

PERSONAL INFORMATION

Name/Company:

NIC /Company Registration Number

Switch From (Please tick)	Rupee Amount in words	No of Units
<input type="checkbox"/> Senfin Growth Fund		
<input type="checkbox"/> Senfin Shariah Balanced Fund		
<input type="checkbox"/> Senfin Money Market Fund		
<input type="checkbox"/> Senfin Shariah Income Fund		
<input type="checkbox"/> Senfin Dynamic Income Fund		
<input type="checkbox"/> Senfin Dividend Fund		
<input type="checkbox"/> Senfin Insurance Sector Fund		
<input type="checkbox"/> Senfin Financial Services Fund		
<input type="checkbox"/> Senfin Consumer Staples Fund		

Switch to (Please tick)	Rupee Amount in words	No of Units
<input type="checkbox"/> Senfin Growth Fund		
<input type="checkbox"/> Senfin Shariah Balanced Fund		
<input type="checkbox"/> Senfin Money Market Fund		
<input type="checkbox"/> Senfin Shariah Income Fund		
<input type="checkbox"/> Senfin Dynamic Income Fund		
<input type="checkbox"/> Senfin Dividend Fund		
<input type="checkbox"/> Senfin Insurance Sector Fund		
<input type="checkbox"/> Senfin Financial Services Fund		
<input type="checkbox"/> Senfin Consumer Staples Fund		

DECLARATION AND SIGNATURE

I /We have read the current Explanatory Memorandum for the Senfin Units Trust Fund that units are being switched to and I/we are aware of and agree to the Fund's Investor requirements, as well as the Fund's investment objectives and strategies.

Customer / Authorized Signature (1)

Authorized Signature (2)

Company Seal.....

 Date:

For office use only
 Transfer to be effected on (Date) :..... Authorized By :.....