



# ASSOCIATION OF MUTUAL FUNDS IN INDIA

One Indiabulls centre, Tower 2, Wing B, 701, 7<sup>th</sup> 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 :**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**EUIN:**

E						
---	--	--	--	--	--	--

**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 :**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ARN							
-----	--	--	--	--	--	--	--

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:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ARN							
-----	--	--	--	--	--	--	--

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. Copy of appointment letter of new employer (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 :