

COMMON TRANSACTION FORM

(Please ✓ Mandatory)	DIRECT
	BROKER/DISTRIBUTOR
ARN -	
Sub Broker Name & Code	

This Form is to be used by Existing Investors for the purpose of
 Additional Purchase SIP Micro SIP (Please ✓ whichever is applicable)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Existing Unitholders Information

First Unitholder Existing Folio No.

KYC is mandatory for all non-individuals and NRIs irrespective of subscription amount. However for individual investors, KYC is mandatory only for investments of Rs.50,000 and above.

PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.* <input type="text"/>	PAN No.* <input type="text"/>	PAN No.* <input type="text"/>
KYC Compliant (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
Photo Identification** <input type="text"/>	Photo Identification** <input type="text"/>	Photo Identification** <input type="text"/>

*Mandatory (Except for Micro SIP) Enclose self/broker attested PAN Card Copy.

** Photo Identification mandatory - please refer to instruction no. 16 overleaf.

Additional Purchase

Scheme Name Plan Option

Investment Amount DD Charges (if applicable) Net Amount (Cheque / DD Amount)

Rs. A Rs. B Rs. A minus B

Cheque/DD No. Drawn on (Bank / Branch Name)

Cheque / DD Date Account Type Savings Current NRE NRO FCNR Others Please specify

Systematic Investment Plan (SIP)

*** Micro SIP**

Scheme Name Plan Option

Frequency (Please ✓): Monthly Quarterly SIP/Micro SIP Date: 1st 7th 14th 21st All four dates Installment Amount Rs.

Enrolment Period From To Cheque No(s). From To No. of Cheques

Drawn on (Bank / Branch Name)

* SIPs upto Rs. 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

Payment Bank Details (Mandatory for Additional Purchase / SIP)

Source of Payment (from which the above investment is made)
 First / Sole Holder's Bank Account Mandatory (any one): Cheque leaf with name pre-printed Bank Statement Pass Book Bank Certificate

OR

Third Party's Bank Account
Relationship with the Holder: Parents/Grand-Parents/related persons Employer on behalf of employee Custodian on behalf of an FII or a client
Mandatory documents required: KYC Acknowledgment Letter Third Party Declaration Form

Declaration & Signatures

I/We have read and understood the contents of the Scheme Information Document of the above Scheme of AIG Global Investment Group Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I am / We are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/ We hereby authorise AIG Global Investment Group Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / AIG Global Investment Group Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We declare that I/We do not have any existing Mutual SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year I/We declare that the information given in this application form is correct, complete and truly stated.

APPLICABLE FOR NRIs: I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US/Canada and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our NRE / FCNRA account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNRA account.

SIGNATURE(S)	Sole / First Applicant / Guardian <input type="text"/>
	Second Applicant <input type="text"/>
	Third Applicant <input type="text"/>

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.*	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant (Please ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Mandatory - (Except for Micro SIP) - Enclose self/broker attested PAN Card Copy.

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

SIP/ Micro SIP : Installment Amount (Rs.) Total Cheques Cheque Nos.

Additional Purchase : Amount (Rs.) Cheque No.

Redemption: Amount (Rs.) OR Units

Switch : Amount (Rs.) OR Units

SWP : Fixed Amount (Rs.) OR Capital Appreciation

STP : Fixed Amount (Rs.) OR Capital Appreciation

Change of Bank Account Change of Address Change of Contact Details Nomination Details

Service Centre
Signature & Stamp