

# EUIN DECLARATION FORM - SIF

This Form should be completed in **English** and in **BLOCK LETTERS** only.

## Form pertaining to Employee Unique Identity Number (EUIN) box in the Application Form / Transaction Slip for subscription of Units in the Investment Strategy(s) of Diviniti SIF

To,

Diviniti SIF Offered by ITI Mutual fund

Dear Sir / Madam,

I / We hereby refer to my / our following application for subscription of Units in the Investment Strategy(s) of Diviniti SIF where the Employee Unique Identity Number (EUIN) of the Distributor / Sub-Distributor was left blank or wrongly mentioned:

Application Number  Folio No.

Sole / First Unit Holder OR Guardian Name

Second Unit Holder Name

Third Unit Holder Name

### TRANSACTION DETAILS

Name of the Investment Strategy(s)

Plan (Please )  Regular  Direct  
Option (Please )  Growth  IDCW# Reinvest  IDCW# Payout

Transaction Date

Transaction Type (Please  Purchase  Switch-in  SIP/STP registration  Other (please specify) \_\_\_\_\_

Amount

# Income Distribution cum Capital Withdrawal

### DISTRIBUTOR DETAILS

Name of Distributor

Distributor ARN Code\*

\* Existing ARN code cannot be changed.

Sub-Distributor ARN Code

Broker Internal Code

(As allotted by ARN holder)

### Declaration from Distributor for Inserting / Rectifying Employee Unique Identity Number (EUIN)

I would like to Insert / Rectify the Employee Unique Identity Number (EUIN) in the Transaction Slip / Application Form

Signature with ARN Name & Seal

EUIN

(Please )  EUIN mentioned incorrect  EUIN was not mentioned

Date





OR

### Declaration from Investor(s) for leaving the box for Employee Unique Identity Number (EUIN) blank

I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub-broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub-broker.

### SIGNATURE(S) (To be signed by the Investors as per mode of holding)

Date	Sole / First Unit Holder OR Guardian	Second Unit Holder	Third Unit Holder
<input type="text"/>			

#### Notes:

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

Toll Free Number:  
1800-266-9603

Non Toll Free Number:  
022-66214999

Email:  
contact.sif@itiorg.com

Website:  
sif.itiamc.com

Investments in Specialized Investment Fund involves relatively higher risk, including potential loss of capital, liquidity risk, and market volatility. Please read all investment strategy-related documents carefully before making the investment decision.