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Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

1 INTERMEDIARY INFORMATION

Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
ARN-167174		E326136		

Please refer instruction No. 4 for EUIN. Please read the instructions carefully, before filling up the application. Fields marked with (*) are mandatory.

☐ New Registration ☐ Cancellation

2 NEW / EXISTING UNIT HOLDER INFORMATION

Folio / Application No. ☐☐☐☐☐☐☐☐☐☐ **PAN No.** ☐☐☐☐☐☐☐☐☐☐

Name of the Sole/1st Applicant ☐☐☐☐☐☐☐☐☐☐