OLD BRIDGE ASSET MANAGEMENT

COMMON TRANSACTION SLIP (for existing investors only)

Folio No. Date D D M M Y Y

Distributor ARN	Sub-Distributor ARN	Sol ID / Internal Sub-Broker	Employee Code	EUIN	RIA CODE^	Serial No., Date & Time Stamp

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.
^I/We, have invested in the scheme(s) of Old Bridge Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Old Bridge Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

☐ 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1st Holder | 2nd Holder | 3rd Holder

First / Sole Applicant

LEI Code Valid up to D D M M Y Y Y Y

Note: Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

RBI vide circular dated January 2021 on "Introduction of Legal Entity Identifier for Large Value Transactions in Centralized Payment Systems" decided to introduce the LEI system for all payment transactions of value INR 50 crore and above for Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT) from April 1, 2021. In view of the same it will be mandatory to include 20-digit Legal Entity Identifier (LEI) information while initiating any transaction of value INR 50 crore and above by entities (non-Individual) for purchase and redemption transaction.

I/We would like to apply for ☐ **ADDITIONAL PURCHASE** (fill section-A) ☐ **REDEMPTION** (fill section-B) ☐ **SWITCH** (fill section-C)

A ADDITIONAL PURCHASE

Scheme	Plan	Option	Amount
Total	In words		In figures

Payment Options ☐ Cheque / DD ☐ RTGS / NEFT ☐ Transfer ☐ Debit Mandate (Fill section E) ☐ One Time Mandate

Bank Name Instrument No. UTR No (in case of RTGS / NEFT) / OTM ref no. in case of One time Mandate

₹ (in figures) ₹ (in words)

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT ☐ NSDL ☐ CDSL

Depository Participant Name

Beneficiary Account Number

Depository Participant (DP) ID

Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

B REDEMPTION

☐ All units **OR** ☐ No. of Units

OR ₹ (in figures) ₹ (in words)

Scheme Plan Option

Please Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

*Bank account No.: Bank Name:

(***Please specify the bank details in which you wish to receive the redemption proceeds.** Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this can not be treated as change of bank mandate.)

C SWITCH

☐ All units **OR** ☐ No. of Units

OR ₹ (in figures) ₹ (in words)

From Scheme Plan Option

To Scheme Plan Option

D SIGNATURE

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly of indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

1st Holder | 2nd Holder | 3rd Holder

E DEBIT MANDATE

I/ We Name of the account holder(s) Date D D M M Y Y Y Y

authorise you to debit my/our account no.

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others Specify

to pay for the purchase of Scheme Name

₹ (in figures)

₹ (in words)

In case of multiple investments, please mention scheme name as "Old Bridge MF Multiple Schemes".

Signature of 1st Holder

Signature of 2nd Holder

Signature of 3rd Holder

ACKNOWLEDGMENT SLIP

OLD BRIDGE ASSET MANAGEMENT

Folio No. Received a request for ☐ **Additional Purchase** ☐ **Redemption** ☐ **Switch**

Name Date D D M M Y Y

Stamp & Signature