

Registered Office: 1003, A Wing, Naman Midtown, 10th Floor, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013
Tel: +91 6357222000 | Toll Free No.: 1800 103 4757
Website: www.samcomf.com | Email: mfassist@samcomf.com

## **EUIN REMEDIATION / DECLARATION FORM**

I / We hereby refer to the following application for	r subscription of Units in the S	cheme(s) of Samco Muti	ual Fund:	
Application Number / Folio Number				
Name of First or Sole Applicant / Unit holder OR	Guardian			
Transaction Details				
Transaction Date DDDMMMYYYYY	Transaction Type	Purchase Society  Other (Please Specify		SIP / STP registration
Scheme Name		ARN Code		
Name of Distributor		Sub Distributor ARN Code		
Declaration from Distributor for Inser	ting/Rectifying Employe	ee Unique Identity N	lumber (EUIN)	
I would like to Insert/Rectify the Employee Unique	ldentity Number (EUIN) in the	transaction slip / applic	ation form	
EUIN mentioned incorrectly	vas not mentioned			
Correct EUIN				
Signature of the ARN holder				
	OR			
Declaration from Investor(s) for leaving the box intentionally left blank by me/us as this transaction the above distributor/sub broker or notwithstanding the distributor/sub broker."	on is executed without any inte	eraction or advice by the	employee/relationsl	hip manager/sales person of
Signature(s):				
First or Sole Applicant /Unitholder	Second Applican	/Unitholder	Third A	pplicant /Unitholder

## Notes:

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