REMEDIATION FORM
Employee Unique Identification Number
(Please use separate form for each transaction)

I/We hereby remEDIATE the missing/invalid Employee Unique Identification Number (EUIN) by providing the EUIN / execution only confirmation, for the following transaction:

1. **FOLIO / APPLICATION NUMBER**
   - Name

2. **CONTACT DETAILS**
   - Mobile No.:  
   - E-Mail ID:

3. **TRADE DATE** (Remediation allowed within 30 calendar days of the transaction trade date)
   - D D M M Y Y Y

4. **TRANSACTION TYPE** (Tick any one)
   - [ ] Purchase  
   - [ ] Switch  
   - [ ] SIP  
   - [ ] STP

5. **SCHEME NAME**

6. **ARN CODE**

7. **EUIN**

OR (Please Tick Confirmation)

- [ ] Execution Only Status of 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 inappropriateness, 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”.

**Signatures**

First Unit Holder / Authorised Signatory  
Second Unit Holder  
Third Unit Holder

**DATE:** D D M M Y Y Y

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**Folio/App. No.**

**Scheme Name:**

**ARN No.:**

**DATE:** D D M M Y Y Y

**EUIN**

**Execution only**

- EUIN:  
- or Execution only confirmation