गरिमा म्युचूअल फण्ड अन्तर्गत खुलामुखी योजना

# गरिमा सुवर्ण योजना

# GARIMA SUBARNA YOJANA

समृद्धिको सारथी

## Unit Redemption Request Form

Application No.: Date:

Collection Centre: Code:

### 1. APPLICANT DETAILS

Name:

Mobile No.: Email Address:

Citizenship No.: NID No.: PAN:

Registration No.: BOID/Demat No.:

### 2. BANK DETAILS

A/C Holder's Name:

Bank Name and Branch:

Account Number:

### 3. REDEMPTION DETAILS

Scheme Name for Redemption: Garima Subarna Yojana (GSYM)

Fund Sponsor: Garima Bikas Bank Limited

Fund Manager and Depository: Garima Capital Limited

Redemption Order Unit In Figure: In Word:

### 4. SUPPORTING DOCUMENTS CHECKLIST

Document Attachments

☐ Copies of Citizenship and NID

☐ PAN / Tax Certificates

In Case of Minor: ☐ Birth Certificate ☐ Guardians Citizenship

### 5. DECLARATION

I/We hereby apply to redeem the above mentioned units of the scheme along with the Debit Instruction Slip (DIS) of my/our Demat Account and request you to refund my unit redemption amount to the bank account information available at the same Demat Account or in case unavailable you may proceed to above mentioned bank account.

Applicant's Signature

## For Official Use Only

Applicable NAV: ☐

Application Received Time: ☐

NAV Date: ☐☐☐☐☐☐☐☐

Application Received Date: ☐☐☐☐☐☐☐☐

Entered By: _____

Verified By: _____

Note:

1. DP Charge Rs.5/transaction
2. Exit load:

- 1.5% of Applicable NAV Within 6 Month of Purchase
- 1.25% of Applicable NAV from 6 Month to 12 Month of Purchase
- 1% of Applicable NAV from 12 Month to 18 Month of Purchase
- 0.75% of Applicable NAV from 18 Month to 24 Month of Purchase
- No exit load to be Levied After 24 Months of Purchase