

Application for Addition of Nomination

1. Name of Account Holder

1st Holder _____

2nd Holder _____

3rd Holder/Karta Name/Guardian/Authorized Signatory _____

I/We, the above named Unitholders of ISA No; _____, do hereby Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below (refer the Annexure) in the event of my / our death. This nomination shall supersede any prior nomination made by me / us, if any.

1. Name of the Nominee		*% of Allocation	
**ID Type (Tick any one) : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (for NRI/OCI/PIO)		**ID No. _____	
Nominee Relationship*		*Nominee Email ID	
*Date of Birth of Nominee DD / MM / YYYY		*Nominee Mobile No	
*Address		*Nominee Minor (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No	
*City	*State	*Country	*PINCODE
Name of the Guardian*		PAN of Nominee Guardian*	
Guardian's Relationship with Nominee* <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			

2. Name of the Nominee		*% of Allocation	
**ID Type (Tick any one) : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (for NRI/OCI/PIO)		**ID No. _____	
Nominee Relationship*		*Nominee Email ID	
*Date of Birth of Nominee DD / MM / YYYY		*Nominee Mobile No	
*Address		*Nominee Minor (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No	
*City	*State	*Country	*PINCODE
Name of the Guardian*		PAN of Nominee Guardian*	
Guardian's Relationship with Nominee* <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			

3. Name of the Nominee		*% of Allocation	
**ID Type (Tick any one) : <input type="checkbox"/> PAN <input type="checkbox"/> Aadhar <input type="checkbox"/> Driving Licence <input type="checkbox"/> Passport (for NRI/OCI/PIO)		**ID No. _____	
Nominee Relationship*		*Nominee Email ID	
*Date of Birth of Nominee DD / MM / YYYY		*Nominee Mobile No	
*Address		*Nominee Minor (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No	
*City	*State	*Country	*PINCODE
Name of the Guardian*		PAN of Nominee Guardian*	
Guardian's Relationship with Nominee* <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			

Signature of the 1 st unitholder	Signature of the 2 nd unitholder	Signature of the 3 rd unitholder
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Annexure 1

List of AMC Folios

Sr.No	AMC Name	Folio Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

_____	_____	_____
First holder	Second holder	Third holder
(Signature of Investment Services Account Holders)		

_____	_____	_____
First holder	Second holder	Third holder
(Name of Investment Services Account Holders)		

Fields marked in () is mandatory

**Nominee Details: PAN/Aadhar/Driving License. In case NR/OCI/ PIO then Passport

***Nominee Relation : AUNT / BROTHER-IN-LAW / BROTHER / DAUGHTER / DAUGHTER-IN-LAW / FATHER / FATHER-IN-LAW / GRAND DAUGHTER / GRAND FATHER / GRAND MOTHER GRAND SON / MOTHER-IN-LAW / MOTHER / NEPHEW / NIECE / SISTER / SISTER-IN-LAW / SON / SON-IN-LAW / SPOUSE / UNCLE / OTHERS (Please specify)