

COMMON TRANSACTION FORM

(Please check Mandatory)	<input type="checkbox"/> DIRECT
	<input type="checkbox"/> BROKER/DISTRIBUTOR Sub Broker Name & Code

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 type="text"/>	PAN No.* <input type="text"/>	PAN No.* <input type="text"/>
KYC Compliant# (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Compliant# (Please <input checked="" type="checkbox"/>) <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						
Second Applicant						
Third Applicant						

* 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
Second Applicant
Third Applicant

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	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
KYC Compliant # (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Sub Broker Name & Code

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 1st 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 1st 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

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.

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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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