Annexure 2

Application form for Transfer of AUM

To,

[To be submitted by Transferor Distributor]

Please complete the relevant sections legibly in black / dark blue ink and in BLOCK LETTERS

Date

C: A f 1					
Sir/Madam,					
unitholders in	ow mentioned Transferor d Regular Plan of all the Sc elow mentioned Transfered	chemes in your fund he	•		
Transfer of AUM		Name		ARN	
From: (Transferor)					
To: (Transferee)					
	l s fer*: (Please √ whichever is app	licable)			
☐ Individual distrib	butor merging his MF distribution	on business into/with a part	nership firm* / Pvt. L	.td.*	
☐ Partnership firm converting itself into LLP		☐ Exit of Partners / Dissolution of partnership firm			
☐ Merger of companies / entities		☐ De-merger of compa	☐ De-merger of companies / entities		
☐ Transfer of business to family member		☐ Transfer of business to an associate distributor			
☐ Conversion of P	vt. Ltd. co. to Public Ltd. co.	☐ Conversion of Public	e Ltd. co. to Pvt. Ltd.	co.	
☐ Transferor Distri	ibutor will be working as sub-di	stributor of the Transferee	MFD		
☐ Transferee distril with the princip	butor, who is a sub-distributor o oal distributor.	f Transferor (Principal) dis	tributor, is moving ou	t of the tie-up	
☐ Winding up of b	ousiness / Voluntary cessation / I	Retirement			
□ Others					
* Please delete which	ever is not applicable. Ple	ease attach supporting docum	ent for reason for transf	er of AUM	
below mentio a) The ARN	understand and agree that to ned conditions— s of both transferor and transferor and transferor and transferor and transferor and transferor and have furnished all ann	ansferee distributor are	e valid as on date,	both are KYD-	
b) The transf	Fer of assets will be carried	out for all folios unde	r Transferor-ARN	holder* /OR	
	Fer of assets will be carried ub-distributor Transferor-A		I under Transferee * Please delete which		

3) I/We hereby agree and declare that after the transfer of AUM, I/we shall cease to operate under my/our ARN and shall surrender my/our ARN to CAMS-AMFI unit for cancellation within 15 days of AUM transfer and submit a copy of the ARN cancellation letter to the respective RTAs**

need to certify to the AMC that the entire AUM of the sub-distributor is being transferred).

@ In case a sub-distributor under a Principal ARN holder is moving out of the tie-up with the principal distributor, partial AUM transfer is permitted / may be requested. In such a case both the principal distributor and the sub-distributor

^{**}Not applicable where the Transferor distributor is the principal distributor who will continue to operate under his/her/its ARN.

Please delete if not applicable.

- 4) I / We confirm and certify that I/we have informed all my/our mutual fund clients through email / letters about the proposed change of distributor / ARN code in respect of their folios under my/our ARN and the reason for the same, along with the details of the new (transferee) distributor who will be servicing them after the change of distributor code in their folios. A specimen of the email/letter is attached herewith along with the list of investors with their Folio no. and PAN.
- I/We further certify that, I/we have informed the clients that if they do not wish to transfer their MF holdings/folios to ARN ______ of the aforesaid transferee distributor, and wish to shift to some other mutual fund distributor or investment adviser of their choice, OR wish to SWITCH the units to Direct Plan, they are requested to inform the concerned mutual funds/ AMCs accordingly through a written communication within 15 days from the date of the letter /email. I/We have also mentioned that if the AMC does not receive any written communication from the investor in this regard within 15 days from the date of the email/letter, it will be deemed that the investor has no objection to the proposed change in ARN, and the concerned AMC(s) shall proceed with the change of ARN code in their folios.

In this regard, I undertake to notify the AMC/RTA immediately if any of the clients convey their objection to the proposed change to me directly.

- 6) I/We further declare and certify that the proposed transfer of assets is not being done to circumvent any legal or regulatory obligation and / or AMFI guideline / requirements.
- 7) I/We undertake to inform the concerned platforms / service providers regarding the AUM transfer for the existing SIP/STPs routed through MFU/ Exchange/ Online platforms (*if applicable*).
- 8) I/We request the AMC to de-link / de-map the EUINs (as per list attached) currently mapped to my/our ARN, and link /map the said EUINs to the ARN of the transferee MFD/ARN.**
- 9) I/We am/are aware and agree that in case there is any deficiency or discrepancy in the information provided herein and the supporting documents submitted herewith, my application is liable to be rejected by the AMC/RTA.
- 10) I/We understand that AMCs / RTA will not be obliged to address any queries or complaints arising due to this ARN Code change request.
- 11) I/We hereby declare that the information furnished herein is complete and correct in all respects and I/we shall forthwith communicate any change in the information furnished to the AMC/RTA.
- 12) I/We hereby indemnify the AMC against any loss or damages arising due to any claims or disputes made by any investor or Sub-distributor on account of the AMC effecting the transfer of AUM.

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Signature of Transferor Distributor

Checklist of Documents to be submitted:

- 1)

 Supporting document for reason for transfer of AUM
- 2) \square Sample of the letter / email sent to the clients intimating about the proposed AUM transfer / change in ARN with date of communication.
- 3) Proof of dispatch of letters/e-logs of emails.
- 4) List of investors to whom the intimation has been sent (along with their Folio nos. and PAN)
- 5) List of EUIN holders to be de-linked / de-mapped from the ARN of the transferor MFD/ARN holder and to be mapped / linked to ARN of the transferee MFD/ARN.

^{**}Delete if not applicable