Aditya Birla Sun Life Mutual Fund



MUTUAL FUNDS

Request for Change in Mutual Fund Distributor (MFD)

					Date D	O M M Y Y Y
Aditya Birla Sun Lif	e Mutual Fund					
Folio No (Mand	atory)	Schen	ne Name (Required if change request is for s	specific schemes)	
Old ARN code	Old ARN code Old ARN Name		RN code	New ARN Name	New Sub-ARN code	ode New EUIN code
Declaration by Inve I/We are having investodetails provided. I co	stments with Aditya Birla Sun Lif nfirm that I am not misguided oi arily. I also understand and agree	e Mutual Fun r lured to cha	id vide foli nge the Al	o/s mentioned above, want to chai RN code and submitting this reque est once processed, can't be revoke	st with full knowled	lge and understanding of
Investor Details	1st holder		2nd holder		3rd holder	
Name						
Signature (To be signed as per Mode of Holding)						
I hereby affirm that consent of the inves	·	apprised of	the natur	the specified folio's/scheme'shas le and implications of this change		•
New ARN*:		ARN Na	ame*:			
Sub-Distributor's A	.RN (If applicable):		Sub-	Distributor's name:		
EUIN No.*: E		EUIN Name*	:			
Signature of ARN, (Name, Designatio of new distributor	n, Employee code					
Date: D D M						*Mandatory
	ment Slip (To be filled in by the					nd Distributor (MFD)
Application No.					Co	Ollection Centre / MC Stamp & Signature
Peceived from Mr	/ Ms			Date: / /		