

MUTUAL FUND

Request for change in status from Minor to Major

To:
The Trustees

_____ **Mutual Fund**

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)

| | |
|---|-----|
| Mr./Ms. | |
| Date of Birth / / | PAN |
| Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify) | |
| <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No. <i>Please tick ✓ whichever is applicable</i> | |
| Name of the Guardian Mr./Ms. _____ | |
| Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian | |

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

| Folio No(s). | | |
|--------------|----|----|
| 1) | 2) | 3) |
| 4) | 5) | 6) |
| 7) | 8) | 9) |

Contact details of the Applicant

| | |
|---------------------|----------------|
| Mobile No.+91 | Tel. No. STD - |
| Email Address _____ | |

Address of the Applicant

| | | |
|----------------------|-------------|-----|
| Address Line 1 _____ | | |
| Address Line 2 _____ | | |
| City: _____ | State _____ | PIN |

(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)

Bank Account Details of the Applicant

| | |
|---|------------------|
| Bank Name _____ | |
| Account No. _____ | 11-digit IFSC |
| A/c. Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | 9-digit MICR No. |
| Name of bank branch _____ | |
| City _____ | PIN |
| <i>Please attach & tick ✓ <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook</i> | |

Additional KYC information (Please tick ✓ whichever is applicable)

| | |
|---|--|
| Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify) | |
| The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable) | |
| Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore | |

FATCA and CRS information

| Country of Birth _____ Place of Birth _____ | | |
|---|---------------------------------|---------------------|
| Nationality _____ | | |
| Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| | | |
| | | |
| | | |

Nomination (Please tick (✓) one of the options below)

| |
|---|
| <input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the Nomination Form attached herewith, to receive the Units held my folio in the event of my death. <i>{Recommended}</i> |
| <input type="checkbox"/> I DO NOT wish to make a nomination (Please tick ✓ if you do not wish to nominate anyone) |

Declaration and Signature of the Applicant


I have attached herewith all the relevant / required documents as indicated below.


I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by the Guardian on record My bankers Notary / JMFC

Place _____ 
 Date _____ Signature of Applicant _____

| Signature Attestation | |
|---|---|
| (To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC)® | |
| Name of the Guardian / Stamp of the Notary/JMFC | The above signature of the applicant duly attested by me  _____ Signature |
| <small>@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1</small> | |

Documents attached –

- Copy of PAN Card of applicant
- KYC Acknowledgment OR KYC form of applicant
- Cancelled cheque with applicant's name pre-printed OR Applicant's Bank Statement/Passbook
- Annexure-I – Bankers Attestation of Signature of the applicant
- Nomination Form

Annexure - 1

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head OR
This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch



having the following Bank Account:

| | |
|--|---------------|
| Account number | |
| A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify) | |
| 9-Digit MICR No. | 11-Digit IFSC |

His/her address, as per our Bank records, is as follows:

| | | |
|------|-----|-------|
| | | |
| | | |
| City | PIN | State |

Signature Verification by Bankers

| | |
|--|--|
| Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records |  Signature of the client |
|  Signature of the bank official with Bank's Seal | |
| Name* of the attesting Bank Official | |
| Designation* | |
| Employee Code* | |
| Telephone Number* | |

*Mandatory