



ASSOCIATION OF MUTUAL FUNDS IN INDIA

One Indiabulls centre, Tower 2, Wing B, 701, 7th Floor, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai – 400013

Application form for Change in Mapping of Employee Unique Identification Number

I wish to change the mapping of my Employee Unique Identification number (EUIN) and I provide the details as under:

Name of the EUIN Holder :

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EUIN:

E							
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EUIN Validity Period:

From:	D	D	M	M	Y	Y	Y	Y
To:	D	D	M	M	Y	Y	Y	Y

Presently Mapped to :

Name of the ARN Holder :

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ARN							
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I wish to (please tick the appropriate below)

1. Dissociate myself from the present ARN mapping and do business on my own. Please arrange to issue fresh ARN to me. I am attaching the fresh application form along with requisite documents and fees, for obtaining new ARN.
2. Dissociate myself from the present ARN mapping and request you to map my EUIN with the following Distributor:

Name of the ARN Holder to be mapped:

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ARN							
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3. Dissociate myself from the present ARN mapping and do not want to do business. Please cancel my EUIN.

I am attaching

1. Original EUIN card (required to be surrendered in case of option 1 and 3 above)
2. The relieving letter from the present employer (in case of option 2 above)
3. Application form for registration as individual ARN holder along with requisite documents and fees (required in case of option 1 above)
4. The duly signed certificate from the Newly mapped ARN Holder as below (required in case of option 2 above)
5. Letter issued by the New Employer for mapping of EUIN to the ARN of the New Employer, as per the format on page no. 3 (required in case of option 2 above)

Signature of the EUIN holder

Name :

Date :

Certificate from the Newly mapped ARN holder:

This is to certify that Mr./ Ms. : _____ whose EUIN is _____ is employed with me/ us effective from _____ and we request you to please map his/ her EUIN to my/ our ARN No _____.

Signature of ARN Holder/ Authorised Signatory of Corporate ARN holder with company Seal

Name of the Authorised Signatory (in case of corporate ARN holder):

Designation (in case of corporate ARN holder):

Name of the ARN Holder:

ARN :

New correspondence address (office) of EUIN holder : _____

Date :

Letter to be issued by the New Employer for mapping of EUIN to the ARN of the New Employer

(On the letter head of the New Employer of the EUIN Holder)

To,

Association of Mutual Funds in India
Mumbai

Sirs,

This is to certify that the below named EUIN holder is employed in our firm /organisation.

Name of the Employee: Mr./Ms. _____
PAN : _____ Employee Number: _____
Address as per office records: _____ _____ PIN _____
Date of Joining : <u>DD/MMM/YYYY</u>
Current Designation: _____
Current Posting (Branch Name / Place) : _____
Branch Address: _____ _____ PIN _____
Mobile No. _____ Email Id. _____
EUIN : _____
Current Validity of EUIN: From <u>DD-MMM-YYYY</u> to <u>DD-MMM-YYYY</u>

We hereby request you to link/map his / her EUIN to the ARN - _____ of our firm / organisation in your records.

We shall promptly inform AMFI to de-link his/her EUIN, if the aforesaid employee ceases to be employed with us.

Thanking you,

Yours truly,

Signature of authorised official of the ARN Holder with office stamp

Name: _____

Designation: _____

Mobile Number: _____ **Email Id.** _____