

**For data confidentiality and security reasons, we request your cooperation in following points:**

1. Statements will be provided to distributors / representatives only if their code is reflecting in the customers' folios.
2. Statement will be handed over only after verifying recipient's ID proof.
3. Please fill the details as required below.

“\*” = mandatory information

Requisition Date and Time: \_\_\_/\_\_\_/\_\_\_ : \_\_\_

<b>Please tick any one*</b>	<input type="checkbox"/> Investor	<input type="checkbox"/> Distributor: ARN No.	<b>*ARN Stamp or office seal with Signature of Distributor/Investor</b>
Name*			
Contact No.:			
Email ID:			

Reason for duplicate statement:

Sr. No.	Folio No.	Cheque or Application No.	PAN	Investor Name	Amount Invested	Scheme Name
	(Any one of the above three is mandatory)			(Mandatory)	(Preferable)	

Delivery by:  Hand Delivery     Courier / Post     Email

Recipient's Signature \_\_\_\_\_

For Office Use: \_\_\_\_\_

ARN Checked     ID Proof Checked    • Handled by \_\_\_\_\_    Delivery / Dispatch Date & Time \_\_\_/\_\_\_/\_\_\_ : \_\_\_