

# AIG Investments

## COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT
	BROKER/DISTRIBUTOR <span style="float: right;">Sub Broker Name &amp; Code</span> Ganesh S. Shanbhag/ ARN-0988

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.

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

### Existing Unitholders Information

First Unitholder  Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

### PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.* <input style="width: 100px;" type="text"/>	PAN No.* <input style="width: 100px;" type="text"/>	PAN No.* <input style="width: 100px;" 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

\*Mandatory (Except for Micro SIP) Enclose self/broker attested PAN Card Copy. # KYC Mandatory for investment of Rs. 50,000 and above

### Photo Identification Document \* (please specify the relevant document number under the respective column, as applicable)

	Voter Identity Card	Driving License	Passport	Photo Ration Card	Photo Debit Card	Any Other (Please specify)
Sole / First Applicant / Guardian	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Second Applicant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Third Applicant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

\* ONLY FOR MICRO SIP. Please enclose self/ARN holder attested, copy of the document

### Additional Purchase

Scheme Name  Plan  Option

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

Rs.  A  Rs.  B  Rs.  A  m  i  n  u  s  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) (Through Post Dated Cheques)

### \* 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'.

### Switch

From Scheme (Transferor)  Plan  Option

To Scheme (Transferee)  Plan  Option

Please transfer  Rs.  OR  Units  OR  All Units

### 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 Micro 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 / FCNR 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/FCNR Account.

SIGNATURE(S)

Sole / First Applicant / Guardian	<input style="width: 100%; height: 40px;" type="text"/>
Second Applicant	<input style="width: 100%; height: 40px;" type="text"/>
Third Applicant	<input style="width: 100%; height: 40px;" 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 <input style="width: 90%; height: 20px;" type="text"/> POA Holder for Applicant 1	Name <input style="width: 90%; height: 20px;" type="text"/> POA Holder for Applicant 2	Name <input style="width: 90%; height: 20px;" type="text"/> POA Holder for Applicant 3
Address <input style="width: 90%; height: 20px;" type="text"/>	Address <input style="width: 90%; height: 20px;" type="text"/>	Address <input style="width: 90%; height: 20px;" type="text"/>
PAN No.* <input style="width: 100%; height: 20px;" type="text"/>	PAN No.* <input style="width: 100%; height: 20px;" type="text"/>	PAN No.* <input style="width: 100%; height: 20px;" 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

\*Mandatory - (Except for Micro SIP) - Enclose self/broker attested PAN Card Copy. # KYC Mandatory for investment of Rs. 50,000 and above

(P. T. O. )

### 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

**COMMON TRANSACTION FORM**

(Please ✓ Mandatory)	DIRECT
	BROKER/DISTRIBUTOR <span style="float: right;">Sub Broker Name &amp; Code</span> <b>Ganesh S. Shanbhag/ ARN-0988</b>

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.

This Form is to be used by Existing Investors for the purpose of  Redemption  Change/Update Bank Account Details  Change of Address  
 SWP  STP  Change of Contact Details (Please ✓ whichever is applicable)

**Existing Unitholders Information**

First Unitholder  Existing Folio No.

Please ensure that all unitholders are KYC compliant in case of investment of Rs. 50,000 and above.

**Redemption**

Scheme  Plan  Option   
 Amount Rs.  OR  Units  OR  All units (Please fill any one)

**Change/Update Bank Account Details (Mandatory - Enclose cancelled cheque copy)**

Mode of payment  Cheque  NEFT/RTGS  Direct Credit (\*Only with our Listed Banks)  
 Account type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others  Please specify  
 Bank Name  Account No.   
 Branch Address  City   
 MICR Code (9 digit)  IFSC Code (11 digit - Mandatory for NEFT/RTGS)

(\* Direct Credit available with ABN AMRO Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, Standard Chartered Bank, Axis Bank & Kotak Mahindra Bank.)

**Change of Address**

New Address  Home  Office  
  
 City  State  Country  Pin/Zip   
 Tel. (Off.)  Tel. (Res.)

**Systematic Withdrawal Plan (SWP) - To be submitted 5 working days before the 1<sup>st</sup> due date of Withdrawal**

From Scheme  Plan  Option   
 (Please ✓)  Fixed Amount Rs.  OR  Capital Appreciation  
 SWP Date :  1st  7th  14th  21st  
 Enrolment Period From  To   
 SWP shall not be executed if amount is less than Rs. 1000/-, Frequency - Monthly

**Systematic Transfer Plan (STP) - To be submitted 5 working days before the 1<sup>st</sup> due date of Transfer**

From Scheme (Transferor)  Plan  Option   
 To Scheme (Transferee)  Plan  Option   
 Please transfer  Fixed Amount Rs.  OR  
 (Please ✓)  Capital Appreciation  
 Frequency :  Weekly  Fortnightly  Monthly  
 STP Date :  1st  7th  14th  21st  
 Enrolment Period From  To   
 STP shall not be executed if amount is less than Rs. 1000/-

**Change of Contact Details**

Update my Mobile No.   Update my Email ID\*   
 \* I would like to receive information by email in lieu of physical mail

**Declaration & Signatures**

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**SIGNATURE(S)**

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

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Name	<input type="text"/> POA Holder for Applicant 1	<input type="text"/> POA Holder for Applicant 2	<input type="text"/> 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

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