

NOMINATION FORM

(For use only by Individual Unit Holders for registering a Nominee or cancelling an existing Nomination)

Details to be filled in English, in black / dark-coloured ink and in BLOCK CAPITALS. Please strike out any sections not required.

 Folio No.
1. REGISTRATION OF NOMINATION DETAILS (Please strike out if your request is not for registration of Nominee)

I / We	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

do hereby nominate the undermentioned Nominee to receive the Units allotted to my / our credit in my folio in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. This instruction supercedes all previous nominations made by me in respect of the Folio indicated above.

Name and Address of 1st Nominee		Guardian details to be furnished in case Nominee is a Minor (strike out if not applicable)	
Name <input type="text"/>		Name <input type="text"/>	
Address <input type="text"/>		Address <input type="text"/>	
City <input type="text"/>	Pin Code <input type="text"/>	City <input type="text"/>	Pin Code <input type="text"/>
State <input type="text"/>	Country <input type="text"/>	State <input type="text"/>	Country <input type="text"/>
Allocation % <input type="text"/>		Signature of Guardian (Mandatory) <input type="text"/>	
Date of Birth (in case Nominee is a minor) <input type="text"/>			

Name and Address of 2nd Nominee		Guardian details to be furnished in case Nominee is a Minor (strike out if not applicable)	
Name <input type="text"/>		Name <input type="text"/>	
Address <input type="text"/>		Address <input type="text"/>	
City <input type="text"/>	Pin Code <input type="text"/>	City <input type="text"/>	Pin Code <input type="text"/>
State <input type="text"/>	Country <input type="text"/>	State <input type="text"/>	Country <input type="text"/>
Allocation % <input type="text"/>		Signature of Guardian (Mandatory) <input type="text"/>	
Date of Birth (in case Nominee is a minor) <input type="text"/>			

Name and Address of 3rd Nominee		Guardian details to be furnished in case Nominee is a Minor (strike out if not applicable)	
Name <input type="text"/>		Name <input type="text"/>	
Address <input type="text"/>		Address <input type="text"/>	
City <input type="text"/>	Pin Code <input type="text"/>	City <input type="text"/>	Pin Code <input type="text"/>
State <input type="text"/>	Country <input type="text"/>	State <input type="text"/>	Country <input type="text"/>
Allocation % <input type="text"/>		Signature of Guardian (Mandatory) <input type="text"/>	
Date of Birth (in case Nominee is a minor) <input type="text"/>			

2. CANCELLATION OF NOMINATION (Please strike out if your request is not for cancellation of Nomination)

I / We	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

do hereby cancel the nomination made by me / us in favour of the under mentioned in respect of Units held by me / us the above referred Folio

Nominee 1	<input type="text"/>	Guardian Name	<input type="text"/>
Nominee 2	<input type="text"/>	Guardian Name	<input type="text"/>
Nominee 3	<input type="text"/>	Guardian Name	<input type="text"/>

3. UNIT HOLDER(S) SIGNATURE(S) (MANDATORY)

(ALL UNIT HOLDERS must sign here)

 Date

Sole/First Unit Holder

Second/Joint Unit Holder

Third/Joint Unit Holder

ACKNOWLEDGEMENT

 Received from 1st Applicant, 2nd Applicant & 3rd Applicant an application for

☐ Registration of Nominee ☐ Cancellation of Nominee in Folio no.