

FOLIO NUMBER

Details of Sole/ First Holder/ Guardian	Details of 1 st Joint Holder	Details of 2 nd Joint Holder
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
PAN <input type="text"/>	PAN <input type="text"/>	PAN <input type="text"/>

MOBILE NUMBER UPDATION

Mobile <input type="text"/>	Mobile <input type="text"/>	Mobile <input type="text"/>
Mobile Number specified above belongs to: (Please tick any one option from below)	Mobile Number specified above belongs to: (Please tick any one option from below)	Mobile Number specified above belongs to: (Please tick any one option from below)
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (For Minor Investment)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (For Minor Investment)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (For Minor Investment)

EMAIL ADDRESS UPDATION

Email Address : <input type="text"/>	Email Address : <input type="text"/>	Email Address : <input type="text"/>
Email Address specified above belongs to: (Please tick any one option from below)	Email Address specified above belongs to: (Please tick any one option from below)	Email Address specified above belongs to: (Please tick any one option from below)
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (For Minor Investment)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (For Minor Investment)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian (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
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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)
 Signature of Sole/ First Unit-holder

 Signature of Second Unit-holder

 Signature of Third Unit-holder

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