

NOMINATION FORM

(For use only by Individual Unit Holders for registering a Nominee or cancelling an existing Nomination)

Please read instructions overleaf carefully. All sections to be completed legibly in English, in black/dark-coloured ink and in BLOCK CAPITALS. Please strike out any sections not required.

Application No. _____

1. UNIT HOLDER'S DETAILS (MANDATORY)

Sole / First Unit Holder _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
 Existing Folio No. _____

2. NOMINATION DETAILS (Please strike out if your request is not for registration of Nominee)

I / We do not wish to avail of nomination facility at present.
 OR
 I / We _____ 1st Unit Holder _____
 _____ 2nd Unit Holder _____
 _____ 3rd Unit Holder _____

do hereby nominate the undermentioned Nominee to receive the Units allotted to my / our credit in my folio in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. This instruction supercedes all previous nominations made by me in respect of the Folio indicated above.

Name and Address of 1st Nominee				To be furnished in case Nominee is a Minor (strike out if not applicable)			
Name		Address		Name of Guardian		Address of Guardian	
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %		Date of Birth		Allocation %		Date of Birth	
Signature of Nominee (Optional)				Signature of Guardian (Optional)			

Name and Address of 2nd Nominee				To be furnished in case Nominee is a Minor (strike out if not applicable)			
Name		Address		Name of Guardian		Address of Guardian	
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %		Date of Birth		Allocation %		Date of Birth	
Signature of Nominee (Optional)				Signature of Guardian (Optional)			

Name and Address of 3rd Nominee				To be furnished in case Nominee is a Minor (strike out if not applicable)			
Name		Address		Name of Guardian		Address of Guardian	
City		Pin code		City		Pin code	
State		Country		State		Country	
Allocation %		Date of Birth		Allocation %		Date of Birth	
Signature of Nominee (Optional)				Signature of Guardian (Optional)			

3. CANCELLATION OF NOMINATION (Please strike out if your request is not for cancellation of Nomination)

I / We _____ 1st Unit Holder _____
 _____ 2nd Unit Holder _____
 _____ 3rd Unit Holder _____
 do hereby cancel the nomination made by me / us in favour of _____ 1st Nominee _____
 _____ 2nd Nominee _____
 _____ 3rd Nominee _____
 under Guardian _____ 1st Guardian _____
 _____ 2nd Guardian _____
 _____ 3rd Guardian _____

4. UNIT HOLDER(S) SIGNATURE(S) (MANDATORY)

All the joint holders should sign the request for Nomination / Cancellation even if the mode of holding is not 'Joint'. Nomination form cannot be signed by Power of Attorney (POA) holder. Date

D	D	M	M	Y	Y	Y	Y
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_____ 1st Unit Holder _____	_____ 2nd Unit Holder _____	_____ 3rd Unit Holder _____
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