual Fund Distributor (MFD)

_____Mutual Fund _(PLEASE FILL THE FORM AMC WISE)_ **Date:**

| Folio No _(Mandatory)_ | Scheme Name _(Required if change request is for specific schemes)_ | | | | |
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| **Old ARN code** | **Old ARN Name** | **New ARN code** | **New ARN Name** | **New Sub-ARN code** | **New EUIN code** |
| | | | | | |

_All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable_

### Declaration by Investor

_I/We are having investments with -------------------------- Mutual Fund vide folio/s mentioned above, want to change the MFD ARN code in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes._

| Investor Details | 1st holder | 2nd holder | 3rd holder |
|---|---|---|---|
| Name | | | |
| Signature (To be signed as per Mode of Holding) | | | |

### Declaration by MFD (new ARN/EUIN holder)

_I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision._

New ARN-_____
(Mandatory)

ARN Name: _____
(Mandatory)

Sub-Distributor's ARN _____
(If applicable)

Sub-Distributor's name :_____

EUIN No.: E_____
(Mandatory)

EUIN Name: _____
(Mandatory)

Date: _____

Signature of ARN/ EUIN Holder: _____
(Mandatory)

Place: _____

(Name, Designation, Employee code of new distributor (if non individual)