

# Contact Details Updation Form

• Website: [www.icicipruamc.com](http://www.icicipruamc.com) • Email: [enquiry@icicipruamc.com](mailto:enquiry@icicipruamc.com)  
 • Toll free numbers: 1800 222 999 (BSNL/MTNL), 1800 200 6666 (Other Service Providers)

Date: \_\_\_\_\_

### Documents Required :

- Self Attested Proof of Identity e.g. PAN, Passport, Driving license etc.
- PAN Based Updation; please mention PAN \_\_\_\_\_
- Folio Based; please mention folio no. \_\_\_\_\_ / \_\_\_\_\_

Sole/First Unitholder	
Second Unitholder	
Third unitholder	

I/We the undersigned, hereby submit the request to update contact detail(s) as per the details given below:

<input type="checkbox"/> Mobile Number	
<input type="checkbox"/> Landline Number	
<input type="checkbox"/> Email ID	


I/We request you to kindly register above details.

Mobile No./ Email id\* provided pertains to: [Please tick (✓)]

- Self   
  Spouse   
  Dependent Children   
  Dependent Siblings   
  Dependent Parents  
 Guardian   
  PMS   
  Custodian   
  POA

\*if above any option is not ticked (✓) or selected then [Self] option is considered as a default.

I/we declare that the email address and Mobile number provided in the form belongs to me/us or to spouse, dependent children, Dependent Siblings, dependent parents, Dependent Children, Guardian, Custodian, POA (applicable to individual investors only).

Names & Signatures		
 _____ 1 <sup>st</sup> /Sole Unitholder	_____ 2 <sup>nd</sup> Unitholder	_____ 3 <sup>rd</sup> Unitholder

### Note :

The AMC reserves the right to accept the request, subject to additional verifications such as production of additional documents and In Person Verification.

Folio No. \_\_\_\_\_ / \_\_\_\_\_

Name of 1st Unitholder \_\_\_\_\_

  
 SIGN & STAMP