

**FOLIO NUMBER**


| Details of<br>Sole/ First Holder/ Guardian    | Details of<br>1 <sup>st</sup> Joint Holder    | Details of<br>2 <sup>nd</sup> Joint Holder    |
|---|---|---|
| Name <input style="width: 95%;" type="text"/> | Name <input style="width: 95%;" type="text"/> | Name <input style="width: 95%;" type="text"/> |
| PAN <input style="width: 95%;" type="text"/>  | PAN <input style="width: 95%;" type="text"/>  | PAN <input style="width: 95%;" type="text"/>  |

**MOBILE NUMBER UPDATION**

|  |  |  |
|--|--|--|
| Mobile <input style="width: 95%;" type="text"/>  | Mobile <input style="width: 95%;" type="text"/>  | Mobile <input style="width: 95%;" type="text"/>  |
| Mobile Number specified above belongs to:<br><i>(Please tick any one option from below)</i>  | Mobile Number specified above belongs to:<br><i>(Please tick any one option from below)</i>  | Mobile Number specified above belongs to:<br><i>(Please tick any one option from below)</i>  |
| <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) | <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) | <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) |

**EMAIL ADDRESS UPDATION**

|  |  |  |
|--|--|--|
| Email Address :<br><input style="width: 95%; height: 30px;" type="text"/>  | Email Address :<br><input style="width: 95%; height: 30px;" type="text"/>  | Email Address :<br><input style="width: 95%; height: 30px;" type="text"/>  |
| Email Address specified above belongs to:<br><i>(Please tick any one option from below)</i>  | Email Address specified above belongs to:<br><i>(Please tick any one option from below)</i>  | Email Address specified above belongs to:<br><i>(Please tick any one option from below)</i>  |
| <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) | <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) | <input type="checkbox"/> Self <input type="checkbox"/> POA<br><input type="checkbox"/> Spouse <input type="checkbox"/> PMS<br><input type="checkbox"/> Dependent Children <input type="checkbox"/> Custodian<br><input type="checkbox"/> Dependent Siblings<br><input type="checkbox"/> Dependent Parents<br><input type="checkbox"/> Guardian<br>(For Minor Investment) |

**DOCUMENT CHECKLIST**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Self-attested copy of PAN Card | <input type="checkbox"/> Self-attested copy of PAN Card | <input type="checkbox"/> Self-attested copy of PAN Card |
|---|---|---|

**UNIT HOLDER(S) SIGNATURE(S) & 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 along-with 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."

|  |   |  |
|--|---|--|
| SIGNATURE(S)<br><br><br>Signature of Sole/ First Unit-holder | <br><br><br>Signature of Second Unit-holder | <br><br><br>Signature of Third Unit-holder |
|--|---|--|

(To be signed by All Unit-holders if Mode of Holding is 'Joint')