

Request for Change in SIF Distributor

 Date
APEX SIF

Folio No (Mandatory)	Investment Strategy Name (Required if change request is for specific Investment Strategy)				
Old ARN code	Old ARN Name	New ARN code	New ARN Name	New Sub-ARN code	New EUIN code

All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable

Declaration by Investor

I/We are having investments with Apex SIF vide folio/s mentioned above, want to change the MFD ARN code in my folios as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.

Investor Details	1st holder	2nd holder	3rd holder
Name			
Signature (To be signed as per Mode of Holding)			

Declaration by MFD (new ARN/EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/investment strategy's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN*: _____ ARN Name*: _____

Sub-Distributor's ARN (If applicable): _____ Sub-Distributor's name: _____

EUIN No.*: E _____ EUIN Name*: _____

Signature of ARN/ EUIN Holder*: (Name, Designation, Employee code of new distributor (if non individual))	
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Date: Place: ***Mandatory**

Acknowledgement Slip (To be filled in by the Investor)
Request for Change in SIF Distributor

 Application No.

Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

Aditya Birla Sun Life AMC Limited