

Folios / Account Numbers (Investor can opt for multiple requests in one single application form.)

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1. Date of Birth (Write name in capital letters) *Please refer the instructions no. 16.

 Name of First / Sole applicant

 Date of Birth (supporting document such as PAN, birth certificate, passport copy or any other govt issued documents)

2. Consolidation Of Folios:

 Target Folio

Source Folios	1	<input style="width:90px;" type="text"/>	2	<input style="width:90px;" type="text"/>
	3	<input style="width:90px;" type="text"/>	4	<input style="width:90px;" type="text"/>
	5	<input style="width:90px;" type="text"/>		
	Note: The consolidation of folios will be affected only if all the details are identical in target and source folios.			

3. Update/Change of Contact Details *Please refer the instructions no. 14.

Mobile No.	<input style="width:90%; border: 1px solid black;" type="text"/> (For Receiving Transaction Alerts via SMS)	Tel. No.	<input style="width:50%; border: 1px solid black;" type="text"/>	Office	<input style="width:50%; border: 1px solid black;" type="text"/>	Residence	<input style="width:50%; border: 1px solid black;" type="text"/>
		STD Code	<input style="width:50%; border: 1px solid black;" type="text"/>				

Mobile No. provided pertains to
 Self Spouse Dependent children Dependent Sibling Dependent Parents A Guardian in case of a minor POA Custodian PMS

 Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to
 Self Spouse Dependent children Dependent Sibling Dependent Parents A Guardian in case of a minor POA Custodian PMS

Second Holder	Mobile No. <input style="width:90%; border: 1px solid black;" type="text"/> (For Receiving Transaction Alerts via SMS)	Mobile No. provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS
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Second Holder	Email ID (CAPITAL letters only) <input style="width:90%; border: 1px solid black;" type="text"/> (For Receiving Transaction Alerts Via Email)	Email ID provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS
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Third Holder	Mobile No. <input style="width:90%; border: 1px solid black;" type="text"/> (For Receiving Transaction Alerts via SMS)	Mobile No. provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS
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Third Holder	Email ID (CAPITAL letters only) <input style="width:90%; border: 1px solid black;" type="text"/> (For Receiving Transaction Alerts Via Email)	Email ID provided pertains to <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Dependent children <input type="radio"/> Dependent Sibling <input type="radio"/> Dependent Parents <input type="radio"/> A Guardian in case of a minor <input type="radio"/> POA <input type="radio"/> Custodian <input type="radio"/> PMS
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4. Change of Mode Of Operation (Applicable only if there are more than one applicant in the Folio)

 Joint Any One or Survivor(s)

5. Power of Attorney (POA) Registration Cancellation *Please refer the instructions for the documents to be submitted.

 Name of POA Holder: _____ PAN No. of POA
6. Change of Income Distribution cum capital withdrawal Option

 Scheme _____ Option Payout to Reinvestment Reinvestment to Payout

7. Release Unclaimed Amount
 I would request you to kindly release the unclaimed amount in the folio to the registered bank account.

 Received from Mr./Mrs. _____ Folio/Account No:

<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Consolidation Of Folios	<input type="checkbox"/> Update/Change of Contact Details	<input type="checkbox"/> Change of Mode Of Operation
<input type="checkbox"/> Power of Attorney (POA)	<input type="checkbox"/> Change of Income Distribution cum capital withdrawal Option	<input type="checkbox"/> Release Unclaimed Amount	<input type="checkbox"/> KYC Updation
<input type="checkbox"/> Revalidation of IDCW/ Redemption cheque	<input type="checkbox"/> Updation/Correction of PAN	<input type="checkbox"/> Nominee Updation	<input type="checkbox"/> FATCA Updation

8 KYC Updation (Please Tick) *Please refer the instructions no. 12 for the documents to be submitted.
 First / Sole applicant
 Guardian (In case of Minor)
 Second Applicant
 Third Applicant
9. Revalidation of Income Distribution cum capital withdrawal(IDCW)/ Redemption cheque *Please refer the instructions no. 15
 I/We are in receipt of Redemption/ Income Distribution cum capital withdrawal(IDCW) warrant as below.

 Cheque No.:
 Cheque Date:
 Cheque Amount:

I/ We are herewith enclosing the warrant as I/ We could not deposit the same due to the below reason:

1. Bank details incorrectly mentioned 2. Warrant validity period has expired

 I request to reissue the said warrant after necessary revalidation without change in bank Mandate.**10. Updation/Correction of PAN** *Please refer the instructions for the documents to be submitted.

First / Sole applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed <input type="checkbox"/>
Guardian (In case of Minor)	PAN No.	<input type="text"/>	PAN Proof Enclosed <input type="checkbox"/>
Second Applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed <input type="checkbox"/>
Third Applicant	PAN No.	<input type="text"/>	PAN Proof Enclosed <input type="checkbox"/>

11. Nominee Updation (Write in capital letters)

Nominee Name & Address	PAN of Nominee / Guardian (Optional)	Allocation (%)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Sign of Nominee / Guardian (in case Nominee is Minor)
			DD MM YYYY				
			DD MM YYYY				
			DD MM YYYY				

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

12. FATCA Updation

Country of Birth _____ Place of Birth _____ Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below

Country	Tax-Payer Identification Number	Identification Type

13. Signature/s

SIGN HERE	First / Sole Applicant / Guardian/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory
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Note: All Unit holder's signature is mandatory irrespective of mode of holding.