The Wealth Company
MUTUAL FUND

EUIN DECLARATION FORM

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in

To,
The Wealth Company Mutual Fund

I / We hereby refer to my / our following application for subscription of Units in the Scheme(s) of The Wealth Company Mutual Fund where the Employee Unique Identity Number (EUIN) of the Distributor / Sub-Distributor was left blank / wrongly mentioned:

Application No.	Folio No	First Unit Holder's Name

Transaction Details:

Name of the Scheme(s)	Transaction Date	Amount
Scheme Plan Option	DD/MM/YYYY	₹

Transaction Details:

☐ **Execution only Transaction Declaration**
(To be signed by the Investors as per mode of holding):

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker.

Signature(s):

First/Sole Applicant	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

OR

☐ **Distributor Details**
(To be signed by the Investor):

ARN Code*	
Sub-broker ARN Code	
Broker Internal Code (As allotted by ARN holder)	
EUIN	

*Existing ARN code cannot be changed.

Signature(s):

First/Sole Applicant	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

Note:
1. This declaration must be submitted within 30 days from the date of application / transaction.
2. Declaration must be signed by all applicants in case mode of holding is joint.
3. A separate declaration must be furnished for each separate transaction / application.