

For Existing Unitholder(s) holding units in physical mode.

Please read documentation requirements and Terms and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Date: | D | D | | M | M | | Y | Y | Y | Y

A. UNIT HOLDER INFORMATION (Mandatory)

[illegible]**Sole/First Unit Holder**

B. CHANGE OF BANK MANDATE / MODE OF PAYMENT (Please fill section A+B+H) [Refer (i) from instructions overleaf]

If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf OR a copy of cheque leaf.

Account Number _____ Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____ (please specify)

Bank Name	
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Branch Address		Branch City:	State:
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PIN CODE						MICR Code							IFSC Code***								
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Note: Unitholders will receive redemption/ dividend proceeds directly into their bank account via Direct Credit/ NEFT/ECS facility.

I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS (only for dividend) into my / our bank account. ☐ [Please tick (✓)]

Important: The charges, if any, levied by the unit holder's bank for receiving payments (i.e. dividend / redemption proceeds) through NEFT / RTGS and crediting the unit holder's account, will be borne by the unit holder.

*** Refer General Instruction 10 (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

C. PAN, DOB and KYC Updation (Please fill section A+C+H)

PAN of Sole/ First Applicant/Guardian										Date of Birth*	D	D	M	M	Y	Y	Y	Y	☐ Enclosed KYC Acknowledgement Letter
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PAN of Second Applicant										Date of Birth*	D	D	M	M	Y	Y	Y	Y	☐ Enclosed KYC Acknowledgement Letter
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PAN of Third Applicant										Date of Birth*	D	D	M	M	Y	Y	Y	Y	☐ Enclosed KYC Acknowledgement Letter
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***Date of Birth updation: please provide self-attested PAN, Driving Licence, Passport and birth certificate.**

D. NEW CONTACT DETAILS (Please fill section A+D+H) [Refer (ii) from instructions overleaf]

Country Code		STD Code		Mobile No.		Fax	
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Res.		Telephone : Off.	☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)
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Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

^Email Id	
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Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements / statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email.

E. CONSOLIDATION OF FOLIOS (Please fill section A+E+H) [Refer (iii) from instructions overleaf]

Note:

1. Consolidation can take place only if a. Names of all unit holders (and the pattern of holding), b. Address of unit holders, c. mode of operation (single/joint/either or survivor) d. Order of unit holders, e. Tax status and Nominee details are identical in all the mentioned folios.
2. I/We agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.
3. Bank particulars in the target folio has been retained for your redemption/dividend proceeds.
4. All joint holders must sign on consolidation requests irrespective of the mode of operation (single / joint / either or survivor) in the source folios.

Target Folio
(MANDATORY):

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Source Folio: I/We wish to consolidate all my/our investments under specified folios into one folio.
Folios to be consolidated:

[illegible][illegible]

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Alterations in the form, if any should be countersigned.

F. CHANGE IN MODE OF HOLDING from Joint to Anyone or survivor or vice-versa (Please fill section A+F+H)

Please tick (✓): ☐ Joint ☐ Anyone or Survivor

Note: All unit holders should sign the form irrespective of mode of holding in the folio .

G. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION (Please fill section A+G+H) [Refer (iv) from instructions overleaf]

☐ REGISTRATION ☐ CHANGE/MODIFICATION ☐ *CANCELLATION *In case of cancellation of Nomination, it is mandatory to provide opt-out declaration provided in the nomination section of the form.

Name and Address of Nominee(s) (Mandatory)	Relationship with Applicant (Optional)	Date of Birth	Name and Address of Guardian	PAN of Nominee/ Guardian (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee / Guardian of Nominee
		(Mandatory in case the Nominee is a minor)				
Nominee 1						
Nominee 2						
Nominee 3						

OR

[Please (✓)] ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Note:

1. In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form
2. All joint holders should sign, even in case of 'Anyone or Survivor'.
3. The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

H. UNITHOLDER(S) SIGNATURE(S)

Note:

To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.

Declaration :

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

Sign Here

First / Sole Applicant/ Guardian / PoA Holder

Sign Here

Second Applicant / Unit holder

Sign Here

Third Applicant / Unit holder

Alterations in the form, if any should be countersigned.