

TRADING CODE:



Broker/Agent Code ARN:	ARN-83784	SUB-BROKER	EUIN	E069303
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Unit Folder Information

Name of the First Applicant :	
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PAN Number :	KYC :	Date Of Birth :
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Father Name:	Mother Name :
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Name of Guardian:	PAN:
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Contact Address:

City:	Pincode:	State:	Country:
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Tel.(Off):	Tel.(Res):	Email:
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Fax(Off):	Fax(Res):	Mobile:
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Income Tax Slab/Networth:	Occupation Details:
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Place of Birth:	Country of Tax Residence:
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Tax Id No:

Politically exposed person /Related to Politically exposed person etc.?	Yes	No
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Mode of Holding:	Occupation:
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Name of the Second Applicant :	
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PAN Number :	KYC :	Date Of Birth :
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Income Tax Slab/Networth:	Occupation Details:
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Place of Birth:	Country of Tax Residence:
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Tax Id No:

Politically exposed person /Related to Politically exposed person etc.?	Yes	No
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Name of the Third Applicant :	
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PAN Number :	KYC :	Date Of Birth :
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Income Tax Slab/Networth:	Occupation Details:
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Place of Birth:	Country of Tax Residence:
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Tax Id No:

Politically exposed person /Related to Politically exposed person etc.?	Yes	No
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Other Details of Sole / 1st Applicant

Overseas Address (In case of NRI Investor):

City:	Pincode:	Country:
Bank Mandate 1 Details		
Name of Bank:		Branch:
A/C No.:	A/C Type:	IFSC Code:
Bank Address:		
City:	Pincode:	State:
		Country:
Bank Mandate 2 Details		
Name of Bank:		Branch:
A/C No.:	A/C Type:	IFSC Code:
Bank Address:		
City:	Pincode:	State:
		Country:
Bank Mandate 3 Details		
Name of Bank:		Branch:
A/C No.:	A/C Type:	IFSC Code:
Bank Address:		
City:	Pincode:	State:
		Country:
Bank Mandate 4 Details		
Name of Bank:		Branch:
A/C No.:	A/C Type:	IFSC Code:
Bank Address:		
City:	Pincode:	State:
		Country:
Bank Mandate 5 Details		
Name of Bank:		Branch:
A/C No.:	A/C Type:	IFSC Code:
Bank Address:		
City:	Pincode:	State:
		Country:
Nomination Details		
Nominee Name:		Relationship:
Guardian Name(If Nominee is Minor):		
Nominee Address:		
City:	Pincode:	State:
Declaration and Signature		
I/We confirm that details provided by me/us are true and correct. The ARN holder has disclosed to me/us all the commission (In the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund From amongst which the scheme is being recommended to me/us.		
Date :	Place :	
1st applicant Signature :	2nd applicant Signature :	3rd applicant Signature :

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ Mutual Fund, do hereby

Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below (*tick whichever is applicable*).

Folio No. / Application No. / PAN
1.
2.
3.

Name of the 1 st Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$}	
City	State
	PIN
Nominee Signature ^{\$}	

Name of the 2 nd Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$\$}	
City	State
	PIN
Nominee Signature ^{\$}	

Name of the 3 rd Nominee*	% of Allocation*
PAN of the Nominee ^{\$}	Date of Birth of Nominee** DD/MM/YYYY
Nominee Relationship*	
Name of the Guardian **	PAN of Nominee Guardian ^{\$}
Guardian's Relationship with Nominee** <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship ^{\$} <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address ^{\$}	
City	State
	PIN
Nominee Signature ^{\$}	

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
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* Mandatory

\$ Optional

**Mandatory & Applicable in case the Nominee is a Minor