DISTRIBUTOR NON FINANCIAL TRANSACTION REQUEST



**IMPORTANT INFORMATION: (i) The request form is solely for registered Advisors / Distributors and should not be circulated to investors / prospective investors. (ii) Please refer overleaf for instructions to fill the form and on documentation requirement. (iii) Please tick the section applicable and strike-off other unused section to prevent misuse. (iv) Please fill-in information in legible ENGLISH CAPITAL LETTERS.

BROKER'S INFORMATION (Mandator	2)
Broker Code ARN - 24952	EUIN - E347831
Name	
1 CHANGE OF BANK MANDAT	F / MODE OF PAYMENT
Account	Account Type Current Savings NRO NRE FCNR
Number Bank Name & Branch	7. C 34.1.1.2 34.1.1.3 4.1.1.2 4.1.1.2 4.1.1.3 4.1.1.2 4.1.1.1.2 4.1.1.2 4.1.1.2 4.1.1.2 4.1.1.2 4.1.1.2 4.1.1
Bank City	IFSC Code 1 digit MICR Code 9 digit
**Mandatory enclosures	New Bank Proof
2 NEW CONTACT DETAILS	
Tel. No. Office	Residence Mobile No.
3 PAN AND KYD UPDATION	
PAN P A N N U M B E I	R KYD Acknowledgement
4 ARN RENEWAL UPDATION	
ARN Renewal Period D D M M Y Y Y Y TO D D M M Y Y Y Y	
Enclosed (Please ✓) Self atte	ested Renewal ARN Card Copy (Mandatory)
5 NOMINATION DETAILS (For Ind	lividuals / Sole Proprietors Only)
Registration Change/Modifica	
Registration Change/Modifica	ation
Registration Change/Modifical I do hereby nominated the following person a	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars Nominee Name	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars Nominee Name Address of Nominee	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars Nominee Name Address of Nominee Relationship with Applicant	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars Nominee Name Address of Nominee Relationship with Applicant Date of Birth (In case of Minor)	ation as my nominee to receive the amount of pertaining to the business done by me, in the event of my death
Registration Change/Modifica I do hereby nominated the following person a Particulars Nominee Name Address of Nominee Relationship with Applicant Date of Birth (In case of Minor) Name of Guardian (In case of Minor)	As my nominee to receive the amount of pertaining to the business done by me, in the event of my death Nominee Details
Registration Change/Modifical I do hereby nominated the following person a Particulars Nominee Name Address of Nominee Relationship with Applicant Date of Birth (In case of Minor) Name of Guardian (In case of Minor) Signature of Guardian/ Nominee Mobile Note: I/We agree and accept that (a) All paym AMC/Mutual Fund / Trustee. (b) This nomina regulated by regulatory and I/we hereby conf complete in all respects to the satisfaction of	As my nominee to receive the amount of pertaining to the business done by me, in the event of my death Nominee Details
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Registration Change/Modifical I do hereby nominated the following person at Particulars Nominee Name Address of Nominee Relationship with Applicant Date of Birth (In case of Minor) Name of Guardian (In case of Minor) Signature of Guardian/ Nominee Mobile Note: I/We agree and accept that (a) All paym AMC/Mutual Fund / Trustee. (b) This nominar regulated by regulatory and I/we hereby conf complete in all respects to the satisfaction of (f) This instruction supersedes all previous nor	ents and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the attion will stand cancelled in the event of the nominee(s) pre-deceasing me/us. (c) I/We have read the AMC's instruction or nominations as irm to adhere to such rules or amendments there to as may be made from time to time. (d) The nomination will be registered only when it is if the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s), unless so directed by any competent court.
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Registration Change/Modificated to the reby nominated the following person at the Particulars Nominee Name Address of Nominee Relationship with Applicant Date of Birth (In case of Minor) Name of Guardian (In case of Minor) Signature of Guardian/ Nominee Mobile Note: I/We agree and accept that (a) All payme AMC/Mutual Fund / Trustee. (b) This nominaregulated by regulatory and I/we hereby conf complete in all respects to the satisfaction of (f) This instruction supersedes all previous nor	AL TRANSACTION REQUEST (Acknowledgement copy) Nominee Details the event of my death signature of nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the attorn will stand cancelled in the event of the nominee(s) pre-deceasing me/us. (c) I/We have read the AMC's instruction or nominations as a time to adhere to such rules or amendments there to as may be made from time to time. (d) The nomination will be registered only when it is the AMC. (e) The AMC will not entertain any claim other than that of a registered nominee(s), unless so directed by any competent court. The standard of the province of the broker code indicated above. AL TRANSACTION REQUEST (Acknowledgement copy)

6 UPDATION OF SIGNATURE	
I do hereby submit the request to update my new signature. The following documents have been submitted for processing my above stated request: (Please tick)	
Attestation done from registered bank mandate for new signature :	
 Signature attested by the registered bank 	
 Copy of photo identification (id) proof PAN, passport, Aadhaar card, driving license etc. (Photo id proof will be attested by bank/notary/AMC designated person and also self-attested by the Distributor) 	
Attestation cannot be done from non-registered bank of the Distributor for new signature:	
Copy of photo identifications (id) proof and Address proof e.g. Passport, Aadhaar card, driving license, copy of registered mobile/landline bill copy	
 Attestation from new bank of the Distributor OR, 	
Affidavit on Rs. 100/- stamp paper for new signature with notary attestation.	
Note: 1. Bank attestation in original and will include account number, name of signatory, employee code, designation (branch Manager & above), bank Full seal and signature).	
2. Notary attestation will be in original and will include notary registration number with full address, seal and signature of the notary.	
7 SIGNATURE AND DECLARATION	
I hereby agree to abide all Distributor's Code of Conduct notified / as may be notified by Securities Exchange Board of India / Association of Mutual Fund in India.	
Place Signature of Distributor	

INSTRUCTIONS

Change of Bank Mandate:

Any one of the below mentioned documents has to be submitted as proof for new bank mandate.

- 1. Cancelled original cheque of the bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- 2. Self-attested copy of bank account statement issued by the concerned bank. (not older than 3 months)
- 3. Copy of Bank passbook with current entries not older than 3 months, duly attested by branch manager/authorized personnel with his/her full signature, name, designation, employee code, bank seal and contact number.
- 4. Bank letter, on the letterhead of the bank, duly signed by branch manager/authorized personnel stating the investor's bank account number, name of investor, account type, bank branch, MICR and IFSC code of the bank branch. (the letter should be not older than 3 months).

Note: In case of photocopies of the documents, as stated above, are submitted without attestation, investor must produce original for verification to the AMC branches or official point of acceptance of transactions.

- 5. IDFC *AMC / Fund may call for any additional documents if required.
- 6. The new bank account mentioned in this form will be registered as the default account.

Alterations in the form, if, any, should be countersigned.

*Unitholders are requested to note that the name of 'IDFC Asset Management Company Limited' would be changed to 'Bandhan AMC Limited' or any other name as may be approved by Regulatory Authorities in due course.

Toll free 1800 266 6688 / 1800 300 66688 Available Between 9:00 am - 6:00 pm on weekdays Please note our investor service email id investormf@bandhanamc.com

www.bandhanmutual.com