EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN) DECLARATION & REMEDIATION FORM

Union Mutual Fund

Date: D D M M Y Y Y Y

To,
Union Mutual Fund

Dear Sir(s), (Investor needs to tick on any one of the two options as applicable for the transaction)

○ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in- appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

○ Please update the EUIN for transaction reported as per the following details. **EUIN to be updated :**_____

Folio No. | **Transaction Date:** D D M M Y Y Y Y

Transaction Type : ○ Purchase ○ Switch ○ SIP ○ STP ○ Others (Please specify) _____

Scheme :_____, Plan: _____, Option: _____

(For Switch transaction please mention Switch-in Scheme name)

○ Units / ○ Amount :_____ (As applicable), Cheque / DD No : _____.

Regards,

	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory
Investor Name			
Signature			

1. This declaration must be submitted within 30 days from the date of transaction.
2. Declaration must be signed by all applicants if the mode of holding is joint.
3. A separate declaration must be furnished for each transaction.
4. For more details please refer to the Scheme Related Documents.

EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN) DECLARATION & REMEDIATION FORM

Union Mutual Fund

Date: D D M M Y Y Y Y

To,
Union Mutual Fund (formerly Union KBC Mutual Fund),

Dear Sir(s), (Investor needs to tick on any one of the two options as applicable for the transaction)

○ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in- appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

○ Please update the EUIN for transaction reported as per the following details. **EUIN to be updated :**_____

Folio No. | **Transaction Date:** D D M M Y Y Y Y

Transaction Type : ○ Purchase ○ Switch ○ SIP ○ STP ○ Others (Please specify) _____

Scheme :_____, Plan: _____, Option: _____

(For Switch transaction please mention Switch-in Scheme name)

○ Units / ○ Amount :_____ (As applicable), Cheque / DD No : _____.

Regards,

	Sole/ First Applicant/ Guardian/ POA/ Authorised Signatory	Second Applicant/ POA/ Authorised Signatory	Third Applicant/ POA/ Authorised Signatory
Investor Name			
Signature			

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